PATIENT SATISFACTION IN THE IPD AT RAMA MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTER, KANPUR

Dissertation Submitted

to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Yash Jain

Under the Supervision and Guidance of

Dr.Prashant Sharma

2021

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Patient satisfaction in the IPD at Rama Medical College Hospital and Research Center, Kanpur** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Date: 02nd July 2021 **Yash Jain**

RAMA MEDICAL COLLEGE
HOSPITAL & RESEARCH CENTRE
(Estd by: Rama Educational Society®, Recognised by M.C.I. & Govt. of India)
RAMA UNIVERSITY, *UTTAR PRADESH*

Making a better tomorrow....!

To Whom So Ever It May Concern

This is to certify that **Yash Jain** in partial fulfillment of the requirements for the award of the degree of **MBA Hospital and Health Management** from the IIHMR University, Jaipur has successfully completed his Dissertation in **Quality department** as a Quality intern at **Rama Medical College Hospital and Research Centre, Mandhana, Kanpur** during April 2021 to June 2021.

Project: Patient satisfaction in the IPD patients

Rama Medical College Hospital & Research Centre
Authorised Signatory

Place: Kanpur
Date:24.6.2021

Preceptor/Head of the Organization
Name of the organization:- RMCH & RC

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CERTIFICATE

This is to certify that dissertation titled **Patient satisfaction in the IPD at Rama Medical College Hospital and Research center, Kanpur** is a record of the research work undertaken by **Yash Jain** in partial fulfillment of the requirements for the award of the degree of **MBA Hospital and Health Management** from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. Prashant Kumar Sharma

Faculty Guide
IIHMR University,
Jaipur

Date 02 July 2021

Dr. Dhirendra Kumar

School Dean
IIHMR University,
Jaipur

Date: 02 July 2021

Patient satisfaction in the IPD at Rama Medical College Hospital and Research center, Kanpur

ABSTRACT:

Introduction: Patient satisfaction is one of the most important criteria in the hospital to assess the quality. In the hospital, a patient interacts with number of department and factors associated with the departments are critical in assessing the patient satisfaction like, response of the staff, communication, behaviour, attitude, clinical skills, amenities, food services, parking facilities, and etc. Communication and skills of the clinical staff is the utmost important in the assessment of patient satisfaction in their hospitalization. There are series of events are followed from admission to discharge. The experience can be improved by implementing the patient feedback and providing the custom-made program according to their needs and their demands.

Objective:

1. To assess the level of patient satisfaction in the IPD.
2. To identify the areas of improvement in the patient satisfaction among IPD.

Methodology: The cross- sectional descriptive study was carried out in the IPD of the Rama Medical College Hospital and Research center, Kanpur with a period of three months by including criteria of those patients who are staying in IPD except seriously ill patients and excluding criteria, those patients who are staying in ICUs. The sample collected of 103 respondents by a structured questionnaire on a point of three scale Good, Need improvement and Bad. Data analysis was done by Microsoft excel and SPSS.

Conclusion: Hospital providing various services to the patient without any discrimination and the hospital have aim to provide quality services to the patient. The study concluded that 81% patients are satisfied with the services and other 19% patients need change and dissatisfied with our services. According to the hypothesis, there is no association between gender and experience of the patients and also there is no association between age and

experience of the patients. The main areas of improvement were cleaning of the washrooms, turnaround time of reports and turnaround time of discharge.

Key words: Patient satisfaction, In-patients, TQM, CQM, IPD

ACKNOWLEDGMENT

"**Gratitude is the fairest blossom which springs from the soul**."

Having gratitude and not expressing it is kin to wasting our blessings, so I would like to take this opportunity to thank all the wonderful people who, in some way or the other, have been there for me throughout the journey of completing this dissertation.

I consider myself fortunate that I got the chance to work under the able guidance of **Dr. Dushyant Shukla, Shivani Parida (Group- HR Head)** my industry mentor for this project.

I am also thankful to my faculty mentor of this project **Dr. Prashant Kumar**. His discipline and vast depth of knowledge; instructive nudges along with the provision of enlightening independence, not just made me complete this assignment with perfection, but also helped me to grow and learn immensely from this process.

I am also grateful to our President **Dr. PR. Sodani,** Chairman **Dr. S.D. Gupta** and Dean **Dr. Dhirendra Kumar**, who has always made sure that the students are provided with all the facilities, encouragement and the environment needed to work for such projects. I feel blessed and express my warmest thanks to all the kind, encouraging and helpful faculty members of the **IIHMR University** who have always been there for me throughout my academic journey.

I am also very thankful to our librarians for their kindness and help in completing this report. Last but not the least, I would like to thank my parents **(Mr. Rajkumar Jain & Mrs. Lalita Jain)** and **my friends** for being there with me through thick and thin. I would not have been able to achieve what I have without their support. I thank God for all his blessings and kindness bestowed upon me.

Date: 2nd July 2021 Yash Jain

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Abbreviations:

IPD	**In- Patient department**
OPD	**Out- Patient Department**
FIFO	**First-in First- out**
TQM	**Total Quality Management**
CQI	**Continuous Quality Improvement**

CHAPTER- 1

INTRODUCTION

Patient satisfaction is one of the important criteria in the hospital to assess the quality of the hospital, every hospital have aim to provide the quality of care to their patient. Healthcare managers play an important role in achieving the high quality in the hospital services and help in the implementation of Total Quality Management (TQM)and various techniques of quality improvement. Patient satisfaction involves the patient decisions in the achieving the benchmark standards of the hospital and also help in the increasing the footfall of the hospital. Patient satisfaction is very subjective because it is the perception of the patient about the services they are provided in the stay of the hospital. The results of the patient satisfaction feedback help in both clinical and non-clinical department of the hospital.

Patient satisfaction and Quality of services have a symbiotic relationship, if the patient satisfaction decreases that means there is a chance of losing quality of services in any part of the hospital, so it is very important in the hospital. In hospital, the feedback mechanism is important to get to know the patient expectation and the satisfaction is totally dependent on the expectation. To live the quality of services during the stay, it is important to stick with customer's and patient expectation and perception and determine the knowledge to improve the quality of the services. Patient are the simplest judge which help them by providing the inputs about the hospital fallacies and help to improving the overall quality of the hospital by rectification of the hospital weakness by the management of the hospital and healthcare providers.
India is in developing stage, and healthcare scenario is predicted to evolve into a developed stage soon. The healthcare industry is a rapidly growing industry to satisfy the needs of patients and demands of the ill patients. The level of patient satisfaction is a very crucial information to measure the quality of the services in the hospital across the department.

In the hospital, a patient interacts with number of department and factors associated with the departments are critical in assessing the patient satisfaction like, response of the staff, communication, behaviour, attitude, clinical skills,

amenities, food services, parking facilities, and etc.

Communication and skills of the clinical staff is the utmost important in the assessment of patient satisfaction in their hospitalization. There are series of events are followed from admission to discharge. The experience can be improved by implementing the patient feedback and providing the custom-made program according to their needs and their demands. In healthcare domain, Hospitals are increasingly day by day, so to compete with the market hospital should adopt the consumerism and monitor the quality management of the hospital. The concept of the patient satisfaction is rapidly changing; therefore, hospitals are using sort of techniques to enhance patient care and organizational efficiency.

There are eight elements that lies satisfaction in the patient during their stay that are communication and behaviour of nurses, communication and behaviour of doctors, communication about the medicines, responsiveness of hospital staff, management of pain and treatment, cleanliness and quietness of hospital environment, discharge instructions and overall hospital rating (source-Medicare.gov). These factors is directly associated with the quality of hospital and also associated with the patient footfall of the hospital.

To improve the patient satisfaction in the hospital, the management should adopt these ways to improve like decrease wait time, communication with the service providers, customized services, smile and empathy staff, skilled and training of the staff, employee satisfaction and etc.

Patient satisfaction is the measurement to assess that patient are happy with the healthcare services inside and outside the doctor’s office. The measurement gives insights about the various aspects including the effectiveness of care and their level of empathy.

CHAPTER- 2

REVIEW OF LITERATURE

Quality in the Public hospital is marginally good, and chances of improvement is very high. Skilled staff, infrastructure, amenities, availability of medicine, doctors interaction and report collection are the important dimension in improving the satisfaction at public health facilities suggested by (***Rao, K. D. 2006)*** while the **(Otani, K., 2009)** study concluded that the staff care is the most important aspect in the patient satisfaction with the medical care. These two dimension are very important in the overall satisfaction of the patients and the other attributes are (Physician care, room, admission, food and etc.). The medical care provided is in the control of management of the hospital. if the improvement are required, it can be implemented by providing training to the staff and conducting seminars on total quality management and continuous quality management by which patient can understand the need of the patient. Satisfying patient needs is that initiative towards having loyal patients so hospitals that strive to make sure their patients are completely satisfied are more likely to prosper. **(Agarwal, A., 2009)** This study concluded that the hospital patients are 86% satisfied with our services. However, there is a need of exploration of culture and values in improving patient doctor interaction. There is a scope of improvement in the patient needs and preferences in the quality of the services provided by the hospital. The deficiency and areas of improvement will be rendered or corrected by the feedback mechanism and then worked upon the results and enhance the patient care by bridging the gap between senior management and patients. ***(Padma, P.,2010)*** said that the patients and their attendant are treated according to their need because they can't measure the quality of healthcare quality of the services. The study also concluded that the hospital providers should understand the need and demands of the both the patients and their attendant to understand the areas of the improvement. while in this study ***(Qadri, S. S., 2012),*** the authors concluded that the patients and their attendant have dissatisfaction in the areas like cost of medicine, delayed reports, and long queue in the investigation. By collecting the inputs of patients and attendants, the drawbacks and deficiency were identified, and the hospital

administration should be taken care in the improvement of the deficient areas and providing the quality services to the patients.

(Bjertnaes, O. A.,2012) suggested that **s**atisfaction and experience in the stay of patients are the most important parts of healthcare quality but the expectation of the patients should be included in the quality assessment. This study targeted to estimate the outcome of various predictors of the patient satisfaction with the hospital including patient experience, expectation of the patients and the socio-demographic variables. While (***Deka, C.,.2020***) concluded that the assessment of the satisfaction of patients is price effective and straightforward method for the measuring the quality of the hospital services, it should be kept in mind that the hospital provider should provide the quality services in a continuous mode and more studies should be done in this aspect. The healthcare facilities should add more number of the patients in assessment of patient satisfaction. **(Asamrew, N., 2020)** study finding implies that it is a great opportunity is there to enhance patient's satisfaction level if the service quality is improved round the time of patient and health care provider interaction and facility amenity services. Besides, improving the health literacy of service providers and devising a technique to routinely assess satisfaction level of patients within the facility is critical. On top of this, providing tailored on-the-job training for health care workers within the facility may be a crucial step so as to enhance their knowledge and skills to render patient-centered quality service to enhance their patients' satisfaction. employing a checklist during service delivery may improve client patient interaction and make sure the standard. Facility design dimension are often considered for future research activities. (**Verma, M., 2020)** determines the factors that are associated with the satisfaction in patients which were measured by four dimension like registration process, knowledge before meeting the doctors, hospital infrastructure, interaction with the doctors and the availability of medicine. The effective improvement program should be taken care in achieving high satisfaction among the patients.

Gaps in Literature: There is no evident study in this area where all the parameters of patient satisfaction were taken in one study. After reviewing the literature, the author found these parameters with different papers which are corelated with each other. All

the parameters which are related to the patient satisfaction in the in-patients were taken in this study. The parameters are Reception, Housekeeping, Doctor's interaction, Nurses, Pharmacy, Parking, and Discharge. The different dimension of these parameters are considered for this study.

CHAPTER- 3

METHODOLOGY

AIM: Patient satisfaction in the IPD at Rama Medical College Hospital and Research Center, Mandhana, Kanpur

RESEARCH QUESTION:

1. What is the level of patient satisfaction admitted patients in IPD?
2. What are the factors affecting satisfaction level in IPD patients**?**
3. What are the ways to improve the satisfaction level in IPD?
4. Is the patient satisfaction help in enhancing the Quality of services?

RESEARCH OBJECTIVE:

Broad Objective: To identify the factors which influence the patient satisfaction among IPD patients in the hospital in some regions**.**

Specific Objective:

1. To assess the level of patient satisfaction in the IPD.
2. To identify the areas of improvement in the patient satisfaction among IPD.

Study Type: Descriptive study- Cross sectional.

Research Type: Primary Research

Study Area: Rama Medical College Hospital and Research Center, Kanpur

Study period: 05 April - 19th June 2021

Study Respondents: IPD Patients who responded to the structured Questionnaire using the Likert scale.

Sample Size: 103 Respondents were taken in the study for analysis of the patient satisfaction in IPD.

