"Patient satisfaction in government hospitals – A case study on Doon district hospital (Dehradun)"

A Dissertation Proposal for

Post Graduate Diploma in Health and Hospital Management
By

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New Delhi
15, MAY, 2010

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CERTIFICATE OF APPROVAL

The following dissertation titled "**Patient satisfaction in government hospitals – A case study on Doon district hospital (Dehradun)**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	**Signature**
_____	_____
_____	_____
_____	_____

CERTIFICATE FROM DISSERTATION ADVISORY COMMITTEE

This is to certify that **Ms. Iti Kaushik** , a participant of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. She is submitting this dissertation titled "**Patient satisfaction in government hospitals – A case study on Doon district hospital (Dehradun)**" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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ABSTRACT

"Patient satisfaction in government hospitals – A case study on Doon district hospital (Dehradun) "

The 'people-centred' health care system of the future will have dynamic, integrated structures, which can adapt to the diverse and changing health needs of society generally and of individuals within it. These structures will empower people to be active participants in decisions relating to their own health.(iii) Satisfaction, like many other psychological concepts, is easy to understand but hard to define. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved (ii). Patient /Client satisfaction is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks.

This study focuses on the level of patient satisfaction in government hospitals with the help of a case study on Doon Hospital (Dehradun). Very less government hospitals focus on this aspect of quality as most of them follow IPHS norms which only talk about infrastructure and facilities like manpower requirement, waste management etc. at the hospital but do not include patient satisfaction which is an important aspect of quality and service delivery**.**

The study was conducted on the patients admitted in the inpatient department of the Doon district hospital – Dehradun. The period of study is from April 2010 to May 2010. The sampling frame consisted of general ortho ward – male, general pediatric ward, paying ward & general postnatal ward of the Doon district hospital, Dehradun with a sample size of 40. The sampling method adopted was convenience sampling. A questionnaire was

developed for collecting data & used as a tool in the study. Data was tabulated in Microsoft excel sheet and analyzed by using excel and applying student t test.

The study concluded that level of patient satisfaction was average at the government facility and there is a scope for improvement in service delivery by government setups to improve its utilization amongst general public.

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My dissertation started off with a mission in my mind to be accomplished. And my mentors and guides incorporated this motivation into me. My long and extended thank you note would start with thanking few but most important people during my three months of dissertation.

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And to entire NRHM team for all its support and guidance during my dissertation training.

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May'10 Iti Kaushik

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PART – I

INTERNSHIP REPORT

ABOUT NATIONAL RURAL HEALTH MISSION

The Ministry of Health and Family Welfare is the Indian government ministry charged with health policy in India. It is also responsible for all government programs relating to family planning in India. The ministry is composed of three departments:

- Department of Health,
- Department of Family Welfare, and
- Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH).

Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has resolved to launch the National Rural Health Mission in 2005 to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalising community health centers into functional hospitals
meeting Indian Public Health Standards in each Block of the Country.
The Goal of the Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

VISION OF NRHM

The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure.

- These 18 States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh.
- The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP.
- It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country.
- It has as its key components provision of a female health activist in each village; a village health plan prepared through a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programmes and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare.
- It seeks to revitalize local health traditions and mainstream AYUSH into the public health system.
- It aims at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.
- It seeks decentralization of programmes for district management of health.
- It seeks to address the inter-State and inter-district disparities, especially among the 18 high focus States, including unmet needs for public health infrastructure.
- It shall define time-bound goals and report publicly on their progress.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

GOALS OF NRHM (2005-12)

- Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR)
- Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunization, and Nutrition.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH
- Promotion of healthy life.

STRATEGIES

(a) Core Strategies:

- Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services.
- Promote access to improved healthcare at household level through the female health activist (ASHA).
- Health Plan for each village through Village Health Committee of the Panchayat.
- Strengthening sub-centre through an untied fund to enable local planning and action and more Multi Purpose Workers (MPWs).
- Strengthening existing PHCs and CHCs, and provision of 30-50 bedded CHC per lakh population for improved curative care to a normative standard (Indian Public Health Standards defining personnel, equipment and management standards).
- Preparation and Implementation of an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene and nutrition.

- Integrating vertical Health and Family Welfare programmes at National, State, Block, and District levels.
- Technical Support to National, State and District Health Missions, for Public Health Management.
- Strengthening capacities for data collection, assessment and review for evidence based planning, monitoring and supervision.
- Formulation of transparent policies for deployment and career development of Human Resources for health.
- Developing capacities for preventive health care at all levels for promoting healthy life styles, reduction in consumption of tobacco and alcohol etc.
- Promoting non-profit sector particularly in under served areas.

(b) Supplementary Strategies:

- Regulation of Private Sector including the informal rural practitioners to ensure availability of quality service to citizens at reasonable cost.
- Promotion of Public Private Partnerships for achieving public health goals.
- Mainstreaming AYUSH – revitalizing local health traditions.
- Reorienting medical education to support rural health issues including regulation of Medical care and Medical Ethics.
- Effective and viable risk pooling and social health insurance to provide health security to the poor by ensuring accessible, affordable, accountable and good quality hospital care.

ORGANIZATIONAL STRUCTURE OF NRHM

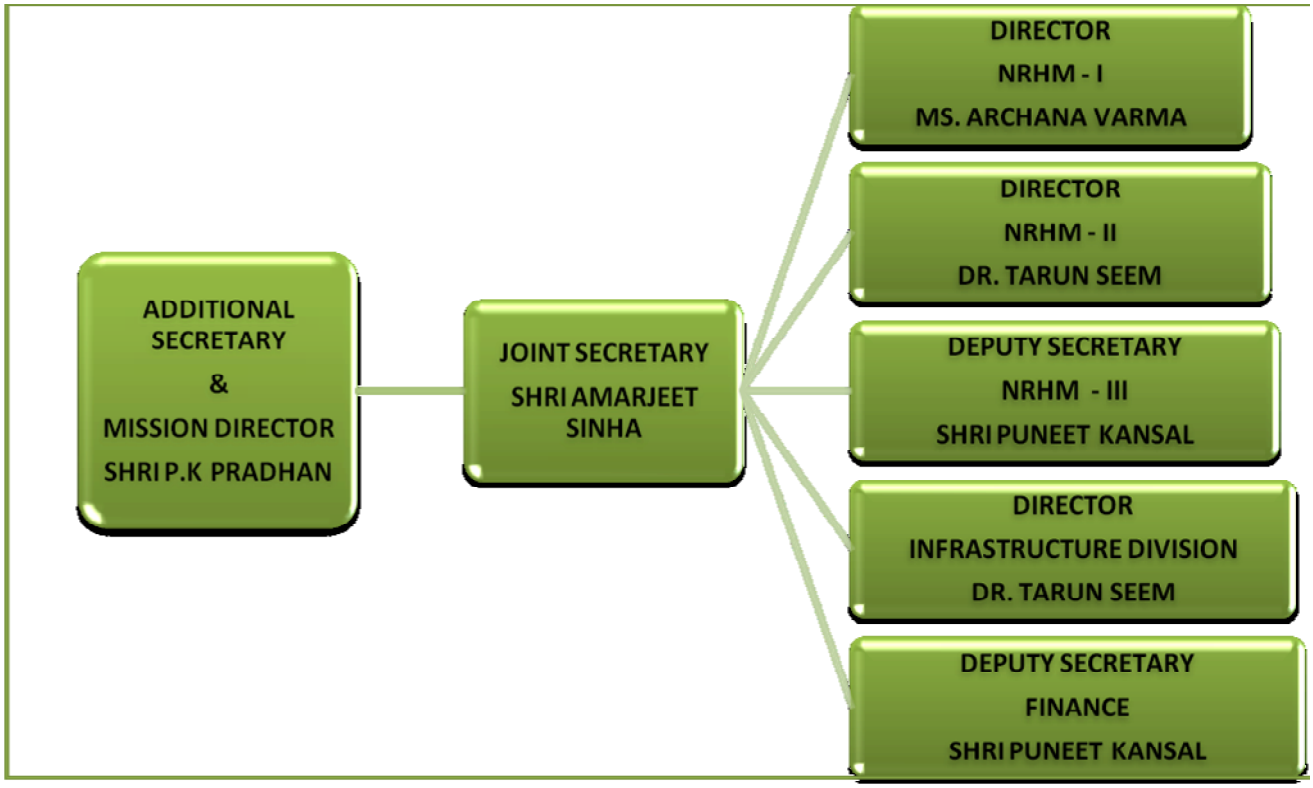


Figure 1 Organizational Structure of NRHM

1.2 TASKS PERFORMED DURING INTERNSHIP

The time of joining involved me in attending the NPCC meetings [National Programme Coordination Committee] where State-wise NPCC meetings were held at the Conference hall of MOHFW chaired by Health Secretary, **Ms. Sujatha Rao**, Additional Secretary and Mission Director, **Mr. P.K Pradhan** and Joint Secretary, **Mr. Amarjeet Sinha**. This meeting was also mandatory for NRHM Directors, Deputy Secretaries, and Officials of all departments of MOHFW to attend. The Representatives from State (which constitutes the State's Principle Health Secretary, Mission Directors and Heads of other Departments of Health & Family Welfare of a State) presents a presentation in front of MOHFW stating their last year's targets, their successful achievements and the goals they have targeted for the coming year and the next 5 years of future, the core strategies and innovations (like incentives for ASHA, PPP, Health Insurance) they would like to implement within a State to achieve the set targets, the budget they would be required to implement such innovations and achieve the targeted goals.