Due to covid, the hospital run with an occupancy of 50% non-covid patients i.e., 400 patients. By applying this on formula with 95% CI and margin of Error- 10%, the sample size computes = 78 or more patients, so I took 110 patients for this study by taking guidance of the industry mentor. Out of 110, 103 filled the full questionnaire.

Sampling Method: Non- probability convenience sampling.

This sampling method is used due to covid operations in the hospital, random selection of the patients cannot be possible in this scenario, so the convenient samples are taken for this study.

Data collection: Primary Data was collected from the respondents who were admitted in the IPD through structured questionnaires by 3 point Likert scale **"Good, Need Improvement and Bad".** Three point Likert scale is analyzed by taking consideration of literatures where the analysis was done by this Likert scale. This scale is taken by the guidance of industry mentor.

Study Area: Data Collected in the IPD area in these specialty (Orthopedics, Ophthalmology, Gynecology, Neurology, Casualty)

Data Analysis: Data Analysis was done by graphical representation of frequency distribution by Microsoft Excel. (Likert Scale) and Chi- Square Test by SPSS.

Data Visualization Tool: Microsoft Excel Graph,

Ethical Consideration: The respondent's consent were taken before filling the form and informed them that data confidentiality is maintained. The data which were collected will be used only for the dissertation purpose.

Inclusion Area: All the IPD areas where the patient are staying except those who are seriously ill.

Exclusion Criteria: All the ICUs (NICU, PICU, ICCU, HDU

Hypothesis:

1. **Null Hypothesis:** There is no association between the gender and patient overall satisfaction in the hospital.
   Alternate Hypothesis: There is association between the gender and patient overall satisfaction in the hospital.
2. **Null Hypothesis:** There is no association between the age and patient overall satisfaction in the hospital.
   Alternate Hypothesis: There is association between the age and patient overall satisfaction in the hospital.

CHAPTER-4

ANALYSIS AND RESULTS

This chapter deals with the analysis and results of the study. There are some parameters that are considered in the assessment of the patient satisfaction. The analysis was done on the basis of the results obtained of the questionnaire with these elements.

Elements of Patient Satisfaction

- Reception
- Doctor
- Nursing services
- Investigations
- Pharmacy
- Food facility
- Housekeeping
- Parking and security
- Billing and Discharge Process

Table 4.1- Satisfaction of Patients Towards Admission Process

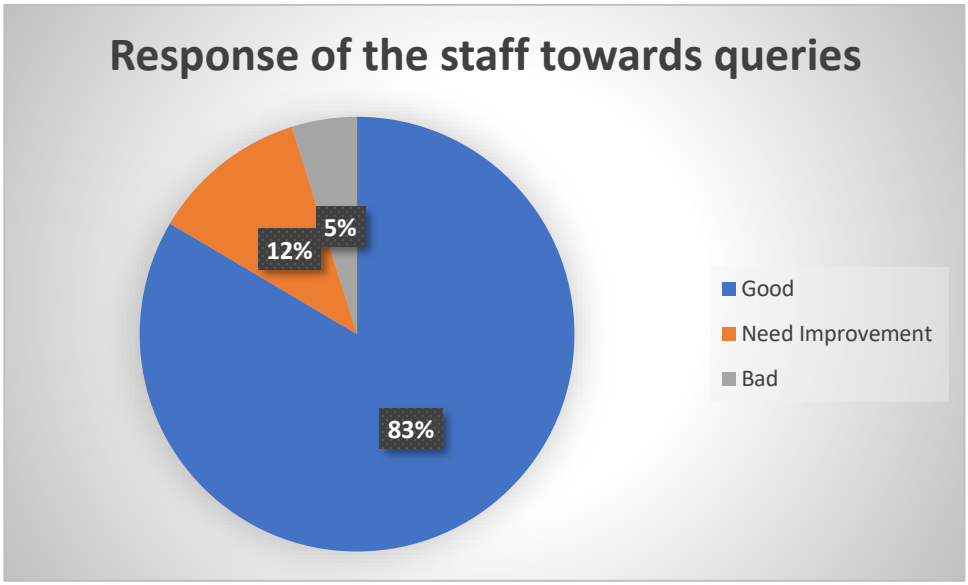
1.Satisfaction towards Admission Process	**Percentage of patient satisfied**	**Percentage of Patient Needs Improvement**	**Percentage of Patient Dissatisfied**
1. A) Response of the staff towards queries	83%	12%	5%
1.B) Staff counsel you about the admission process and the payment process?	82%	13%	5%
1.C) Behaviour of our staff	83%	16%	1%

In the admission process, 83% patient are satisfied with the services while the 17% need change or dissatisfied with the services.

The first dimension of the admission process of responding of the staffs towards the queries shows 17% dissatisfaction due to non-availability of the staff, lack of knowledge of the staff and non-trained staff.

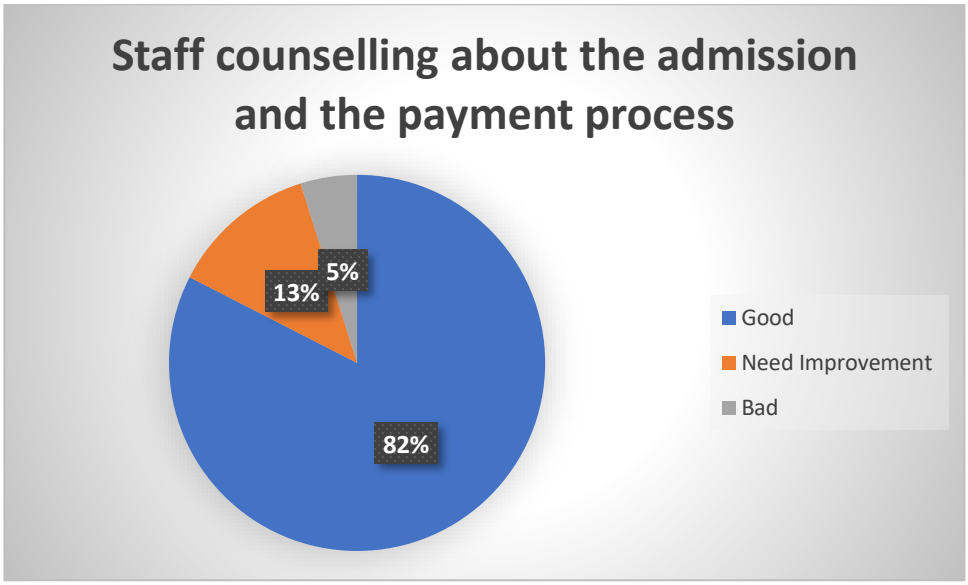
The Second dimension shows dissatisfaction due to long queue in the reception counter, Workload on the staff, lack of knowledge and not providing the full information about the payment. The third dimension shows dissatisfaction due to rude behaviour of the staff, lack knowledge of the staff and high work- load.

Graphical Representation



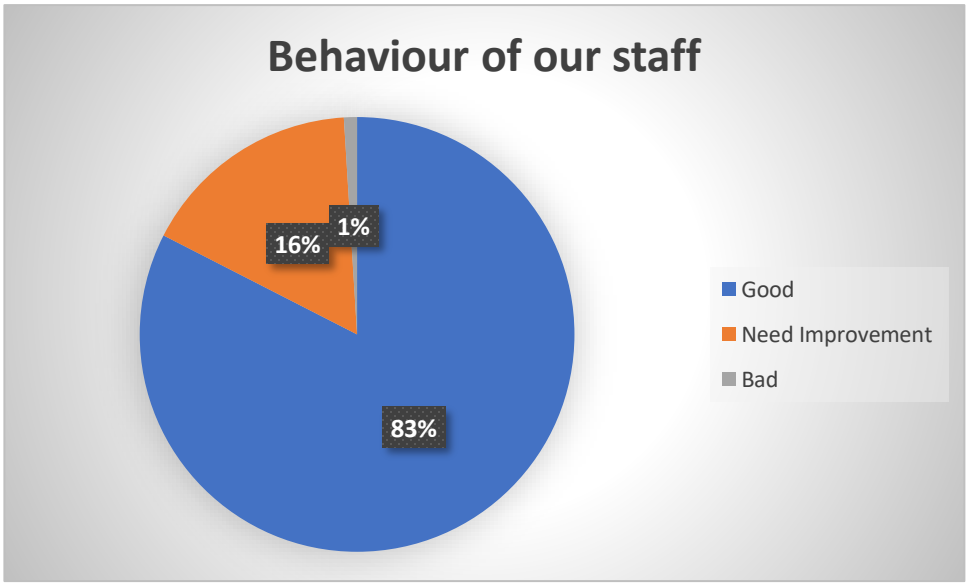
Graph- 4.1A: Response of the staff towards queries

Interpretation: Graph shows that patients are happy with the response behaviour of the reception,83 % said Good and 12% said Need Improvement and 5% said Bad.



Graph 4.1B: Staff counselling about the admission and the payment process

Interpretation: Graph shows the satisfaction level of the patients at the time of counselling by the staff about admission process and the payment process, 82 % people said Good and 13% said Need Improvement and 5% said Bad.



Graph 4.1C: Behaviour of our staff

Interpretation: Graph shows the satisfaction level of the patients for the behaviour of the staff towards their queries, 83% people said Good and 16% said Need Improvement and 1% said Bad.

Table- 4.2 Satisfaction of Patients towards Doctor's Interaction

2.Satisfaction towards Doctors	**Percentage of patient Satisfied (Good)**	**Percentage of Patient Needs Improvement**	**Percentage of Patient Dissatisfied (Bad)**
2.A) Meeting with the doctors	86%	10%	4%
2B) Doctor consultation	88%	8%	4%
2.C) Doctor's behaviour?	88%	9%	3%
2.D) Security of the information	87%	12%	1%

The satisfaction of the patients towards doctors interaction can be checked by the different dimension like meeting with the doctors, the doctors consultation, behaviour

of the doctors and the security of the information. Overall 88% patients are satisfied with the doctors interaction, which is a very good percentage in term of doctor's interaction but there is 12% patients who are seeking some change and need improvement in the services.

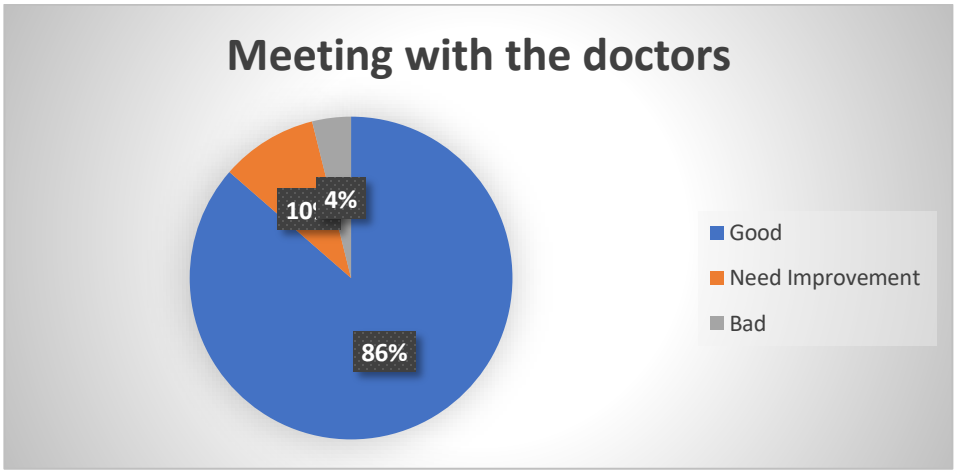
The first dimension shows the dissatisfaction in the services because of the non-availability of the doctors in the visiting hours.

The second dimension of the doctors interaction shows dissatisfaction due to the lack of communication between the doctors and patient.

The third dimension shows dissatisfaction due to the high work-load on the doctors and not providing the full information to the patient.