As a Consultant I was required to note down the minutes of Proceedings for NPCC Meetings and keep a close tab on the budget demanded by the State and its approval or rejection by the chaired members and noting the important discussions and decisions taking place in the meeting. The other routine job involves answering the Parliamentary Questions, studying the PIP's [Programme Implemetation Planning] documents of various States, reviewing their Health Action Plans and the comments of various divisions of department of MOHFW on PIP and NHSRC [National Health Systems Resource Centre] on the Health Action Plans of State.

IN - DEPTH STUDY

Preparing the Records Of Proceedings (ROP's) for the States after the NPCC Meetings is indeed a unique and challenging task which requires the study of previous 5 years of ROP's of each State, focusing on their set targets for future and past and analyzing the progress they have made so far [with respect to every aspect], analyzing the budget allocated to States in past and its utilization and the budget demanded by them now, analyzing the targets they have achieved in comparison to other States with respect to all the departments of Health and National Programmes and NRHM.

The tasks also include travelling to the allotted state that is Rajasthan to help in finding the gaps in the service delivery system with a focus on reproductive & child health and accordingly making state action plan for the current year.

1. MANAGERIAL TASKS PERFORMED IN VARIOUS DEPARTMENTS / PROGRAMMES

The NPCC meetings involved us managing several aspects of management right from managing the Documentation part to organizing and conducting the National level meetings. The File management is a big task of responsibility.

On 12th April, 2010 was celebrated as the day when NRHM completed its 5 years and the event was organized at Vigyan Bhavan. This involved us in managing the event in various aspects and Rajasthan was awarded as the Best Performing State under NRHM.

Event was attended by the National and State level Officials and Who's Who of the Ministry.

Preparation of ROP's for every State requires us to be a team player and deliver the work under the restricted time guidelines and work under pressure, coordinating with Ministry Officials, State Officials and NHSRC Officials.

1.4 REFLECTIVE LEARNING DURING INTERNSHIP

Understanding an Organizational Behaviour and culture is the biggest milestone if someone wants to excel in that Organisation. Previous professional experience with the private and Corporate Organisations is lot more different than what I have learnt in this Government Organisation. One Organisation with several Departments and thousands of employees working under its umbrella, dealing with their HR Issues and day to day administrative tasks is a remarkable thing to observe there and this teaches that India is democratic Country.

Attending the National level meetings and hearing the State's targets and their achievements taught me how far National Programmes have reached and what potential they have to accomplish their set targets.

Coordination and sense of Belongingness is what keeps such a large organization keep going and achieve remarkable targets. Preparing of ROP's taught me how many factors and not one factor is responsible for the development of any Nation's Health.

PART – II

DISSERTATION REPORT

Chapter 1

INTRODUCTION

The 'people-centred' health care system of the future will have dynamic, integrated structures, which can adapt to the diverse and changing health needs of society generally and of individuals within it. These structures will empower people to be active participants in decisions relating to their own health.(iii) Satisfaction, like many other psychological concepts, is easy to understand but hard to define. Satisfaction is not some pre-existing phenomenon waiting to be measured, but a judgment people form over time as they reflect on their experience. A simple and practical definition of satisfaction would be the degree to which desired goals have been achieved (ii). Patient /Client satisfaction is an attitude – a person's general orientation towards a total experience of health care. Satisfaction comprises both cognitive and emotional facets and relates to previous experiences, expectations and social networks (Keegan et al, 2002).

Patient Satisfaction in Literature

- The perception of the patient(s) of one or more aspects of a health care system; an outcome measure of quality. i
- A measurement that obtains reports or ratings from patients about services received from an organization, hospital, physician, or healthcare provider.[i]
- The percentage of patients with in a specific diagnostic category that rates overall care as very good or good.[ii]

What factors may influence satisfaction?

When including patient satisfaction mechanisms in health care systems, the options should take account of the capacity of users to understand what is being asked of them and to communicate their opinions and feelings effectively. Important factors influencing patients/clients in this regard include literacy levels, intellectual and physical/sensory disability levels and difficulties with language proficiency or ethnic and cultural

diversity. Social elements within our society must be considered as they can very often dictate whether the consumer will provide feedback and express their satisfaction or otherwise, e.g., financial status, educational status, demographics (urban/rural), technology (iv).

The outcome of any disease is influenced by the decisions to seek care, timely arrival at appropriate diagnostic and treatment services and the receipt of adequate care from service providers. Satisfaction in service provision is increasingly being used as a measure of health system performance. Satisfaction manifests itself in the distribution, access and utilization of health services.[iii]

Need for patient satisfaction study in government facilities

This study will focus on level of patient satisfaction in the government hospitals – Dehradun district hospital. Very less government hospitals focus on this aspect of quality as most of them follow IPHS norms which only talk about infrastructure and facilities like manpower requirement, waste management etc. at the hospital but do not include patient satisfaction which is an important aspect of quality and service delivery**.**

Government hospital's staff treats patients as beneficiary rather than a customer/ consumer as in private sector. So, there is a need to study that what are the levels of patient satisfaction in such set ups.

Relation of patient satisfaction with utilization of the healthcare facilities

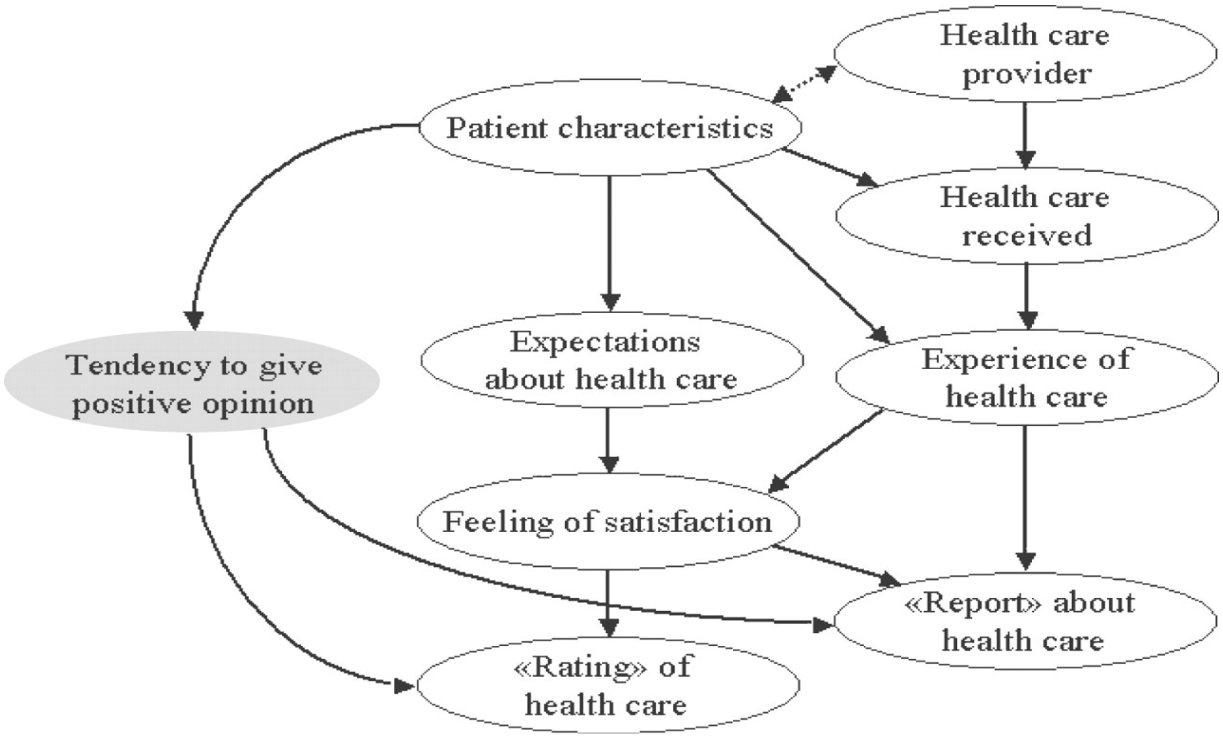


Fig. 2 Model given by Perneger TV (2004).[iv]

Patient satisfaction is very important to improve the utility of the facility. Now a days it is more important as the government is trying to improve the utilization of its healthcare facilities amongst the general public and a satisfied patient will help in spreading positive word of mouth about the facility and in doing positive marketing of the healthcare services.

Planning an evaluation to measure patient satisfaction

Those involved in planning an evaluation to measure patient satisfaction should consider a number of key questions grouped as follows:

- Questions to consider before identifying patients/clients who will be invited to participate in the evaluation.
- Questions to consider when you are ready to begin involving patients/clients.
- Evaluation question (vi)

2.1.2 Problem statement

What steps should government take to improve the level of patient satisfaction in the Government Hospitals?

Objective

The general objective of this study is to estimate the level of patient satisfaction in government hospitals. This study will also help in finding if there is any difference in the attitude of the doctors & other staff according to the patient paying capacity. This will help in reviewing the result or outcome of government's efforts of providing healthcare to all (equality) regardless the social & financial status of the patient.

Specific objectives

1. To study the level of satisfaction among inpatient in government hospital related to staff and service provided
2. To explore whether there is any discrepancies in the attitude of hospital staff for paid and non paid patients.
3. To find the main problem faced by the inpatients related to service delivery in government hospital
4. To suggest measures to improve patient satisfaction in government hospitals

Research hypothesis:

1. There is a difference between the satisfaction level of paying ward & general ward patients.
2. There is a difference in the attitude of the hospital staff depending on the paying capacity of the patient.