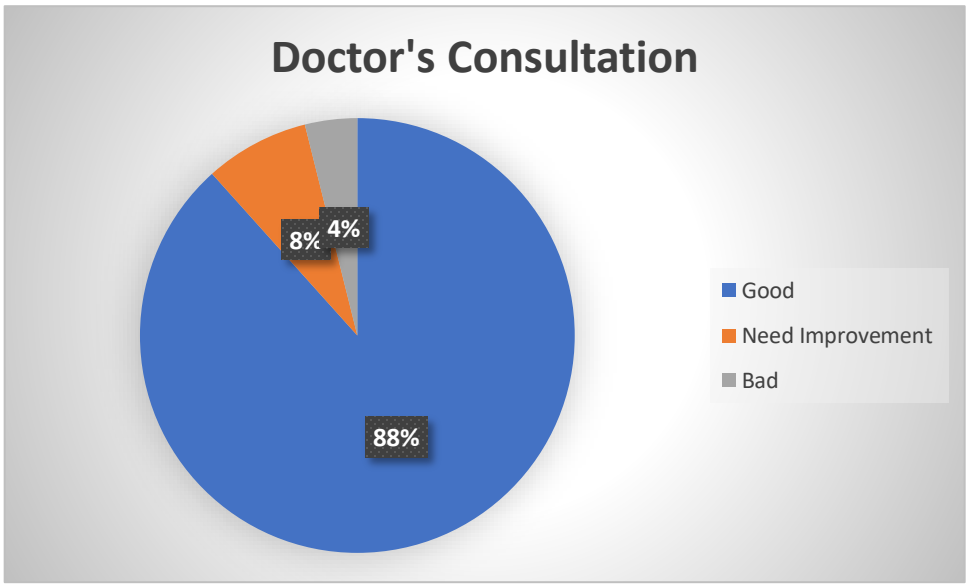
The fourth dimension shows dissatisfaction due to non -availability of the additional room in the consultation room.

Graphical Representation



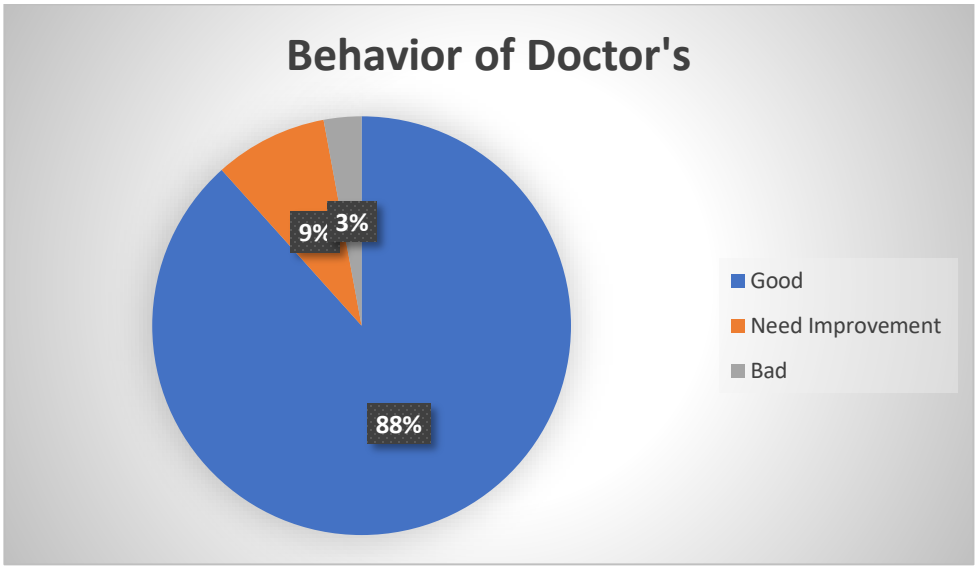
Graph 4.2A: Meeting with the doctors

Interpretation: Graph shows the satisfaction level of the patients for meeting with the doctors, 86% people said Good and 10% said Need Improvement and 4% said Bad



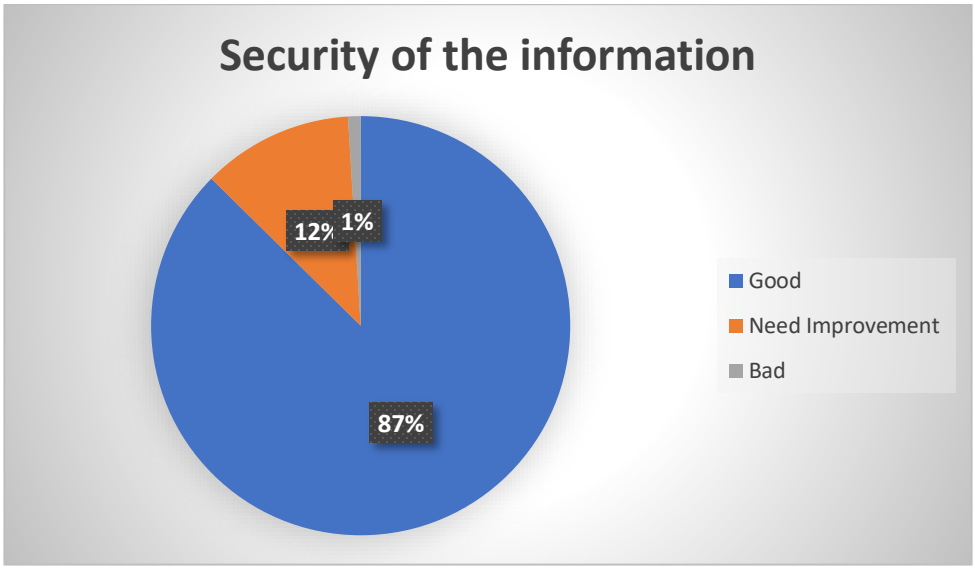
Graph 4.2B: Doctor's consultation

Interpretation: Graph shows the satisfaction level of the patients for doctors consultation/ interaction, 88% people said Good and 8% said Need Improvement and 4% said Bad.



Graph 4.2C: Behaviour of Doctors

Interpretation: Graph shows the satisfaction level of the patients for the behaviour of the doctors, 88% people said Good and 9% said Need Improvement and 3% said Bad



Graph 4.2D: Security of the information

Interpretation: Graph shows the satisfaction level of the patients for the security of the information, 87% people said Good and 12% said Need Improvement and 1% said Bad.

Table 4.3- Satisfaction of Patients towards Nursing services

3.Satisfaction towards Nursing services	Percentage of patient Satisfied (Good)	Percentage of Patient Needs Improvement	Percentage of Patient Dissatisfied (Bad)
3.A) Time taken by nurse in medicine administration	79%	17%	4%
3. B) Response of nurses towards your call	78%	17%	5%
3. C). Behaviour of our nurse	74%	23%	3%
3. D) Nurse counselling about Medication administration after discharge?	78%	19%	3%

The nursing services is a critical part of the hospital, nurses are directly interacted with the patients in their stay in the Hospital. In the nursing services, there are few

dimension which are considered in the satisfaction of the patients like time taken by the nurse to administer the medicine, response of the nurse towards your call, behaviour of the nurse and nurse counselling. Overall 78% patients are satisfied and the remaining percentage of the people seeking change and improvement in the services.

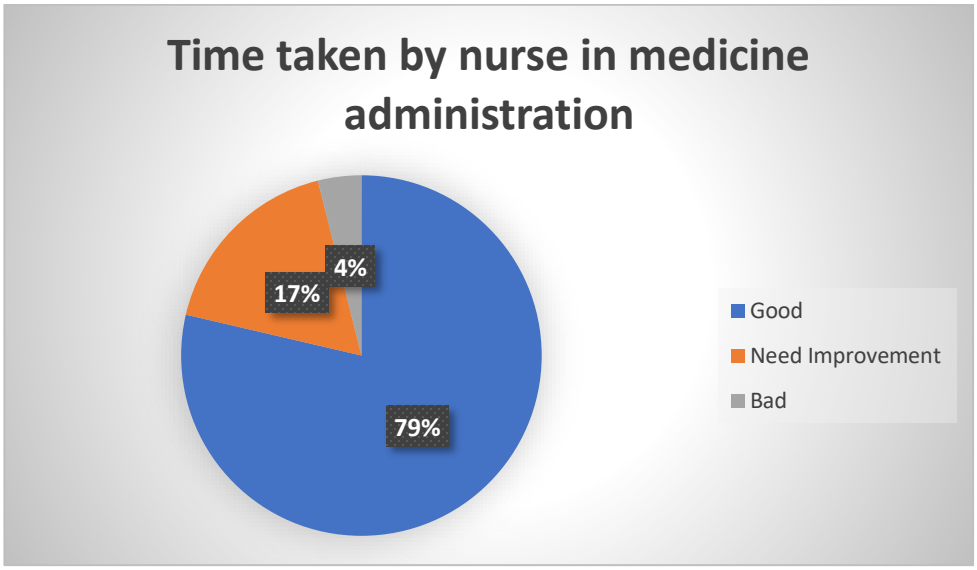
In the first dimension, the patient shows dissatisfaction due to lack of the staff, patient:nurse ratio is very high and untrained staff.

The second dimension, the patient shows dissatisfaction due to late response of the staff towards the alarm call and the lack of knowledge of the staff.

The third dimension have dissatisfaction due to rude behaviour of the staff.

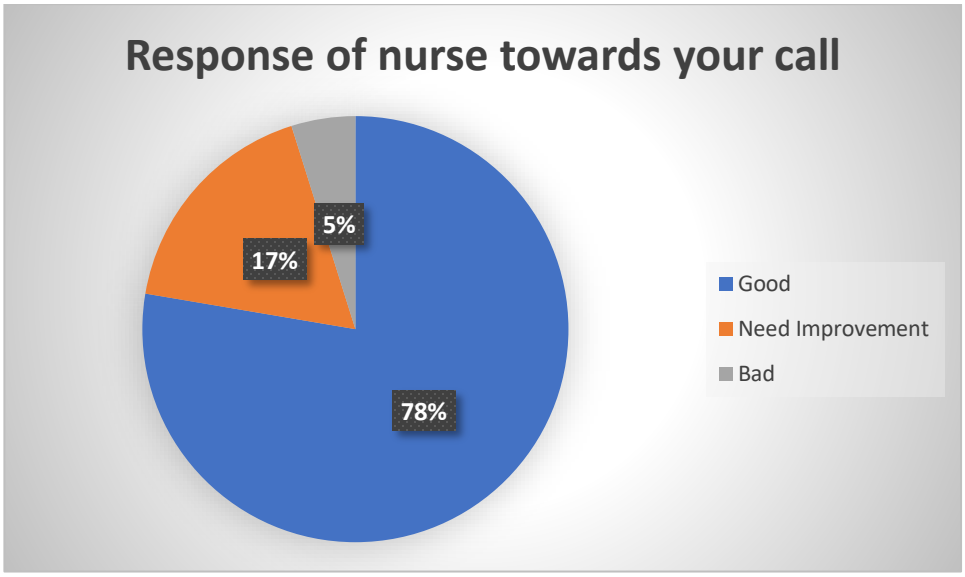
The fourth dimension have dissatisfaction due to newly recruited staff have less clinical knowledge and the high work-load.

Graphical Representation



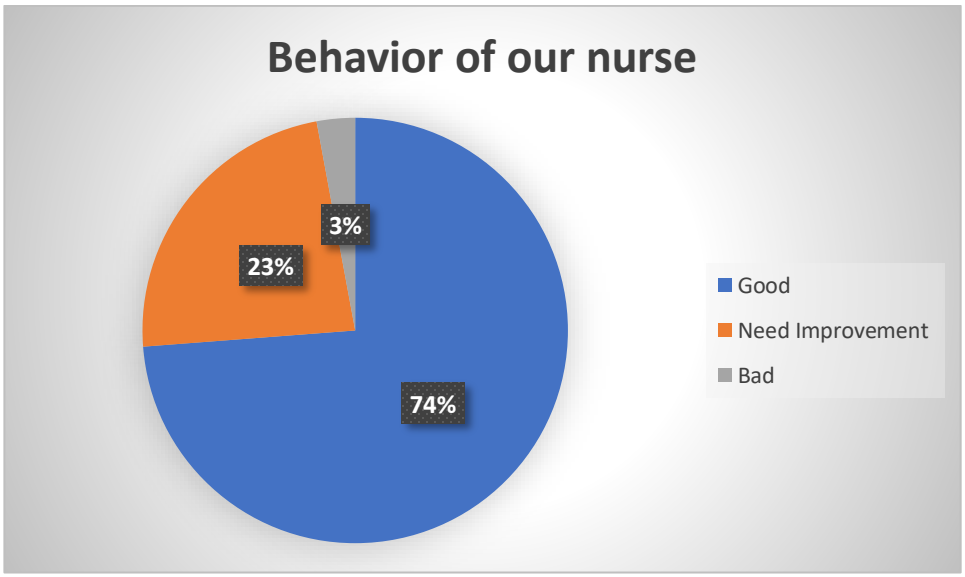
Graph 4.3A: Time taken by nurse in medicine administration

Interpretation: Graph shows the satisfaction level of the patients for the nurse took to give their medicine, 79% people said Good (2-5 min), 17% said Need Improvement (5-10 min) and 4% said Bad (>10 min).