Chapter 2

Literature survey

There are many researches done on patient satisfaction but most of them are on Private sector. Very less literature is available on government sector because very less govt. hospitals are NABH accredited, while only a few are ISO certified. So, there is a need for such studies in this sector which will highlight the most important aspect of quality that is patient satisfaction.

Measurement of patient satisfaction guidelines by Irish government (2003) strongly supports the fact that Feedback from patients/clients can influence the whole quality improvement agenda and provide an opportunity for organisational learning and development. It provides crucial information on what the patients/clients expectations are and how they perceive the quality of care, which may be different from that of all staff providing that care. (Generally, this information is collected by good management and good listening.)[v]

Various articles quote that improvement of the skills of doctor-patient communication and other relevant areas would go a long way to enhance the level of satisfaction of the patients, considering the fact that most of the patients were drawn to the health facility because of their faith.

R Kumari (2009) said that the cost effectiveness of the services provided would also go a long way to maintain the bond between the doctors and the patient for the achievement of the optimal level of health of the people.iii

Document on quality & fairness by Irish government (2001) states that the 'people-centred' health care system of the future will have dynamic, integrated structures, which can adapt to the diverse and changing health needs of society generally and of individuals within it. These structures will empower people to be active participants in decisions relating to their own health. [vi]

CHAPTER 3
RESEARCH METHODOLOGY

RESEARCH PROBLEM

The main research question is – What is the level of patient satisfaction in government hospitals.

THE RESEARCH DESIGN

To resolve this research problem descriptive research design has been used with help of an exhaustive case study approach. For the purpose of this study Doon District Hospital, Dehradun (Uttrakhand), a government hospital has been selected. A brief profile of the hospital is gieven below in table :

Table 1
Doon Hospital Fact Sheet

1	Name of the Institution	Government Doon Hospital (Male)
2	Date of establishment	1854
3	Size of hospital (no. of inpatient beds)	252 (sanctioned)
4	Scope of services	Large size general hospital
5	Name of owner entity	State Government of Uttarakhand
6	Status of owner entity	State Government
7	Chief Medical Superintendent	Dr. R K Pant
8	Registered office / address	Government Doon Hospital, Dehradun, Uttarakhand

- **Data Variables** 10 variables were selected from the questionnaire to assess the level of patient satisfaction. These variables were divided under two headings/ categories viz.

i. Level of patient satisfaction from the services provided by the hospital.
ii. Level of patient satisfaction from the staff attitude & behavior.

- **Study population:** The present study was conducted on the patients admitted in the inpatient department of the Doon district hospital – Dehradun.
- **Period of Study:** the period of study is from April 2010 to May 2010.
- **Sampling Frame:** The sampling frame consisted of general ortho ward – male, general pediatric ward, paying ward & general postnatal ward of the Doon district hospital, Dehradun.
- **Sampling Technique / selection of patients** Convenience Quota sampling method was adopted as the number of beds as well as number of patients admitted were limited in the desired wards.
- **Sample size**: 40. The data was collected from 4 wards of the hospital viz.
    - General Ortho ward (11 samples)
    - General paediatric ward (10 samples)
    - Paying ward (9 samples)
    - Post natal maternity ward (10 samples)
- **Tools of data collection:** Permission to conduct the study was taken from the superintendent of the concerned health care facility. All the patients were interviewed in their respective wards. Informed written consent (attached as appendix 1) was taken from all the participating patients before the start of the interview after telling them about the objective of the study and the approximate time that will be involved in the completion of the interview. The basic tool used i.e the questionnaire is attached as appendix 2. The interview is conducted in absence of any of the staff member of the hospital to avoid the bias in the answers of the patients.

  An objective type of interview schedule was used to record information taking the key elements of socio demographic characteristics of the patients admitted in the inpatient ward of the healthcare facility, patient satisfaction regarding medical care, nurse's attitude, doctor's attitude, cleanliness & comfort, and similar 6 other variables which were selected from the questionnaire.

  Why this tool (questionnaire) is opted?

1. A structured document, using closed or open ended questions that can be self administered or interviewer administered.
2. Designed to elicit patient/client feedback on certain dimension of quality /aspects of care.
3. Allows for collation of both qualitative and quantitative data

- **Data analysis:** Data was tabulated on Microsoft Excel sheet. The satisfaction was graded as excellent (5), very good (4), good (3), fair (2) & Poor (1) numbers were allotted to the patients according to their answers and average has been taken from excel. To analyze the data basic statistical techniques including Mean score, percentage analysis and students t test was used.

CHAPTER 4
RESULTS AND FINDINGS

1. PATIENTS SATISFACTION FROM THE SERVICES BEING PROVIDED

The variables chosen to estimate the satisfaction level of the patients from services delivered at the hospital were:

1. How is the cleanliness & comfort provided at the hospital?
2. Whether the admission process is satisfactory and whether the patient was admitted without delay?
3. Food services provided by the hospital are up to the mark or not?
4. How much patients will rate the facilities & accommodation provided by the hospital?

The results of satisfaction level from services provided by the hospital are tabulated below

Table 2 -

Wards	General Ortho ward	General paediatrics ward	Paying ward	Postnatal maternity ward	Overall
Cleanliness & comfort	4	3.1	2.8	3.3	3.35
Food services	2.72	2.6	2.55	2.8	2.67
Admission process	3.09	2.6	3.22	3.8	3.17
Facilities & accommodation	2.81	2.7	2.8	3	2.85

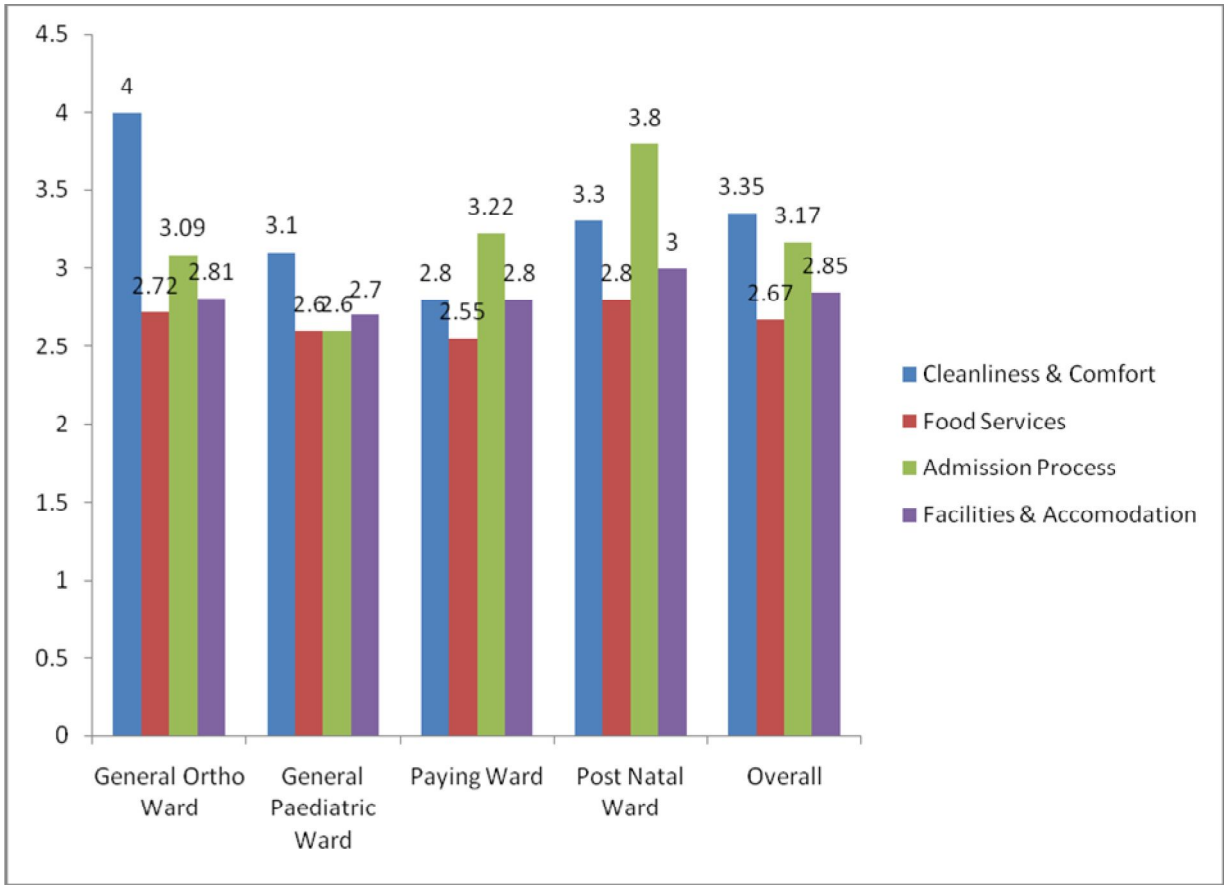


Fig. 3 Graphical representation I

Results shows that patients of general ward ortho were most satisfied (average of 4) with the cleanliness & comfort provided at the hospital while paying ward patients were less happy with the service (average of 2.5). Food services provided at the hospital were not satisfactory with an overall average of 2.67. While on the other hand admission process of the hospital is satisfactory with average of 3.17. But patients were not happy with the facilities and accommodation at the hospital with an average of 2.8.

On applying t test

t-Test: Paired Two Sample for Means

Table 3 -

	Variable 1	*Variable 2*
Mean	2.9025	2.87
Variance	0.137092	0.0588
Observations	4	4
Pearson Correlation	-0.46	
Hypothesized Mean Difference	0	
Df	3	
t Stat	0.123171	
P(T<=t) one-tail	0.45488	
t Critical one-tail	2.353363	
P(T<=t) two-tail	0.90976	
t Critical two-tail	3.182446	

Hypothesized mean value is o which shows that null hypothesis is accepted. So, we can say that there is not any significance difference between the satisfaction level of paying ward patients & general ward patients with respect to services provided by the hospital.