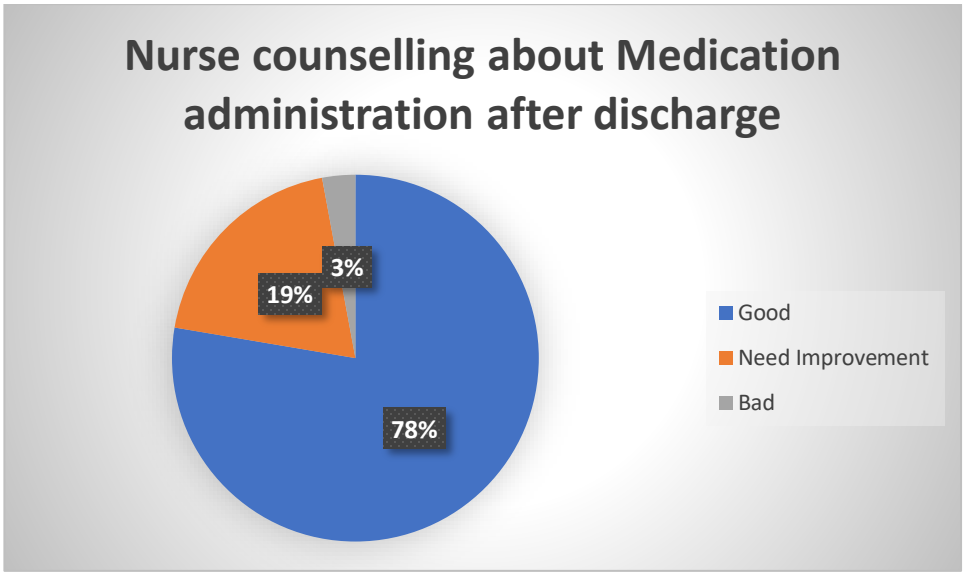
Graph 4.3B: Response of nurse towards your call

Interpretation: Graph shows the satisfaction level of the patients for the responsive behaviour of the nurse towards you queries, 78% people said are Good (2-5 min), 17% said Need Improvement (5-10 min), and 5% said Bad (>10 min).



Graph 4.3C: Behaviour of our nurse

Interpretation: Graph shows the satisfaction level of the patients for the behaviour of the nurses, 74% people said Good and 23% said Need Improvement and 3% said Bad.



Graph 4.3D: Nurse counselling about Medication administration after discharge

Interpretation: Graph shows the satisfaction level of the patients for the nurse counselling towards medicine administration after discharge, 78% people said Good and 19% said Need Improvement and 3% said Bad.

Table 4.4- Satisfaction of Patients towards Investigation Process

4.Satisfaction towards Investigation Process	**Percentage of patient Satisfied**	**Percentage of Patient Needs Improvement**	**Percentage of Patient Dissatisfied**
4. A) Time take in investigations	51%	25%	24%
4. B) Staff counselling regarding investigation information	82%	13%	5%
4. C) Security of the reports	82%	16%	2%
4. D) Support staff coordination	86%	12%	2%
4.E) Investigation report on time	45%	26%	25%

Here, the investigation considers both radiology and pathology, the patient satisfaction in the investigation process depends on some dimension which are time taken in investigation, staff counselling regarding the investigation, security of the

information, coordination of the staff and delivery time of the report. Overall, 84% patients are satisfied with the services except time taken in the investigation (51%) and delivery of the reports (45%).

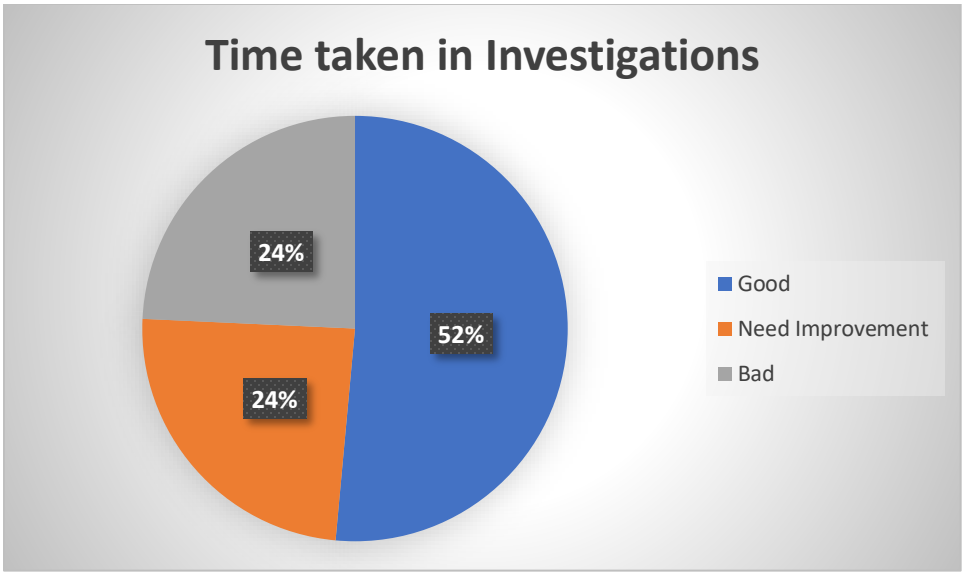
In first dimension, the patient shows high dissatisfaction and demanded changes and improvement in the process ((49%) due to more time taken in the investigation, long queue, and high patient load.

In the second dimension, the dissatisfaction of the patients due to less trained staff and lack of knowledge about the subject.

In the coordination of staff dimension, the dissatisfaction is due to lack of communication and mismanagement of the staff.

The last dimension which shows high dissatisfaction due to long turn- around time in the delivery of the reports. The reasons for long turn-around time is due to less staff, less competence and high - work load.

Graphical Representation:

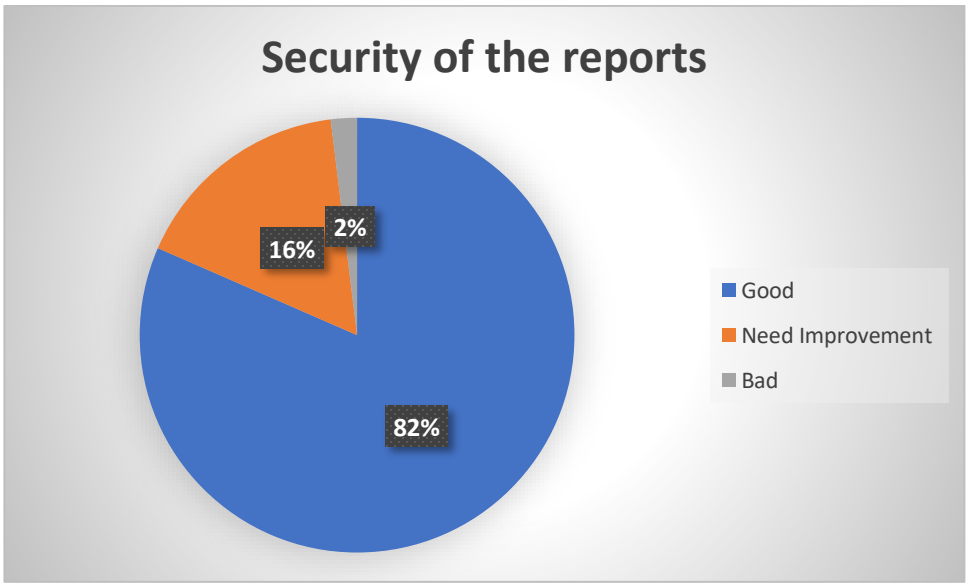


Graph 4.4A: Time taken in investigations

Interpretation: Graph shows the satisfaction level of the patients for the time taken in the investigations, 52% people said Good (2-5 min), 25% said Need Improvement (5-10 min) and 24% said Bad (> 10 min).

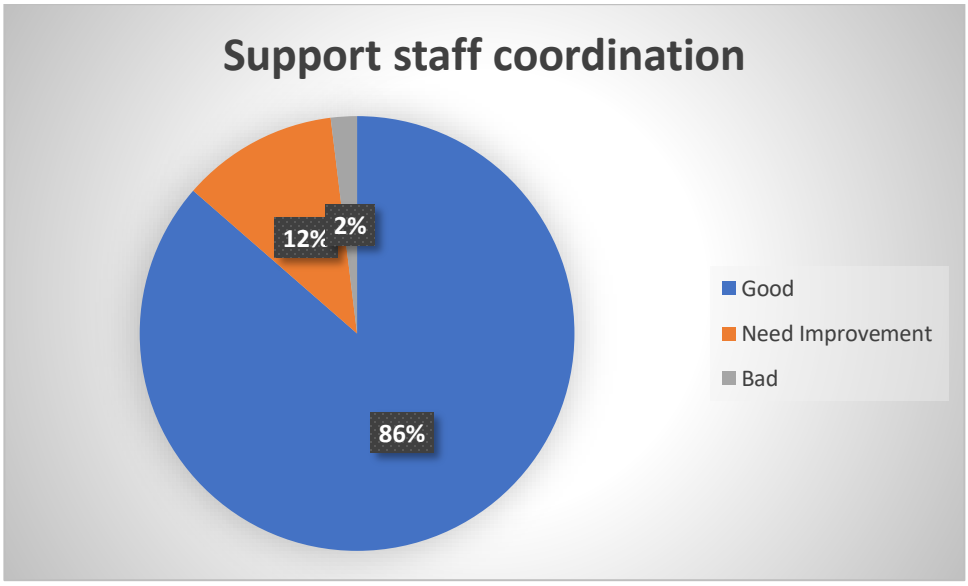
Graph 4.4B: Staff counselling regarding investigation information

Interpretation: Graph shows the satisfaction level of the patients for the radiology staff counselling for investigation, 82% people said Good and 13% said Need Improvement and 5% said Bad.



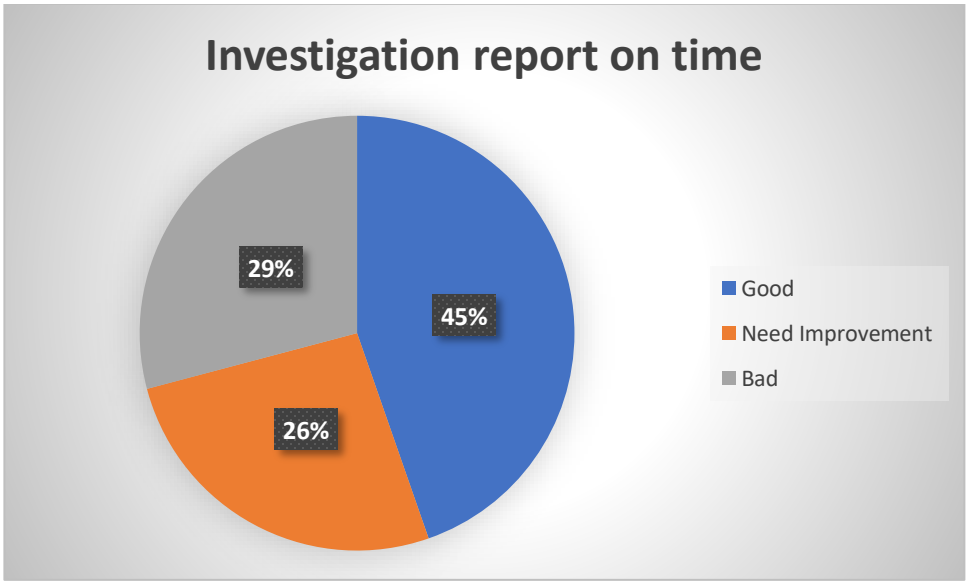
Graph 4.4C: Security of the reports

Interpretation: Graph shows the satisfaction level of the patients for the security of the investigation reports, 82% people said Good and 16% said Need Improvement and 2% said Bad.



Graph 4.4D: Support staff coordination

Interpretation: Graph shows the satisfaction level of the patients for the support staff coordination, 86% people said Good and 12% said Need Improvement and 2% said Bad.



Graph 4.4E: Investigation report on time

Interpretation: Graph shows the satisfaction level of the patients for the Turn-around time of the reports, 45% people said Good and 26% said Need Improvement and 29% said Bad.

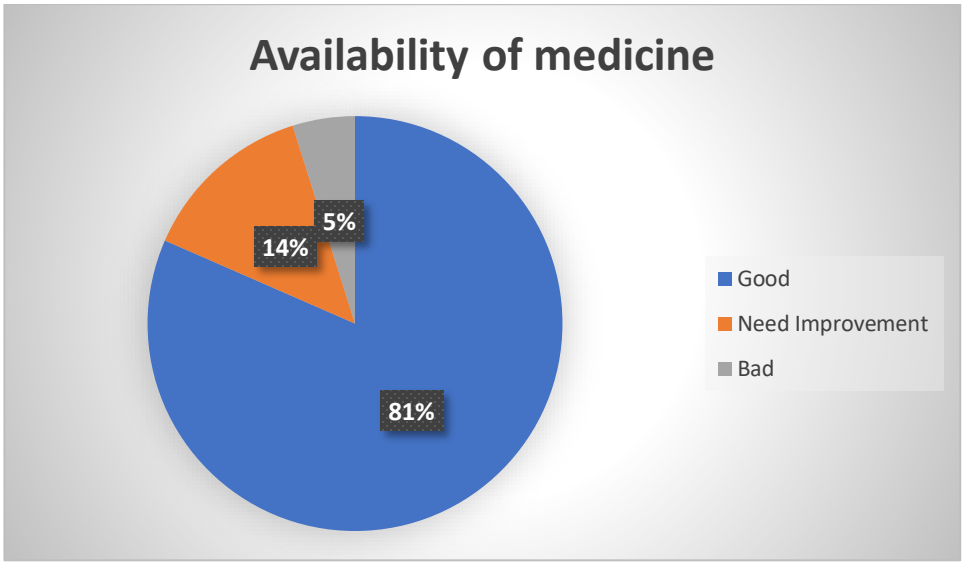
Table- 4.5 Satisfaction of patients towards Pharmacy services

5.Satisfaction towards Pharmacy services	Percentage of patient Satisfied	Percentage of Patient Needs Improvement	Percentage of Patient Dissatisfied
5. A) Availability of medicine	82%	13%	5%
5. B) Time taken in collection of the medicine	87%	19%	4%
5. C) Behaviour of the staff	90%	6%	4%

Pharmacy services is the highest revenue generating department in the hospital, the patient satisfaction is more important in the services. It based on some dimension like availability of the medicine, time taken in the collection of the medicine and behaviour of the pharmacists. Overall 86% people are satisfied with the pharmacy services. In the first dimension, the patients are dissatisfied due to non-availability of the medicine of their diseases.

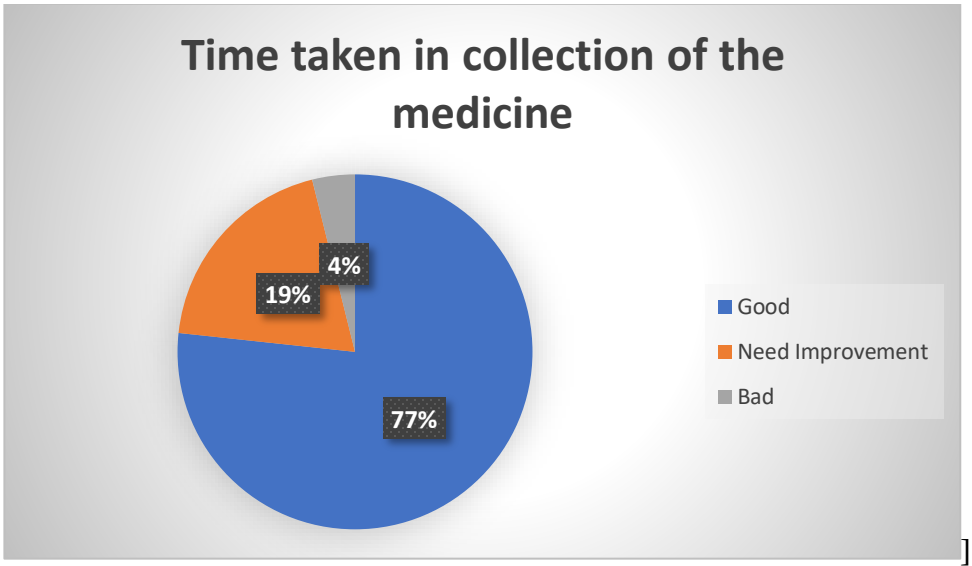
In the second dimension, the reason for dissatisfaction is non availability of the staff and lack of training in the staff. And in the third dimension, the 10% dissatisfaction shows due to rude behaviour of some staff.

Graphical Representation:



Graph 4.5A: Availability of medicine

Interpretation: Graph shows the satisfaction level of the patients for the availability of the medicine, 81% people said Good and 13% said Need Improvement and 5% said Bad.



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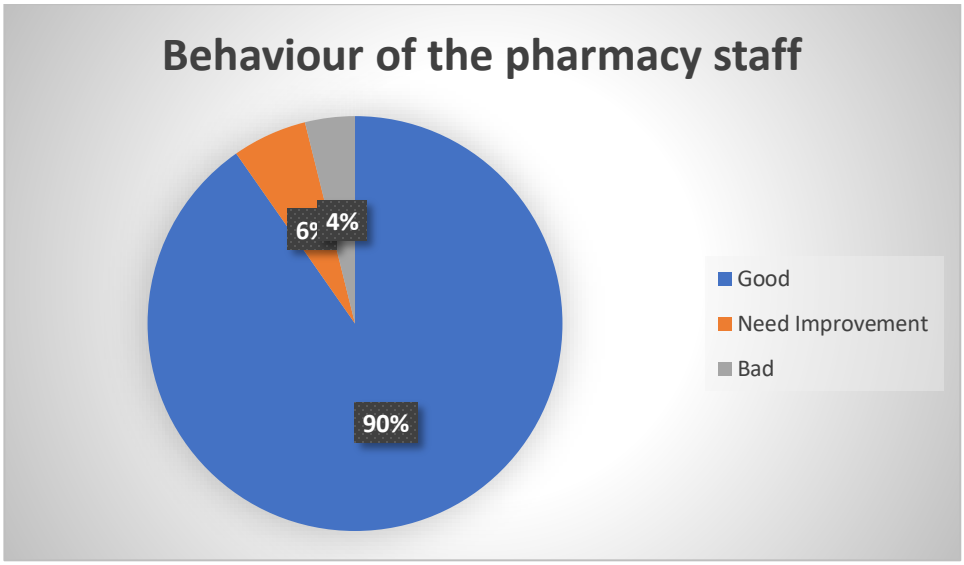
Graph 4.5B: Time taken in collection of the medicine

Interpretation: Graph shows the satisfaction level of the patients for time taken to collect the medicine, 77% people said Good (10 min), 19% said Need Improvement (15-20 min) and 4% said Bad (>20 min).



Graph 4.5C: Behaviour of the pharmacy staff

Interpretation: Graph shows the satisfaction level of the patients for behaviour of the pharmacists towards your queries, 90% people said Good and 6% said Need Improvement and 4% said Bad

Table- 4.6 Satisfaction of Patients towards Food and Kitchenette Services

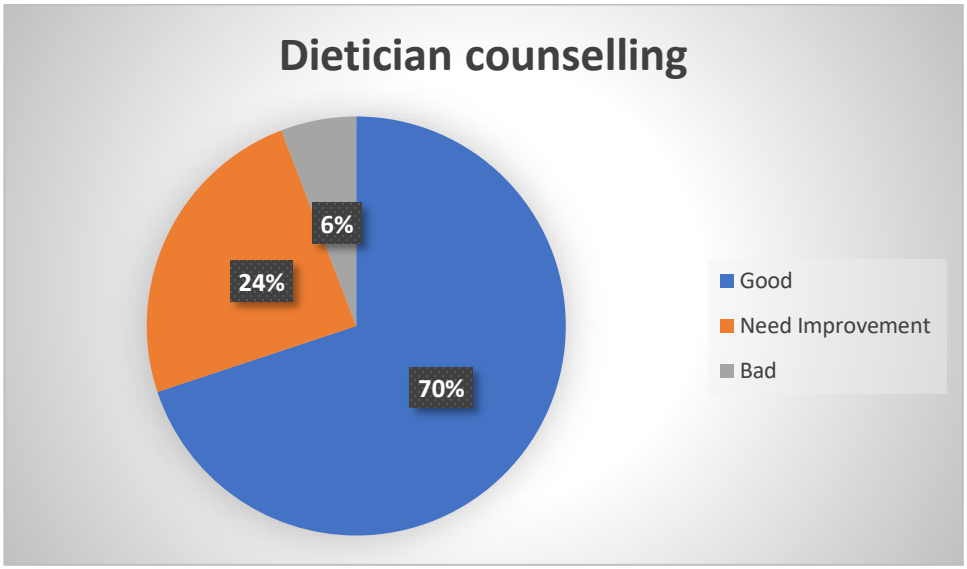
6.Satisfaction towards Food and Kitchen services	**Percentage of patient Satisfied**	**Percentage of Patient Needs Improvement**	**Percentage of Patient Dissatisfied**
6. A) Dietician counselling?	70%	24%	6%
6. B) Availability of food	86%	11%	3%
6.C) Quality of food	68%	25%	7%

Food and Kitchenette services is the most important factor in the assessment of the satisfaction of in-patients, food and kitchen department satisfaction depends on some factors like dietician counselling, availability of the food, and quality of food. Overall, 75% patients are satisfied with the services.

In the first dimension, the 30% people are dissatisfied and need change due to improper counselling of the patients, dietician: patients interaction is very less, high patient ratio.

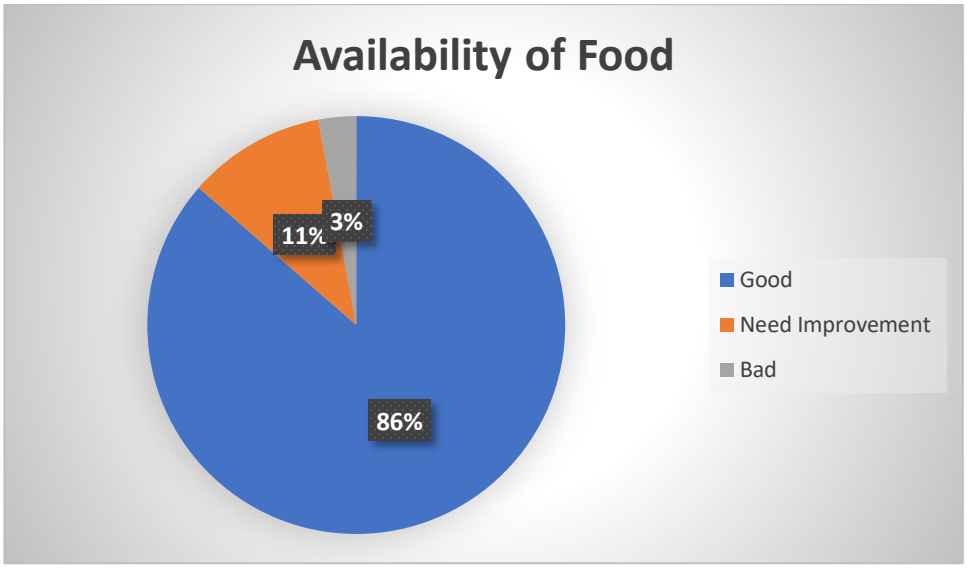
In the second dimension, the dissatisfaction due to non- availability of food at the time of Breakfast, lunch, and dinner. In the last dimension, 32% patient are dissatisfied due to poor quality of food.

Graphical Representation:



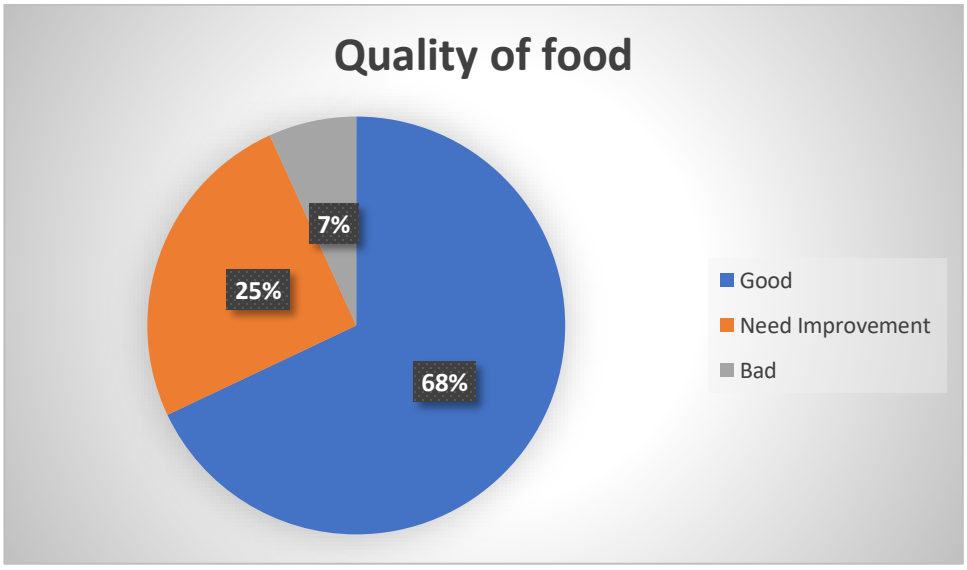
Graph 4.6A: Dietician counselling

Interpretation: Graph shows the satisfaction level of the patients for dietician counselling, 70% people said Good and 24% said Need Improvement and 6% said Bad.



Graph 4.6B: Availability of Food

Interpretation: Graph shows the satisfaction level of the patients for availability of food, 86% people said Good and 11% said Need Improvement and 3% said Bad.



Graph 4.6C: Quality of food

Interpretation: Graph shows the satisfaction level of the patients for quality of food, 68% people said Good and 25% said Need Improvement and 7% said Bad.

Table- 4.7 Satisfaction of Patients towards towards Housekeeping Services

7.Satisfaction towards Housekeeping Services	Percentage of patient Satisfied	Percentage of Patient Needs Improvement	Percentage of Patient Dissatisfied
7. A) Time taken by housekeeping staff.	70%	27%	3%
7. B) Behaviour of our Housekeeping staff	79%	17%	4%
7. C) Cleaning of your room	74%	21%	5%
7. D) Cleaning of your washroom	46%	34%	20%

The House-keeping services is crucial part in the hospital to avoid the Hospital related infection, Housekeeping department have various dimension like time taken by the housekeeping staff, behaviour of the staff, cleaning of the room and cleaning of the washroom. Overall 67% are satisfied with the housekeeping services, the major area of dissatisfaction of the patient in the cleaning of the washroom.

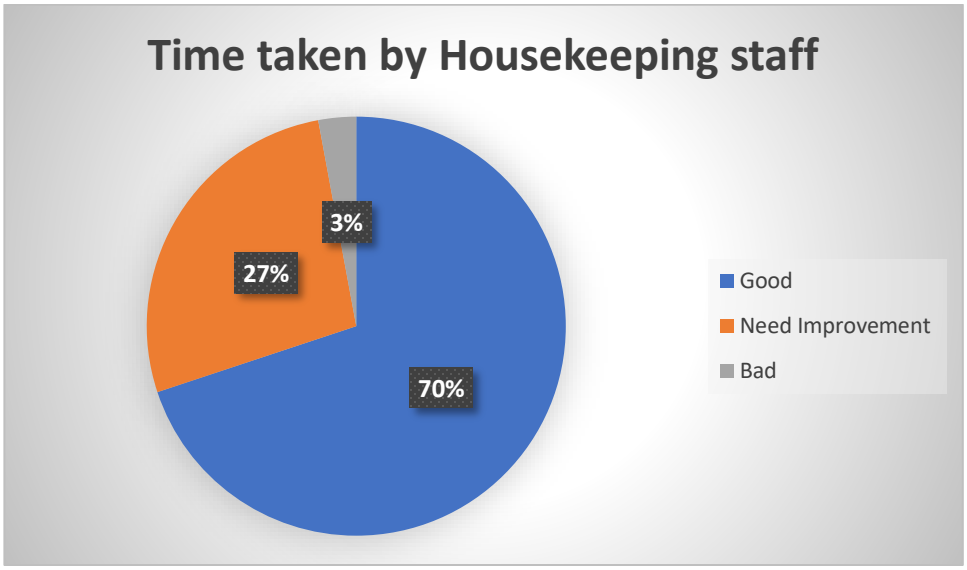
In the first dimension, the dissatisfaction due to long time taken in the responding of the calls of the patients and less staff.

In the second dimension, the dissatisfaction due to rude behaviour of the staff and lack of training in the staff.

In the third dimension, the dissatisfaction of the patients due to non- cleaning of their room, staff is not trained in cleaning and sanitation and smell of the room.

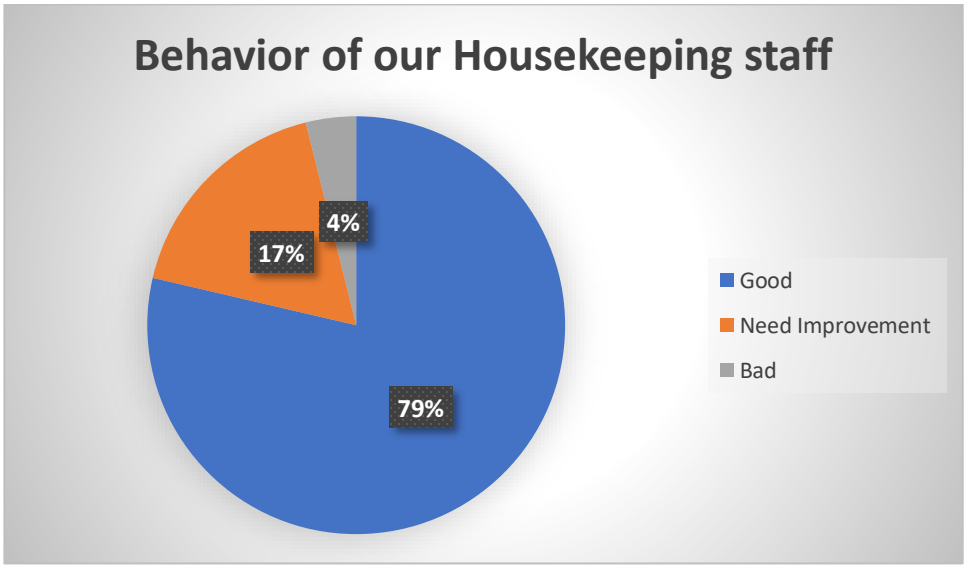
In the fourth dimension, the dissatisfaction of the patients due to dirty washroom, not frequently cleaning of the washroom.

Graphical Representation:



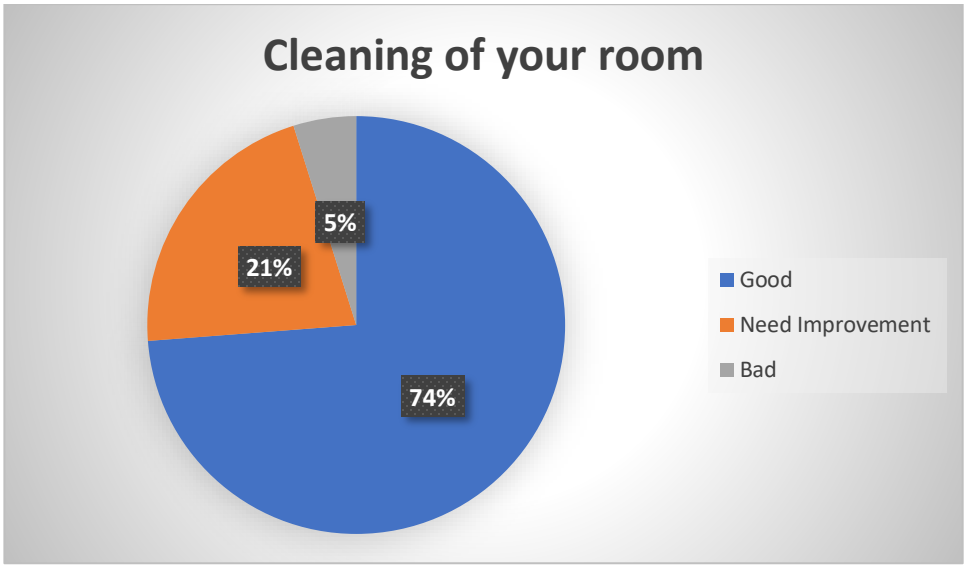
Graph: 4.7A: Time taken by Housekeeping staff

Interpretation: Graph shows the satisfaction level of the patients for time taken by housekeeping staffs, 70% people said Good (2-5 min) and 27% said Need Improvement (5-10 min) and 3% said Bad (>10 min).



Graph 4.7B: Behaviour of our Housekeeping staff

Interpretation: Graph shows the satisfaction level of the patients for behaviour of housekeeping staff, 79% people said Good and 17% said Need Improvement and 4% said Bad.



Graph 4.7C: Cleaning of your room

Interpretation: Graph shows the satisfaction level of the patients for cleaning of room, 74% people said Good and 21% said Need Improvement and 5% said Bad.

Graph 4.7D: Cleaning of your washroom

Interpretation: Graph shows the satisfaction level of the patients for cleaning of washroom, 46% people said Good and 20% said Need Improvement and 13% said Bad.

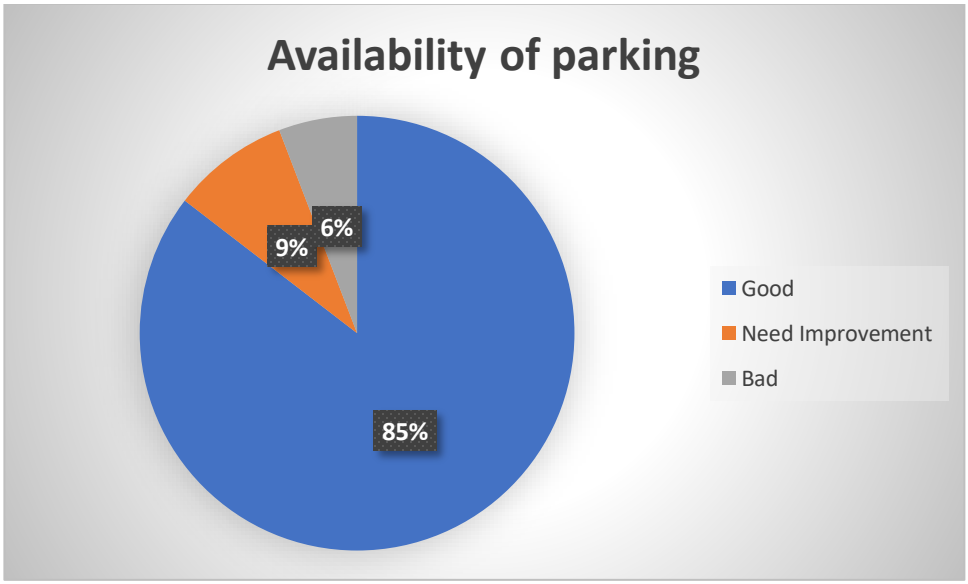
Table – 4.8 Satisfaction of patients towards Parking services

8.Satisfaction towards Parking services	Percentage of patient Satisfied	Percentage of Patient Needs Improvement	Percentage of Patient Dissatisfied
8. A) Availability of parking services.	85%	9%	6%
8. B) Behaviour of security personnel	71%	22%	7%

The satisfaction in the security services is dependent on two dimension i.e. parking availability and behaviour of the security personnel. Overall, 78% patients are satisfied with the security services.

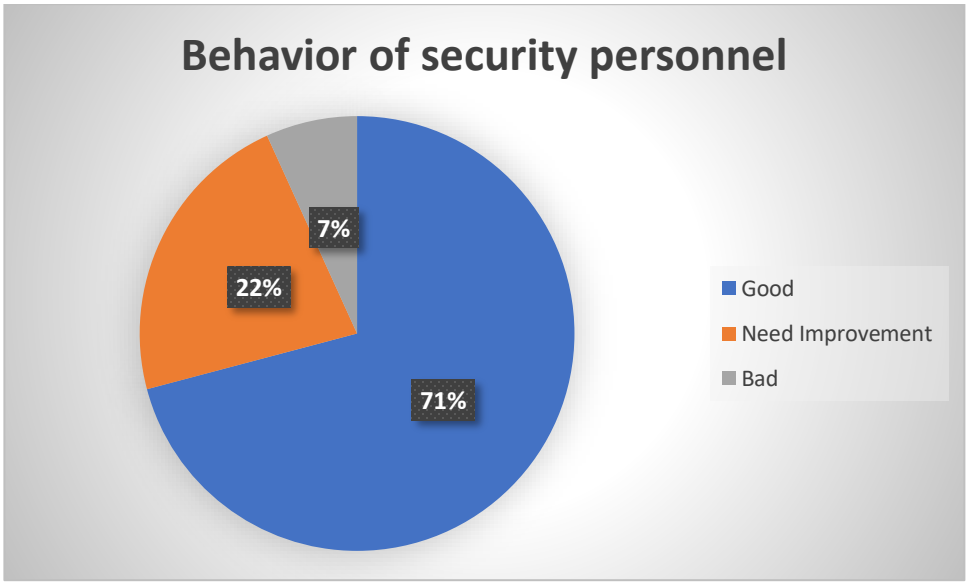
In the first dimension, patient are dissatisfied due to non- availability of the parking services while in the second dimension, the dissatisfaction due to rude behaviour of the staff, lack of training of staff and non-empathetic behaviour of the staff.

Graphical Representation:



Graph 4.8A: Availability of parking

Interpretation: Graph shows the satisfaction level of the patients for availability of parking services 85% people said Good and 9% said Need Improvement and 6% said Bad.



Graph 4.8B: Behavior of security personnel

Interpretation: Graph shows the satisfaction level of the patients for behaviour of security personnel, 71% people said Good and 22% said Need Improvement and 7% said Bad.

Table-4.9 Satisfaction of Patients towards Billing and Discharge Process

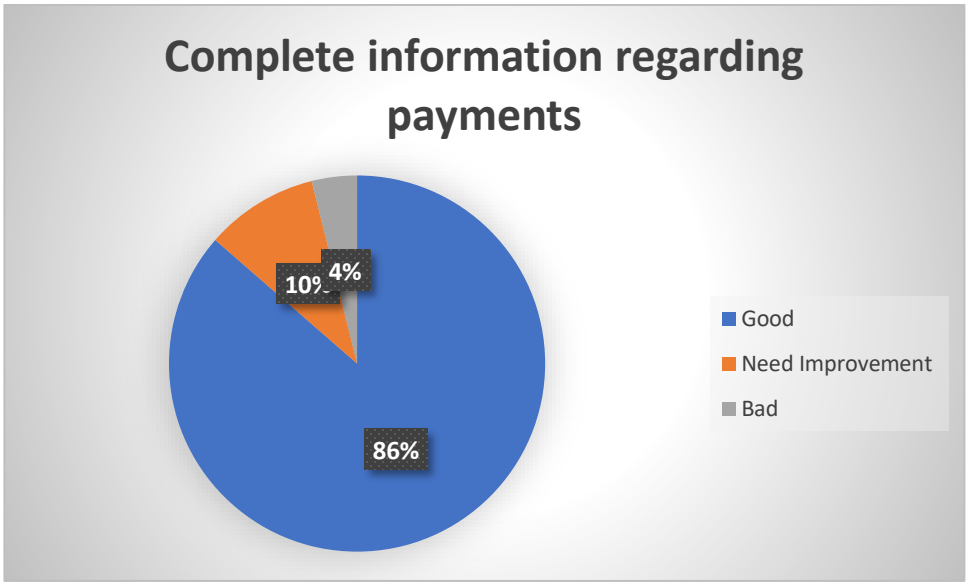
9.Satisfaction towards Billing and Discharge Process	Percentage of patient Satisfied	Percentage of Patient Needs Improvement	Percentage of Patient Dissatisfied
9. A) Complete information regarding payments	86%	10%	4%
9. B) Information prior of your payment?	78%	19%	3%
9. C) Time taken in the discharge process	47%	32%	21%

The satisfaction of the patient in the discharge and billing process depends on three dimension i.e. Information regarding payments, information prior to the patients due and time taken in the discharge process. Overall, 70% people are satisfied with the

services, the low percentage of satisfaction is due to large time taken in the discharge process.

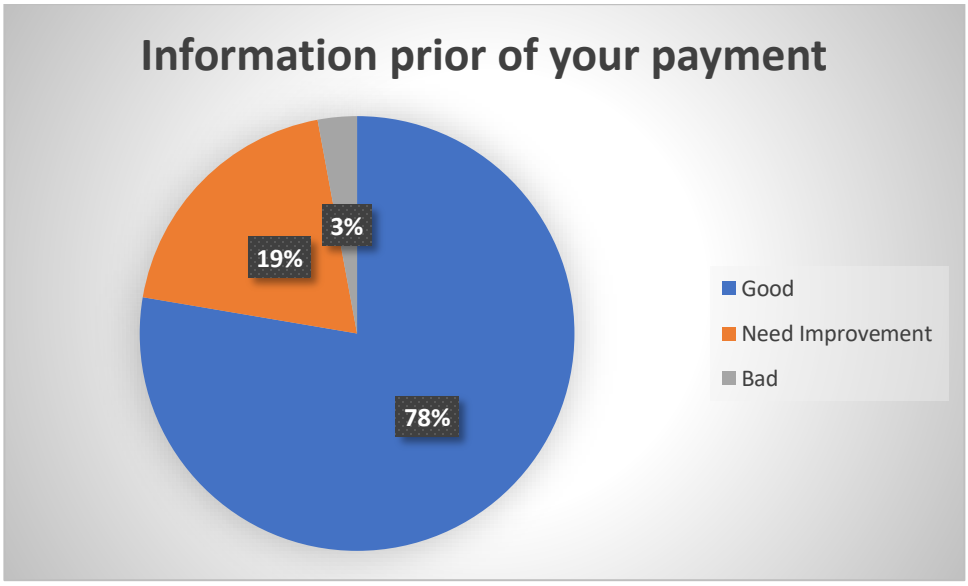
In the first dimension, the dissatisfaction due to lack of knowledge and training in the staff. In the second dimension coordinators prior informing to patient attendant about payments and due for payment should be proper. The dissatisfaction due to not providing information priorly to the attendant. In the third dimension, the dissatisfaction due to high work-load, lack of knowledge and training, delay in billing, TPA approval and other factors.

Graphical Representation:



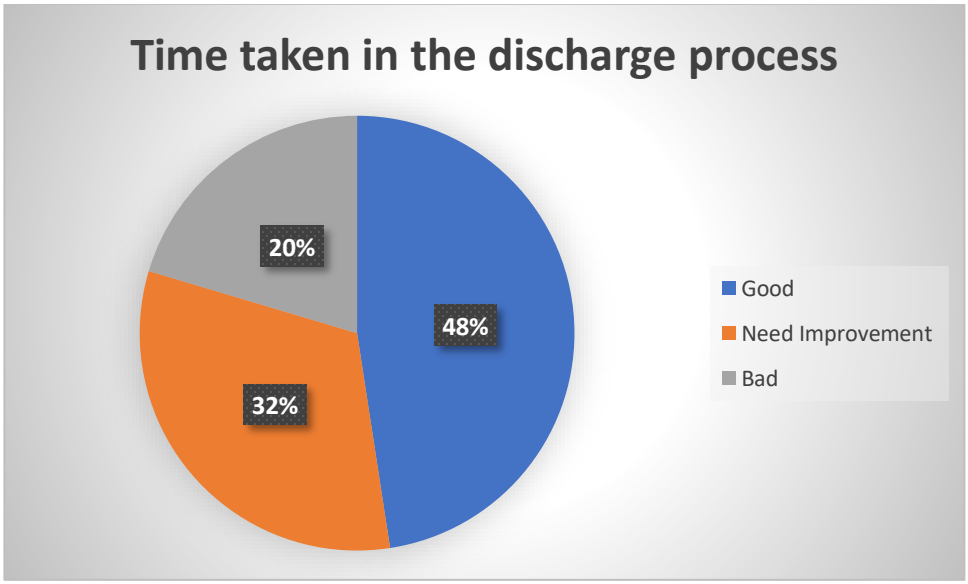
Graph 4.9A: Complete information regarding payments

Interpretation: Graph shows the satisfaction level of the patients regarding the payment information and process, 86% people said Good and 10% said Need Improvement and 4% said Bad.



Graph 4.9B: Information prior of your payment

Interpretation: Graph shows the satisfaction level of the patients for prior information of the payments by coordinators, 37% people said excellent, 41% are Good and 19% said Need Improvement and 3% said Bad.



Graph 4.9C: Time taken in the discharge process

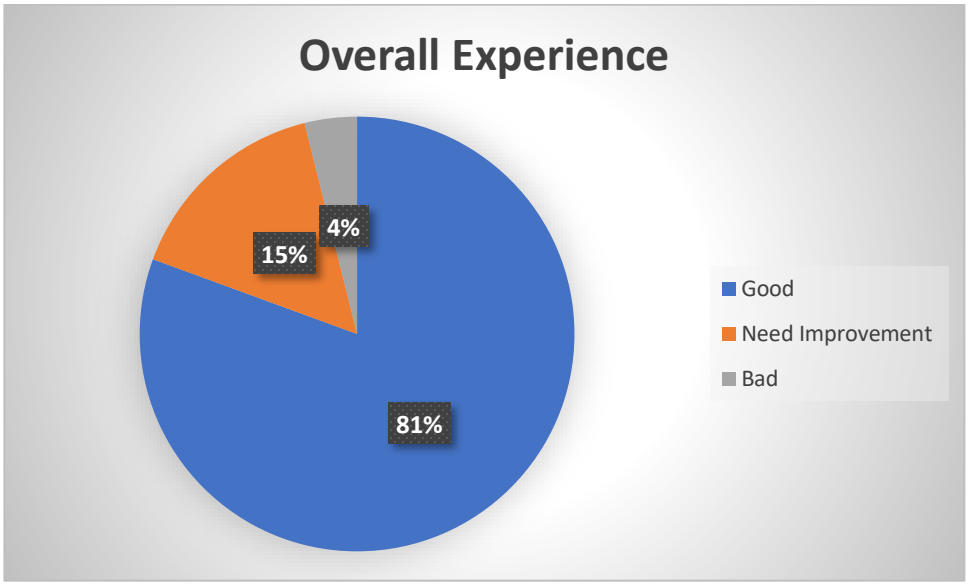
Interpretation: Graph shows the satisfaction level of the patients for time taken in discharge process, 48% people said Good (2-3 hrs), 32% said Need Improvement (3-4 hrs) and 21% said Bad (>4 hrs).

Table –4.10 Satisfaction of patients towards overall experience of the hospital

10.Overall Experience	Percentage of patient Satisfied	Percentage of Patient Needs Improvement	Percentage of Patient Dissatisfied
Overall experience	81%	15%	4%

The overall experience of the patient in the hospital is about 81% which is a good percentage in term of satisfaction, but we cannot ignore the remaining 19% people dissatisfaction and need improvement in the process. The reason for dissatisfaction is one of them in the above factors.

Graphical Representation:



Graph 4.10. Overall Experience

Interpretation: Graph shows the satisfaction level of the patients for overall experience in their accommodation in the hospital, 81% people said Good and 16% said Need Improvement and 4% said Bad.

Chi- square Test:

Association between Gender and Overall Experience in the Hospital

Table 4. 11: Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Overall Hospital Experience	103	100.0%	0	0.0%	103	100.0%

Table 4.12 Gender * Overall Hospital Experience Crosstabulation

			10. Overall Experience			
			1	2	3	Total
Gender	F	Count	46	8	1	55
		Expected Count	44.3	8.5	2.1	55.0
		% Of Total	44.7%	7.8%	1.0%	53.4%
	M	Count	37	8	3	48
		Expected Count	38.7	7.5	1.9	48.0
		% Of Total	35.9%	7.8%	2.9%	46.6%
Total		Count	83	16	4	103
		Expected Count	83.0	16.0	4.0	103.0
		% Of Total	80.6%	15.5%	3.9%	100.0%

Interpretation: This table depicts about the proportion of gender who are satisfied with the hospital services. 53.4% of the respondents are female and the rest of the respondents are male that is 46.6%. Out of 53.4% female respondents, 44.7% patients are satisfied with the services, 7.8% needs change and 1% said Bad while in the male respondents, 35.9 % are satisfied, 7.8% required change and rest 2.9% are dissatisfied with the services.

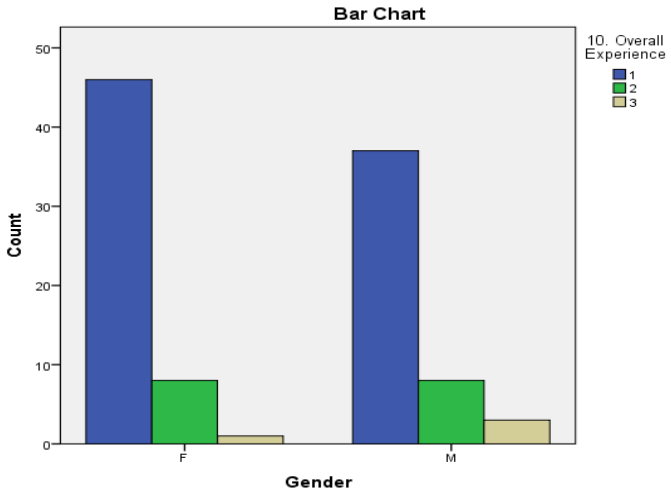
Table 4.13 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.507[a]	2	.471
Likelihood Ratio	1.548	2	.461
N of Valid Cases	103		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.86.

Interpretation:

Calculated value is more than 0.05% p value. It accepted the null hypothesis so there is no association between the gender and satisfaction of the inpatients.



Graph 4.11 Gender- satisfaction distribution

Interpretation: This graph determines the proportion of males and females in the study.

Association Between Age and Overall experience in Hospital

Table 4.14: Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Age * Overall Hospital Experience	103	100.0%	0	0.0%	103	100.0%

Table: 4.15 Age * Overall Experience Crosstabulation

			Overall Experience			
			1	2	3	Total
Age	20-25	Count	3	0	0	3
		Expected Count	2.4	.5	.1	3.0
		% of Total	2.9%	0.0%	0.0%	2.9%
	26-30	Count	3	1	0	4
		Expected Count	3.2	.6	.2	4.0
		% of Total	2.9%	1.0%	0.0%	3.9%
	31-35	Count	12	1	1	14
		Expected Count	11.3	2.2	.5	14.0
		% of Total	11.7%	1.0%	1.0%	13.6%
	36-40	Count	15	4	1	20
		Expected Count	16.1	3.1	.8	20.0
		% of Total	14.6%	3.9%	1.0%	19.4%
	41-45	Count	16	2	1	19
		Expected Count	15.3	3.0	.7	19.0
		% of Total	15.5%	1.9%	1.0%	18.4%
	46-50	Count	10	3	1	14
		Expected Count	11.3	2.2	.5	14.0
		% of Total	9.7%	2.9%	1.0%	13.6%
	51-55	Count	6	3	0	9
		Expected Count	7.3	1.4	.3	9.0
		% of Total	5.8%	2.9%	0.0%	8.7%
	56-60	Count	8	0	0	8
		Expected Count	6.4	1.2	.3	8.0
		% of Total	7.8%	0.0%	0.0%	7.8%
	61-65	Count	5	2	0	7
		Expected Count	5.6	1.1	.3	7.0
		% of Total	4.9%	1.9%	0.0%	6.8%
	66-70	Count	2	0	0	2
		Expected Count	1.6	.3	.1	2.0
		% of Total	1.9%	0.0%	0.0%	1.9%
	70-75	Count	3	0	0	3
		Expected Count	2.4	.5	.1	3.0
		% of Total	2.9%	0.0%	0.0%	2.9%
Total		Count	83	16	4	103
		Expected Count	83.0	16.0	4.0	103.0
		% of Total	80.6%	15.5%	3.9%	100.0%

Interpretation: This table depicts the proportion of age category satisfaction and dissatisfaction in the hospital services. The age group 20-25 and 26-30 are 2.9% and all the patients are satisfied with the services. 31-35 category are 13.6% out of 11.7% are satisfied the services. 36-40 category are the highest respondent category i.e. 19.4% out of which 14.6% are satisfied with the services. 41-45 are 18.45% in which 15.5% are satisfied. 46-50 are 13.6% out of which 9.7% are satisfied. 51- 55

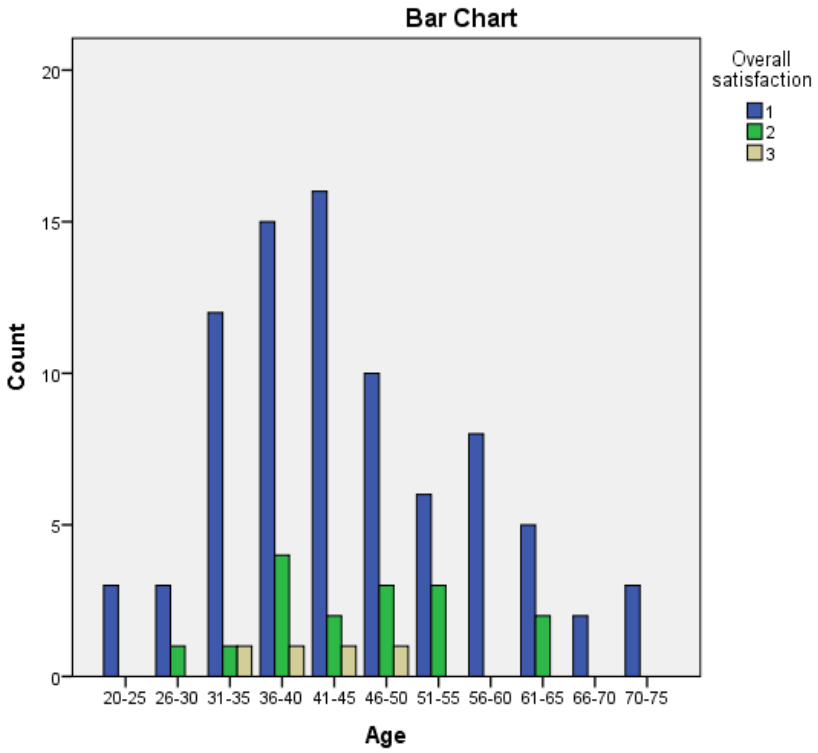
are 8.7% in which 5.8% are satisfied with our services. In 56-60 all, 7.8% peoples are satisfied with the hospital services. The above age peoples are satisfied with our services.

Table 4.16: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.503[a]	20	.958
Likelihood Ratio	13.685	20	.846
N of Valid Cases	103		

a. 26 cells (78.8%) have expected count less than 5. The minimum expected count is .08.

Interpretation: By these table, the calculated value of chi-square is more than 0.05% p-value, the null hypothesis is accepted so, there is no association between the age and overall satisfaction of the patients



Graph 4.12: Age- satisfaction distribution

Interpretation: This graph depicts the age wise satisfaction level of the patients.

CHAPTER- 5

CONCLUSION

Hospital providing various services to the patient without any discrimination and the hospital have aim to provide quality services to the patient. Patient satisfaction is the most important criteria in determining the quality of the healthcare services. Patient satisfaction and Quality of services have a symbiotic relationship, if the patient satisfaction decreases that means there is a chance of losing quality of services in any part of the hospital The extensive literature review was done on the aspect of patient satisfaction in the inpatients by using some keywords in the search on literature databases like PubMed and Google scholar. By concluding the studies, there are nine parameters that are considered in the assessment of the satisfaction in the patients that includes all the operations from admission to discharge. The point of interactions of patients in the hospital are reception, doctors, nurses, pharmacy, investigation, parking, discharge, and housekeeping that serve for the satisfaction of the patients. In this study, I took the sample of 103 patients, where 81% are satisfied with our services like admission or reception, doctors interaction, nursing staff interaction, pharmacy, investigation, food and kitchenette services, housekeeping services, parking, and discharge but there are some patients which are not satisfied our services, for this there are some suggestion. The hypothesis of the study concluded that there is no association between the gender and the experience of the patients in the study while the second hypothesis determines there is no association between the age and the overall hospital experience stay. There is a need of improvement in all the services where the lack of satisfaction occurs, but the more emphasis should be given in these dimension, the time taken in the delivery of the report, cleaning of the washrooms and the discharge time. The hospital should adopt the feedback mechanism to understand the areas more where the patient loses satisfaction.

CHAPTER-6

RECOMMENDATIONS

Patient satisfaction are dependent on many factors which increases or decreases the quality of life of the patient in the hospital. Many literatures are published on Continuous quality improvement, but the implentation on the ground level is a tedious job without skilled workforce. In all the process, the major problem arises i.e. the training of the staff and lack of skills in the staff. The department should conduct various seminars and training session of the staff and check timely their knowledge about the process. There is three point where the dissatisfaction level is high that are delivery of the reports and discharge time and cleaning of the washroom. In these point, some rectification are required which are trained staff should be present at the counter of the laboratory, first sample should be taken first for analysis and then next (First in First out -FIFO) while in the discharge time, regular training should be given to the billing staff about the billing software, the night in- charge should prepared the discharge summary and file of those patients who have discharge next day, so the workload of the staff get equally distributed. In the last area where dissatisfaction is very high i.e. cleaning of the washroom which have some remedial action like proper audit should be done by the housekeeping supervisor, checklist should be stick in the back of the doors and the duly staff should sign the list, the staff should distribute the area accordingly so none of the staff have high workload.

REFERENCES

1. Rao KD, Peters DH, Bandeen-Roche K. Towards patient-centered health services in India--a scale to measure patient perceptions of quality. Int J Qual Health Care. 2006 Dec;18(6):414-21. doi: 10.1093/intqhc/mzl049. Epub 2006 Sep 29. PMID: 17012306.
2. Otani K, Waterman B, Faulkner KM, Boslaugh S, Burroughs TE, Dunagan WC. Patient satisfaction: focusing on "excellent". J Healthc Manag. 2009 Mar-Apr;54(2):93-102; discussion 102-3. PMID: 19413164.
3. Padma P, Rajendran C, Lokachari PS. Service quality and its impact on customer satisfaction in Indian hospitals: Perspectives of patients and their attendants. Benchmarking: An International Journal. 2010 Oct 26.)
4. Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An assessment of patients satisfaction with services obtained from a tertiary care hospital in rural Haryana. International Journal of Collaborative Research on Internal Medicine & Public Health. 2012;4(8):0-.
5. Deka C, Borboruah L, Sarmah PP, Paul I. A Study on Patient Satisfaction among the Patients Admitted in the In-Patient Departments of a Tertiary Health Care Institution in Northeast India.
6. Bjertnaes OA, Sjetne IS, Iversen HH. Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations. BMJ quality & safety. 2012 Jan 1;21(1):39-46.
7. Agarwal A, Garg S, Pareek U. A study assessing patient satisfaction in a tertiary care hospital in India: the changing healthcare scenario. The Journal of communicable diseases. 2009 Jun 1;41(2):109-12.
8. Asamrew N, Endris AA, Tadesse M. Level of Patient Satisfaction with Inpatient Services, and Its Determinants: A Study of a Specialized Hospital in Ethiopia. Journal of Environmental and Public Health. 2020 Aug 13;2020.
9. Verma M, Rana K, Kankaria A, Aggarwal R. Assessment of patient's satisfaction visiting a tertiary health care institute in north India. Journal of Pharmacy & Bioallied Sciences. 2020 Jul;12(3):252.
10. Khan K. Root Cause Analysis (RCA) of Prolonged Laboratory Turnaround Time in a Tertiary Care Set up. J Clin Diagn Res. 2014 Apr;8(4):FC05-8. doi: 10.7860/JCDR/2014/7269.4255. Epub 2014 Apr 15. PMID: 24959450; PMCID: PMC4064846.
11. Chahal H, Mehta S. Modelling patient satisfaction construct in the Indian health care context. International Journal of Pharmaceutical and Healthcare Marketing. 2013 Mar 29.
12. Sharma R, Sharma M, Sharma RK. The patient satisfaction study in a multispecialty tertiary level hospital, PGIMER, Chandigarh, India. Leadership in Health Services. 2011 Feb 8.
13. Ghosh M. Measuring patient satisfaction. Leadership in Health Services. 2014 Jul 1.
14. Holmes, D. S., & Mergen, A. Converting survey results from four-point to three-point scale: a case study. *Total Quality Management & Business Excellence*, 2014, *25*(1-2), 175-182
15. Dissertation- IIHMR University
16. Repository- Rama Medical College Hospital and Research Center
17. Patient satisfaction- Wikipedia Available at: https://en.wikipedia.org/wiki/Patient_satisfaction
18. Total Quality Management Available at: https://asq.org/quality-resources/total-quality-management

Annexure: A

Questionnaire:

1. Reception

A) How our staffs respond to your queries?
1 2 3

B) How our staffs counsel you about the admission process and the payment process?
1 2 3

C) Behaviour of our staff towards your queries?
1 2 3

2. Doctors

A) Meeting with the doctors?
1 2 3

B) How much you rate about the doctor consultation?
1 2 3

C) How our much you rate for our doctor's behaviour?
1 2 3

D) Security of the information?
1 2 3

3. Nursing

A) How much time did out nurse take to give you medicine?
2-5 min 5-10 min >10 min

B) How much time our nurses take to respond your call?
2-5 min 5-10 min >10 min

C) How much you rate about our nurse behaviour?
1 2 3

D) How much you rate about our nurse counselling about the Medication administration after discharge?
1 2 3

4. Investigations

A) How much time did you take in investigations?
2-5 min 5-10 min > 10 min

B) How our staff counsel you regarding investigation information
1 2 3

C) Security of the Reports?
1 2 3

D) How much do you rate for our support staff coordination?
1 2 3

E) How much do you rate for Investigation report on time?
1 2 3

5. Medicine

A) Is medicine available for your disease?
1 2 3

B) How much time did you take to collect the medicine?
10 min 15-20 min >20 min

C) How our pharmacists behave towards your queries?
1 2 3

6. Food Facilities

A) How much you rate for our dietician counselling?

1 2 3

B) How much you rate for availability of food?

1 2 3

C) How much you rate for our food quality?

1 2 3

7. Housekeeping services

A) Time taken by Housekeeping staff.

2-5 min 5-10 min >10 min

B) Behaviour of our Housekeeping staff

1 2 3

C) Cleaning of your room

1 2 3

D) Cleaning of the washroom

1 2 3

8. Parking and security services

A) Availability of parking services.

1 2 3

B) Behaviour of security personnel

1 2 3

9. Billing and Discharge Process.

A) Our Billing department gives you full information regarding payments.

1 2 3

B) Our coordinators inform you prior of your payment.

1 2 3

C) Time taken in the discharge process

2-3 hrs 3-4 hrs >4 hrs

10. Overall Experience

1 2 3