Satisfaction level of patients from the staff attitude & behavior

To estimate that whether the patients are satisfied with the staff attitude and behavior in the hospital four variables have been chosen. These variable reflects the staff attitude towards the patients. These are –

1. At which level the patients rate the medical services of the hospital?
2. How the patient perceives the attitude of nurses towards them?
3. Doctor's attitude with the patients.
4. Whether the patients are provided with the adequate information about their health status or not?

Level of patient satisfaction from staff attitude & behavior are tabulated below

Table 4 -

Wards	General Ortho ward	General paediatrics ward	Paying ward	Postnatal maternity ward	Overall
Medical care	3	2.8	3.2	2.8	2.9
Nurses attitude	3	2.4	3.3	2.8	2.9
Doctors attitude	3	2.2	3.8	2.6	3
Adequate information given	.54	.4	1	0.8	0.6

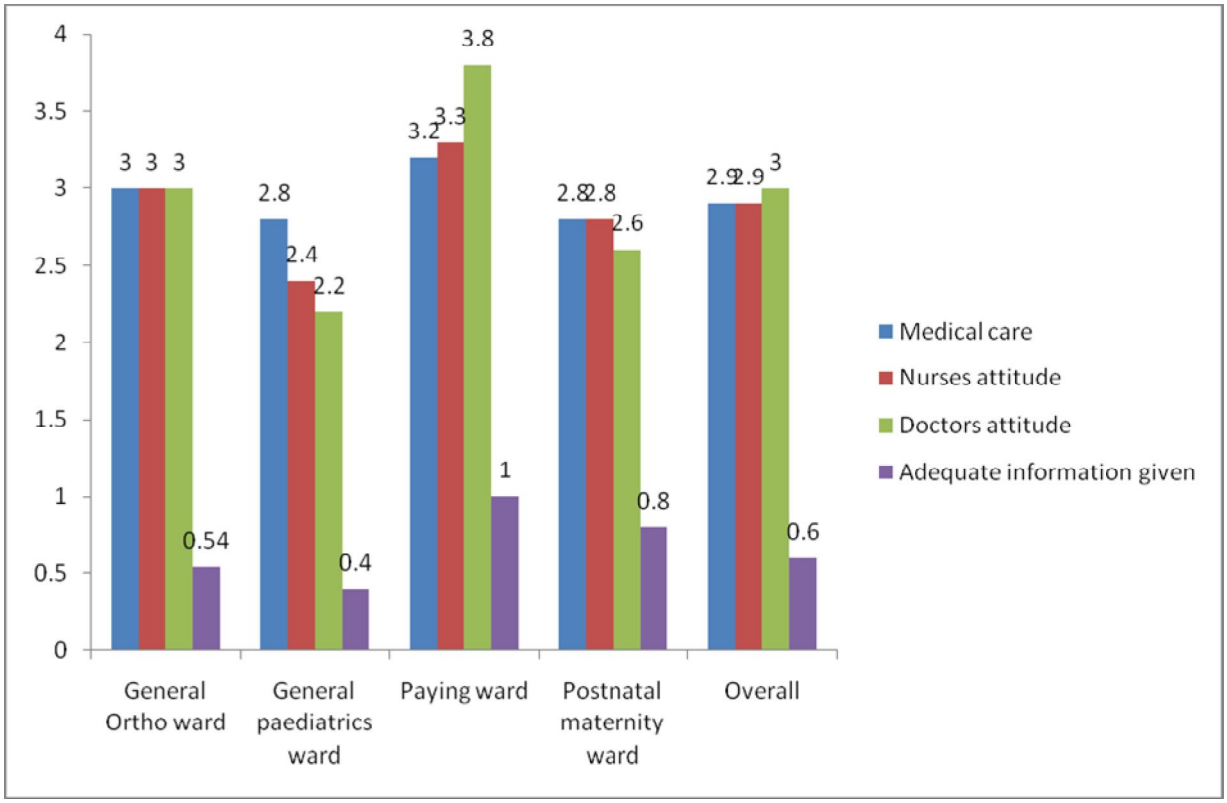


Fig. 4

Result shows that overall average of the medical facilities is 2.9 which indicate that the patients are not satisfied with the medical care provided by the hospital. Patients of paying ward were most satisfied with the attitude of doctors and nurses while on the other hand general ward patients were not happy with the same. Paying ward patients were informed about their treatment & its outcome while very less amount of patients in general wards were given this information.

On applying t test

t-Test: Paired Two Sample for Means

Table 4 -

	Variable 1	*Variable 2*
Mean	2.05	2.7
Variance	1.236667	1.286667
Observations	4	4
Pearson Correlation	0.98302	
Hypothesized Mean Difference	0	
Df	3	
t Stat	-6.245	
P(T<=t) one-tail	0.004141	
t Critical one-tail	2.353363	
P(T<=t) two-tail	0.008283	
t Critical two-tail	3.182446	

The t test shows that the null hypothesis is accepted & there is not any significance difference in the attitude of staff on the basis of paying & nonpaying wards. But it includes various variables which can affect the outcome.

Limitations of the study

- The time for data collection was very short so study could not be done on a larger sample size.

- The responses of the patients depend upon their personality and their perceptions. Some may be satisfied with average services while others may be dissatisfied with even the best.

- The results also need to be compared with the other major group of health providers' i.e., private hospitals to evaluate the differences in the quality of health care but could not be done due to the paucity of resources.

Chapter 5

Conclusion & recommendation:

An attempt to evaluate the level of patient satisfaction related to different parameters of quality health care at the health facilities has provided us with the certain areas that need corrective efforts to improve hospitals' service quality.

- Proper training programs are needed for doctors & nurses to improve their communication skills & behavior with the patients because there is an imperative need to communicate effectively with the patients about their disease and the treatment specially the largely ignored and the most efficient preventive aspect to allay their fears, remove misconceptions, comply with the treatment and develop confidence in the health system for achieving the standards of good health.

- With the comparison of results of nurses & doctors attitude in all 4 wards there is clear indication that paying ward patients are most satisfied while in other general wards they are not. So, there is a need to train the doctors & other staff in this aspect also.

- Patients who were well informed about their treatment were either of paying ward or of postnatal ward because postnatal patients were accompanied by ASHAs.

- In government sector we treat patients as beneficiaries while in private sector patients are the ultimate customers or consumers of healthcare facilities that’s why patient satisfaction is given more importance in private hospitals as in comparison of government healthcare facilities.

- Aspect of patient satisfaction can be included in the IPHS norms.

References:

[i] www.qaproject.org/methods/resglossary.html

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[iii] R. Kumari. Study of patient satisfaction in government allopathic health facilities of Lucknow district, India. Available from: Indian Journal of community medicine, vol. 34/issue I/January 2009

[iv] Adjustment for patient characteristics in satisfaction surveys, *International Journal for Quality in Health Care*, 16 (6), 433-435.

[v] Measurement of patient satisfaction guidelines –Irish government (2003)

[vi] Quality and Fairness, DoHC – Irish government 2001

Annexure 1

Title: Patient satisfaction survey at District Hospital, Dehradun

Dear Patient,

I am Iti Kaushik, working with NRHM I, MoHFW, New Delhi as a Consultant. I am conducting a study on "Level of Patient Satisfaction in the District Hospital, Dehradun", to be submitted as a part of my dissertation work at IIHMR, New Delhi. I seek your precious time and consent to answer a few questions for the same. I assure you that all personal information provided by you will be kept confidential and your name will not be mentioned anywhere in the study. You are free to withdraw yourself from the study at any point.

Patient name:

Date:

Signature:

Annexure 2

Patient feedback form

1) What is your overall opinion of Doon Hospital?

(a)Excellent (b)Good (c) Fair (d) Poor

2) Nursing Care?

(a)Excellent (b)Good (c)Fair (d)Poor

3) Nurses attitude?

(a)Excellent (b)Good (c)Fair (d)Poor

4) Doctor Care?

(a)Excellent (b)Good (c)Fair (d)Poor

5) Doctor's attitude?

(a)Excellent (b)Good (c)Fair (d)Poor

6) Managing/Attending Staff?

(a)Excellent (b)Good (c)Fair (d)Poor

7) Cleanliness and comfort?

(a)Excellent (b)Good (c)Fair (d)Poor

8) Food services?

(a)Excellent (b)Good (c)Fair (d)Poor

9) Admission process?

(a)Excellent (b)Good (c)Fair (d)Poor

10) Discharge and Billing process?

(a)Excellent (b)Good (c)Fair (d)Poor

11) Facilities and accommodation?

(a)Excellent (b)Good (c)Fair (d)Poor

12) Would you recommend this hospital to your friends and family?

(a)Yes (b)No

13) Were you provided with adequate and required information before reaching here and prior to treatment?

(a)Yes (b)No

14) Overall are you satisfied with the outcome of your medical treatment?

(a)Yes (b)No

15) Why did you choose Doon hospital?

(a)Doctor's recommendation (b)Reputation of Hospital

(c)Friend or relative's recommendation (e)Others

Please tell us:

16) What impressed you most?

_____

_____

17) How could we improve our service?

_____

_____

Patient's demographic details

Name:

Age:

Sex:

Admitted because of:

Procedure undergone:

Treating doctor:

Length of stay:

Signature of the patient:

Date: