

PATIENTS' SATISFACTION FROM CATARACT SURGERY & POST OPERATIVE SERVICES PROVIDED BY SANKARA EYE HOSPITAL

(A Case Study of Chinnasalem, Kallakurichi Eye Camp)

Dissertation Submitted To



The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport

Jaipur-302029, Rajasthan

Ph.: 0141 3924700, Fax: 3924738

Website: www.iihmr.edu.in

For the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Rural Management (RM)

Academic Year: 2020-2022

By

Ratnesh Kumar

Under the Supervision and Guidance of

Prof. Rahul Ghai

2022

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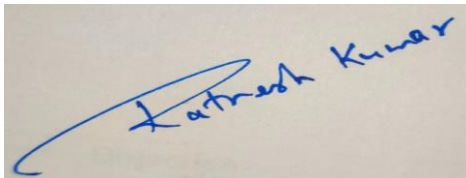
Prof. Rahul Ghai

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **PATIENTS' SATISFACTION FROM CATARACT SURGERY & POST OPERATIVE SERVICES PROVIDED BY SANKARA EYE HOSPITAL (A Case Study of Chinnasalem, Kallakurichi Eye Camp)** is the bonafide record of my original research work. I certify that it has not been applied for a degree or diploma from any other university or institution. The text has appropriately acknowledged any information that was taken from other people's published or unpublished works.

(Signature)



Name of Student: Ratnesh Kumar

Date: 29/06/2022



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The certificate is awarded to

Mr. Ratnesh Kumar

In recognition of having successfully completed his
Internship in the department of

COMMUNITY OUTREACH

and has successfully completed his Project on

**A STUDY PATIENTS SATISFACTION FROM CATARACT SURGERY &
POST OPERATIVE SERVICES PROVIDED BY SANKARA EYE
HOSPITAL, COIMBATORE (A case study of Chinnasalem, Kallakurichi eye
camp) AT SANKARA EYE FOUNDATION, INDIA**

1ST APRIL 2022 to 30TH JUNE 2021

Organization: SANKARA EYE HOSPITAL, COIMBATORE

He comes across as a committed, sincere & diligent person who has
a strong drive and zeal for learning

We wish him all the best for future endeavours


Ms Srinikarthy
(Chief People Officer)


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(Head – Community
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Certificate

This is to certify that dissertation titled **PATIENTS' SATISFACTION FROM CATARACT SURGERY & POST OPERATIVE SERVICES PROVIDED BY SANKARA EYE HOSPITAL (A Case Study of Chinnasalem, Kallakurichi Eye Camp)** is a record of the research work commenced by **Ratnesh Kumar** in partial fulfilment of the requirements for the award of the degree of **MBA (Rural Management)** from the **IIHMR University, Jaipur** under my guidance and supervision and attitude to the research study has been scientific, analytical, and sincere.

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IIHMR University, Jaipur

Date: 29/06/2022

Date: 29/06/2022

Abstract

Healthcare professional worldwide are increasingly looking at patients' experiences to determine whether patient centred quality care is being provided. In order to improve care, understanding patient experience is essential, as it also contributes to the success of strategic decision making, the management and monitoring of health care performance, and benchmarking that can be used by health care organizations. The hospital is a complex organization that both provides health services and educates as well. By providing many services together, the hospital adversely affects the patient's satisfaction and the hospital's preference. Due to increased competition in the health sector, hospitals must provide better healthcare services to compete.

This study aims at:

- to assess the satisfaction level of non-paying patients from Cataract surgery done at Sankara Eye Hospital.
- to understand patient experiences of post operative services provided by Sankara Eye Hospital.
- to ascertain socio- economic profiles of non-paying patients.

An observational study of three months' duration was conducted at the Sankara Eye Hospital (SEH), Coimbatore, to investigate this. Face-to-face interviews and a pretested questionnaire method were used to gather information about the general satisfaction of the patients at Sankara Eye Hospital.

The study's conclusions indicate that the majority of patients were between the ages of 61 and 70 and had only a high school diploma or equivalent (i.e., up to class IV). The majority of them live in kutcha houses and work for a daily wage. Through advertisements (such as pamphlets and auto publicity), past camps and former patients, or both, they are aware of Sankara Eye Hospital. The majority of them have given the Sankara Eye Hospital's services excellent reviews and are happy with the results.

Keywords: blindness, hospital, patient, patient satisfaction, patient experiences, cataract, outreach, community, non-paying, vision impairment, health care.

Acknowledgement

It has taken twelve weeks to prepare this report with the guidance of many people. I want to thank each and every one of them. Throughout the process of authoring this report, I would like to thank my mentor, **Mr. Lakshmi Narayanan C. (Head of Outreach Department)**, as well as Administration, for their guidance, support, and continuous supervision. I would also like to convey my deep appreciation to **Mr. KM Vishnu Babu (Manager-Outreach Department)** for providing knowledge, support, and guidance throughout the process. I would like to thank all departmental heads and working staff who contributed to completing the project as well as for departmental education. Thank you for all your assistance and information, and especially to the staff of this organization.

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Chapter 1: Introduction

1.1. Background

Blindness is commonly defined as the inability to perceive visual details. Blindness is classified and there are different dimensions used to define and explain the extent of vision loss. There is no light perception for someone who has complete blindness, but blindness is often used in clinical terms to describe severe visual impairment. Someone with "only light perception" cannot differentiate between light and dark and cannot judge the direction of a luminance source.

In the world, there are around 2.2 billion people (Blindness and vision impairment, 2021; WHO, 2021) with near-sightedness or far-sightedness. World Health Organization (WHO) estimates that approximately 1 billion people (Blindness and vision impairment, 2021) around the world have a nearby or distance vision impairment that is preventable or can still be treated. Both impaired vision and blindness negatively affect everyday activities and opportunities for employment.

People with vision impairment are most likely to be over 50 years old. The two main contributors to reduced eyesight are untreated refractive errors and untreated cataracts. Infectious eye infections, trauma, glaucoma, diabetic retinopathy, age-related macular degeneration, and diabetes are additional causes of vision loss.

Blindness is more prevalent among populations from the lower socioeconomic strata in India, where it accounts for a third of the world's population (Kabir, 2021). Their living conditions are often poor, and they lack access even to basic health care. "It has been found that blindness is more prevalent in women as compared to men, particularly in rural areas (Kabir, 2021)." If they had received prompt treatment, a number of people might not have gone blind. However, poverty - which causes and worsens blindness - can be particularly hard to escape from, particularly in rural areas where most blind people dwell (Kabir, 2021). By eliminating avoidable blindness, productivity can be improved, and millions of people who are stuck in poverty and poverty-related disability can be liberated.

Dr. Rajendra Prasad Centre for Ophthalmic Science, AIIMS, New Delhi, conducted the National Blindness and Visual Impairment Survey 2015-2019 in order to better

understand blindness and visual impairment in India (Ministry of Health & Family Welfare). Approximately 40 percent of cataract surgeries are performed in government facilities, while the rest are performed in private or non-profit facilities. The report found that 57.8% of operations yielded remarkably successful results, while the rest had acceptable, borderline, or poor results. Access to cataract surgery was hampered by cost of surgery. According to the report, it was responsible for 22.1% of blindness cases and lack of awareness of the need for surgery accounted for 18.4%.

1.2. Disabilities

Disabilities include restrictions or inadequate abilities to perform an activity within a range that is normally considered to be normal for human beings resulting from impairment. Impaired health refers to the physical components of health; disabled health refers to the loss of functional capability brought on by an impaired organ; and handicapped health refers to how a disability impacts one's social and cultural life. A disability may have an effect on locomotor, hearing, speech, visual or mental functioning. In visual impairment (vision impairment, vision disability), the reduced ability to see results in problems that cannot be fixed by usual means, such as glasses or medications. There are many causes of visual impairment, including disease, trauma, congenital conditions, and diseases associated with aging (Disabilities: Definition, Types and Models of Disability, 2022).

1.3. Vision Problems

Vision problems can be caused by a variety of eye disorders. These include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that interfere with vision, diabetic retinopathy, congenital defects, and infectious diseases. Some, but not all causes of retinopathy include vitamin A deficiency, retinopathy of prematurity, vascular disease, retinitis pigmentosa, primary or secondary malignancies, congenital abnormalities, hereditary diseases of the eye, and contact lens dysfunction. A person can also suffer from vision impairment due to a brain or nerve disorder, in which case the condition is called cortical visual impairment (CVI). In some cases, the person's vision can be corrected with only eyeglasses or contact lenses. In other cases, surgery may be needed.

1.4. Cataract

Cataracts are clouding of the normally clear lens of the eye. Cataract patients describe the experience of looking through cloudy lenses as being similar to looking through a frost-covered window. Cataracts cloud the vision, making it harder to read, drive (especially at night) or see a friend's facial expression. When a cataract first develops, only a little portion of the eye's lens may become cloudy, and you might not be aware that your vision has been affected. With increasing cataract size, your lens becomes cloudier and the light passing through your lens becomes distorted. If this happens, you may notice more symptoms.

1.5. Prevalence

1.5.1. Global Scenario

Globally, blindness is a significant health problem. A total of 2.2 billion of us are blind or have impaired vision (WHO, 2021). There is at least one billion of these cases, or almost half, where vision impairment might have been prevented or can still be cured. In addition to 88.4 million with uncorrected refractive error, 4.2 million have corneal opacities 94 million have cataracts, 7.7 million have glaucoma, 3.9 million have diabetic retinopathy, and 2 million have trachoma, as well as 826 million have uncorrected presbyopia (WHO, 2021).

1.5.2. Indian Scenario

A total of 15 million blind persons lives in India, making up one in three of the country's population (Kabir, 2021). 15 million instances are reported, of which 3.5 million are Corneal Blindness cases, one of the most prevalent causes of blindness in the nation with 30,000 cases reported annually (Kabir, 2021). The World Health Organization (WHO) has identified a number of causes of blindness, including conditions like cataract, diabetes, glaucoma, and others; genetic disorders; infant blindness; and incidents that cause eye injuries. In the event that a disease like diabetes results in blindness, diabetic people should take extra precautions with their eyes and any early symptoms that manifest should be taken into consideration and treated by an eye expert. Patients with diabetes should take additional care to protect their eyes, and any early symptoms that manifest should be considered and treated by an eye expert in the event that diseases like diabetes are the

cause of blindness. Diabetes is known to disrupt the body's metabolism, so diabetic patients should take particular precautions with their eyes. Early symptoms of blindness include blurry vision, trouble recognising shapes, focusing on shadows, poor night vision, and tunnel vision.

Chapter 2: The Setting

2.1. Community Outreach

A wide range of organizations, communities, governments, and educational institutions engage in outreach. It is rare to find a definition of "outreach" in the literature. Outreach is a difficult term to define in the literature because few studies have tried to describe it. Therefore, outreach is often interpreted and defined by entities according to their programs. A concerted effort to offer services to certain community segments that go beyond what is typically available (American Heritage Dictionary, 1984).

People who may not otherwise have access to behavioural health information can receive vital information and referrals about services from community outreach. This might entail offering transportation to appointments, scheduling appointment for ongoing treatment and helping people navigate various systems, such as healthcare enrolment. Outreach tasks may include facilitating access to services and educating communities, families, significant others, or partners about available services. Responding to information requests from people, the general public, and community organisations both inside and outside the treatment facility may also be included in the costs. (Community Outreach, n.d.).

2.2. Sankara Eye Foundation (Sankara Eye Foundation, India, n.d.)

For the past 45 years, Sankara Eye Foundation India (SEFI) has been committed to helping the underprivileged and disadvantaged members of society receive high-quality eye treatment. In 1977, Dr. R.V. Ramani and Dr. Radha Ramani established a small primary health care center, these days Sankara is one of the leading and most rapidly growing social enterprises with 12 hospitals equipped with world class facilities and robust infrastructure and providing services to rural and urban populations in India. Sankara has received tremendous encouragement from the medical community and donors since its inception in the mid-80s. It created the unique 80:20 - Free Paying model. About 80% of the beneficiaries of the program are rural poor who receive free eye care, while the remaining 20% come from rich and affluent segments of society who pay for their treatment, thus providing a cross subsidy to the free services. Gift of Vision's rural outreach program benefits 80% of Sankara's beneficiaries. An eye camp is conducted in

a hub and spoke model, where the eye camps are conducted in a large village or town and prospective patients from surrounding villages are invited to attend the camps. To begin with, a free eye examination is provided to patients selected for surgery at the Base Hospital. Bringing patients to the camp is a collaborative effort between local panchayats, zilla parishads, Rotary clubs, Lions clubs, and respected community members.

Over ten million lives have been transformed by Sankara's Community Outreach Model since its inception and continues to do so. Sankara's Pan India footprint continues to grow, serving more states and districts, but it is aware that Primary Eye Care is important, especially at the village level, so the concept of Vision Centers is being introduced across Sankara's network.

Technology is also fully used by the organization for targeted interventions. "As a result, all hospitals are now linked together, and data is transmitted instantly.". Sankara has developed its own app, SERVIS - Sankara Electronic Remote Vision Information System." "The app allows hospitals to map diseases, determine where diabetes, cataracts, and hypertension are prevalent, and decide where to set up camps."

Till March 2022, a total of 31,363 camps had been conducted, out of which 56,54,563 individuals had been screened and 21,91,972,746 surgeries had been done by Sankara Eye Hospitals (Sankara Eye Foundation, India, n.d.).

2.3. Process flow: -

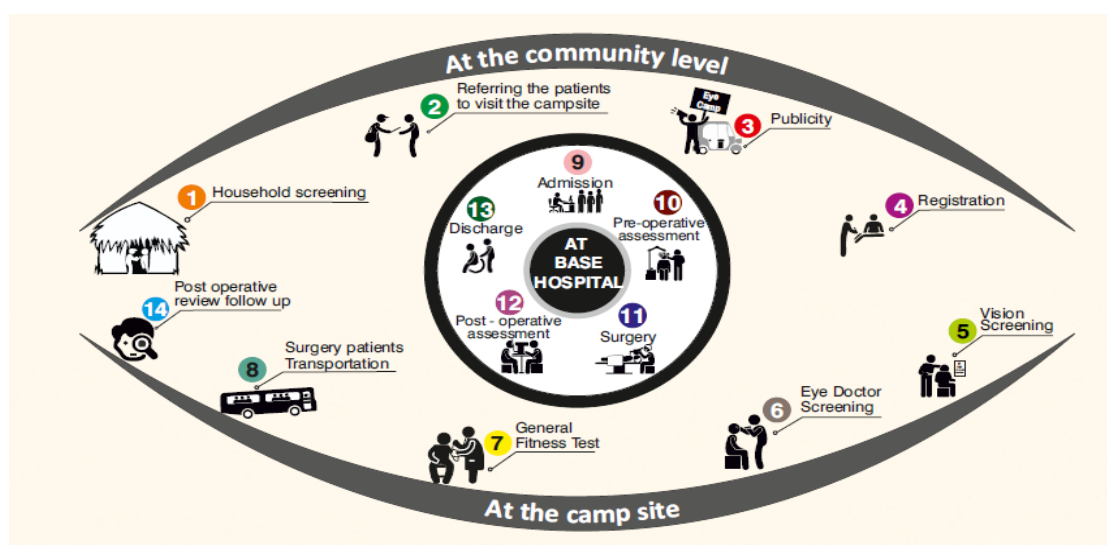


Fig1.7.: Process flow of Community Outreach (Sankara Eye Foundation, India, n.d.)

- **At the Community Level**
 - Household Screening
 - Referring the patient to visit the Campsite
 - Publicity
- **At the Camp site**
 - Registration
 - Vision Screening
 - Eye Doctor Screening
 - General Fitness Test
 - Counselling of the Patient
 - Surgery Patient Transportation
- **At the Base Hospital**
 - Admission
 - Pre-operative Assessment
 - Surgery
 - Post-operative Assessment
 - Discharge
- **Review Camp**

2.4. Chinnasalem, Kallakurichi, Tamil Nadu

With an area of 130,058 square kilometres, Tamil Nadu is the tenth largest state in India. Chennai is the state's capital and largest city. There are 37 districts in the state. Tamil is one of the oldest classical languages still in use today & is widely spoken in this state and serves as an official language. Puducherry is located in the eastern part of the state, while the Bay of Bengal can be found in the western part of it. An area facing the Arabian Sea, the Bay of Bengal, and the Indian Ocean. Kanyakumari is located on the southernmost tip of the Indian Peninsula. On the southernmost tip of India lies the district of Kallakurichi, one of the thirty-seven in Tamil Nadu state. Kallakurichi is the district headquarters. It was created out of Villupuram district on 12th November 2019 (KALLAKURICHI DISTRICT, n.d.).



Fig 2.4.: Chinnasaalem Map (Chinnasaalem Weather Forecast, 2022)

The district is nestled in the middle of Salem to Chennai National Highway No.79. The nearest railway station is Chinnasaalem, located 15 kilometres away. Kallakurichi is a district with a growing agricultural sector and also known as the "Home of Agriculture". The town has over 10 modern rice mills, both small and large.

The key industries are jewellery, textiles, and agricultural feeds. The town has two government cooperative sugar mills, one private mill, and also a solvent extraction plant. We can see many poultry farms in and around, Kallakurichi. Currently, Kallakurichi district consists of 2 Revenue Divisions, 6 Administrative Taluks, 562 Revenue Villages, 1 Municipality, 7 Town Panchayats, 9 Blocks, and 412 Village Panchayats. Chinnasaalem is a Special Grade Town Panchayat located in Kallakurichi district. It serves as the capital and chief administrative center of Chinnasaalem Taluk (KALLAKURICHI DISTRICT, n.d.). According to the 2001 India Census, Chinnasaalem had a population of 19519. The male population is 50% of the overall population and the female population is 50%. Approximately 75% of the population in Chinnasaalem is literate, higher than the national literacy rate of 50%. The literacy rate for males is 78% and for females is 50%. Approximately 11% of the population is under 6 (KALLAKURICHI DISTRICT, n.d.).

Chapter 2: Review of Literature

A crucial and widely utilised indication for determining the calibre of healthcare is patient happiness. Patient satisfaction has an impact on clinical outcomes, patient retainment, and medical negligence claims. It has an impact on the prompt, effective, and patient-focused provision of high-quality healthcare. Thus, patient satisfaction serves as a stand-in but is still an exceptionally reliable indicator of how well hospitals and doctors are doing.

Patients and their families have an intrinsic value in improving the patient experience, and as a result, it is an important outcome in its own right. But positive patient experiences are also linked to significant clinical procedures and results. The vast majority of patients will have little to no clinical knowledge, which means they may not even be aware of their own ignorance. However, patients should feel like they are actually contributing to their care team and are not just taking orders.

Many studies have been conducted on the satisfaction levels and experiences of paying patients, but various issues have been missed, such as the satisfaction levels and experiences of non-paying patients, as well as their socioeconomic profiles.

Determiners of patients' healthcare provider preferences: a scoping review (Victoor, Delnoij, Friele, & Rademakers, 2012).

A few countries in northwest Europe, among them the Netherlands and the United Kingdom, are just now beginning to promote patient choice. The encouragement of patient choice was required to cut down on patient wait times and to increase provider competitiveness. The healthcare system was predicted to benefit from competition by becoming more patient-centered, more efficient (including lowering costs), better quality-focused, and more equitable (in the UK). For instance, the Netherlands implemented a demand-driven healthcare system in 2006 to increase provider competition. It was crucial to emphasize patient choice in order to advance patients' rights in healthcare.

The search was conducted by one of the authors on August 17, 2011, and scoping review was used in this study. The databases Embase, Medline, and PubMed were used in the search. The keywords were found in an initial literature review (patient, consumer, choice, provider, hospital, physician, doctor, and their plurals). The study found that

people select their healthcare providers based on a variety of factors, including consulting their general practitioner, and considering their prior medical experiences. Patients who make an active choice more frequently than other patient groups include those with higher incomes, those who are younger, and those who do not have a positive relationship with their doctor (Victoor, Delnoij, Friele, & Rademakers, 2012).

Measures patient satisfaction: A cross sectional study to improve quality care at a tertiary care hospital (Arshad, Shamila, Rohul, Jabeen, & Fazli, 2012).

Measurement and selection of health care remain difficult and elusive, although the tools used to measure them have improved. In addition to poor systems and caregiver stress, many other factors influence the quality and satisfaction of patients. The level of patient satisfaction refers to how well the general health care needs of clients have been met. Prior to their visit, patients have expectations, and their actual experience determines whether they are satisfied or dissatisfied. Healthcare managers in developing countries do not appear to be paying sufficient attention to patients' perceptions of healthcare systems. This study is based on a cross-sectional study conducted at South Kashmir Institute of Medical Sciences to measure patient satisfaction with the services they received in their OPDs. Good health begins with quality care. It is a consumer's right to receive quality care as soon as possible and at the right time. The prevalence of quality care has increased dramatically in recent years. The three components of quality care are Structure, Process, and Outcome. The hospital should strive to provide patient-orientated services since it is a social institution and the only reason for its existence (Arshad, Shamila, Rohul, Jabeen, & Fazli, 2012).

The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic (Berkowitz, 2016).

Patient happiness is frequently linked to patient experience, which has many facets. This article discusses issues with measuring the patient experience, such as a lack of consistent nomenclature and many contributing components, in order to help readers, understand the complexity of measurement. We must continue delving further into this dynamic. There is much to be praised in this succinct analysis of a few of the generated knowledge pertaining to the vibrant of patient familiarity and satisfaction. Patient satisfaction, we know is associated with a patient's experiences both directly and indirectly with the

healthcare system, as well as interactions with healthcare practitioners, particularly communication (Berkowitz, 2016).

Research on patients' views in the evaluation and improvement of quality of care

(Wensing & Elwyn, 2002).

In the last ten or so years, processes for assessing patients' opinions of medical treatments have only begun to yield distinguishing evidence. Utilizing patients' viewpoints to improve medical service delivery necessitates significant and reliable estimation procedures. The following four methodologies are perceived: considering patients' viewpoints when providing information to those seeking social insurance; identifying evidence of patients' preferences when viewing scenes of care; soliciting patients' input on the delivery of human services; and taking into account patients' viewpoints when providing fundamental leadership on frameworks for medical services. Result metrics for assessing the usage of patients' viewpoints should reflect the points in terms of procedures or outcomes of care, including potential negative effects. Thorough processes for assessing methods do not appear to be in place (Wensing & Elwyn, 2002).

Customer Satisfaction: A Practical Approach for Hospitals (Ritz & Veen, 1996).

A medical centre in California created a programme to enhance the care and satisfaction of its patients. This article focuses on the healing centre's strategy for implementing the programme, including how it will collect and use data to measure success, encourage staff accountability, and show improved client loyalty by reducing complaints. The numerous exercises started to improve employee training and how representatives are perceived are also quickly attended to (Ritz & Veen, 1996).

A study on outpatient satisfaction at a super speciality hospital in India (Jawahar, 2007).

The evaluation was conducted on 200 patients who visited the Sree Chitra Tirunal Institute for Medical Sciences and Innovation in Thiruvananthapuram, Kerala. The goal of the study was to gauge patient satisfaction and get opinions on the services offered in the outpatient department. The patients were chosen at random from a range of celebrity claims. A survey that comprised questions to promote familiarity with the outpatient division administrations, calculating game plans, release time, office management, and bolster administrations was developed with the aim of gathering the points of interest

from patients. Healthcare administrations are mostly satisfied with the majority of patients. Outpatient administrations have grown to a certain extent. Patient feedback is critical to quality improvement in OPD administrations, and OPD administrations shape a substantial portion of health facility administrations (Jawahar, 2007).

Patient Satisfaction: A Review of Issues and Concepts (Sitizia & Wood, 1997).

Did this evaluation to assess the legitimacy and dependability of methods employed to measure fulfilment in a broad range of health organization customer satisfaction studies, as well as to assess the amount of ability with these concerns among research creators. With a few exceptions, the review tools in this sample provided little evidence of consistent quality or validity. Furthermore, most designers demonstrated a weak understanding of the value of these attributes in the evaluation of satisfaction. Scientists must recognise that this is bad research practise, and that the absence of a robust and meaningful assessment tool offers reason to doubt the veracity of fulfilled discoveries (Sitizia & Wood, 1997).

Patient Satisfaction Surveys as a Market-Research Tool for General Practices (Khayat & Salter, 1994).

A comparison of patient satisfaction with socio-statistical characteristics such age, gender, socioeconomic status, place of residence, and length of training was made in order to determine the value of such research. Such studies and audits, if conducted for a single practise, might lay the groundwork for a promotional method aimed at increasing rundown estimation, list structure, and administration quality. Fulfilment studies may be quickly integrated into medical review and financial administration. Through weighted capitation, which is funded by general practitioners who hold fundholding, doctors can learn more about their patients' opinions. In addition to the awareness of patients exercising their right to choose their general practitioner, general practitioners are increasingly being pressured to comprehend the market superior and to understand the reasons behind patient use and non-use of their essential services. The everyday language of general practice may soon include practice auditing and total quality management. This market research will involve patient satisfaction surveys. Traditionally a part of primary care research, patient satisfaction surveys offer an excellent method of examining consumer demand (Khayat & Salter, 1994).

Chapter 3: Methodology

Research Question

- What are the satisfaction levels of non-paying patients for Cataract surgery in the base hospital?
- What are patient experiences of post operative services provided by Sankara Eye Hospital?
- What are the socio-economic profiles of the non-paying patients who are undergoing IOL surgery?

Objective

- To assess the satisfaction level of non-paying patients from Cataract surgery done at Sankara Eye Hospital.
- To understand patient experiences of post operative services provided by Sankara Eye Hospital.
- To ascertain socio- economic profiles of non-paying patients who are undergoing IOL surgery.

Primary data will be collected through observation or through interviewing or telephonic interview by structured questionnaire.

Setting: Sankara Eye Hospital, Coimbatore, Tamil Nadu

Duration of study: 1st April to 18th June 2022

Sample Size: 41

This survey has been done on patients of Chinnasalem eye camp in which total number of screened patients are 358, out of this 299 are selected for the surgery and 228 patients comes to the base hospital. First batch of 123 patients out of which 41(female-26, male-15) patients are taken for the surgery on the first day as they are fit and given the priority according to their medical records.

Study type: Observational Cross-Sectional Study

Inclusion Criteria: Patients whose have undergone IOL surgery on the first day.

Exclusion Criteria: Patients who are general unfit and discharge without surgery.

Study tool: Observation, Interviews.

Sampling Technique: Purposive sampling.

Data Collection Method: Primary data will be collected through observation or through interviewing patients by structured questionnaire and secondary data will be collected from SEH Annual Report Book.

Data Analysis: Microsoft Excel

Chapter 4: Analysis and Findings

Health care providers work to ensure that their patients are happy with all aspects of their care, including the non-clinical ones. This includes their health care and its results. Patients should feel treated with dignity and that hospital staff is doing everything possible to treat them safely and effectively.

The satisfaction levels and experiences of non-paying patients have been overlooked, such as non-paying patients' satisfaction levels and experiences, as well as their socioeconomic profiles. Through this study, the researcher can derive the inference that for the organisation which is working with the community can check how the organisation is performing in between the community.

As patient experience is measured not only to improve care, but also to improve strategic decision-making, manage, and monitor health-care performance. This chapter deals with the findings which had been derived after interviewing the non-paying patients, based on information gathered using the questionnaires depicted in the appendix.

The study was designed to address the following goals:

- To assess the satisfaction level of non-paying patients from Cataract surgery done at Sankara Eye Hospital.
- To understand patient experiences of post operative services provided by Sankara Eye Hospital.
- To ascertain socio- economic profiles of non-paying patients.

The graphical representation of the result of the survey is given below.

○ Age group of the Patient

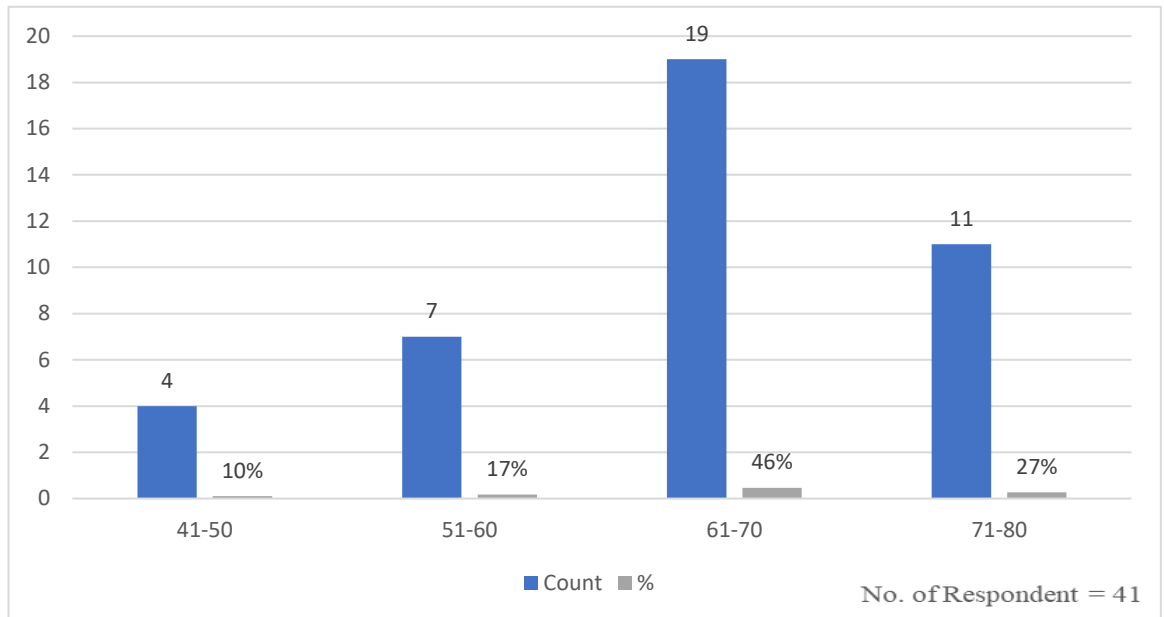


Fig. 4.1: Age group of the Patient

The graph illustrates that out of 41 respondents, 4 respondents are in the age group of 41-50 years; 7 respondents are in the age group of 51-60 years; 19 respondents are in the age group of 61-70 years; and 11 respondents are in the age group of 71-80 years.

○ Gender

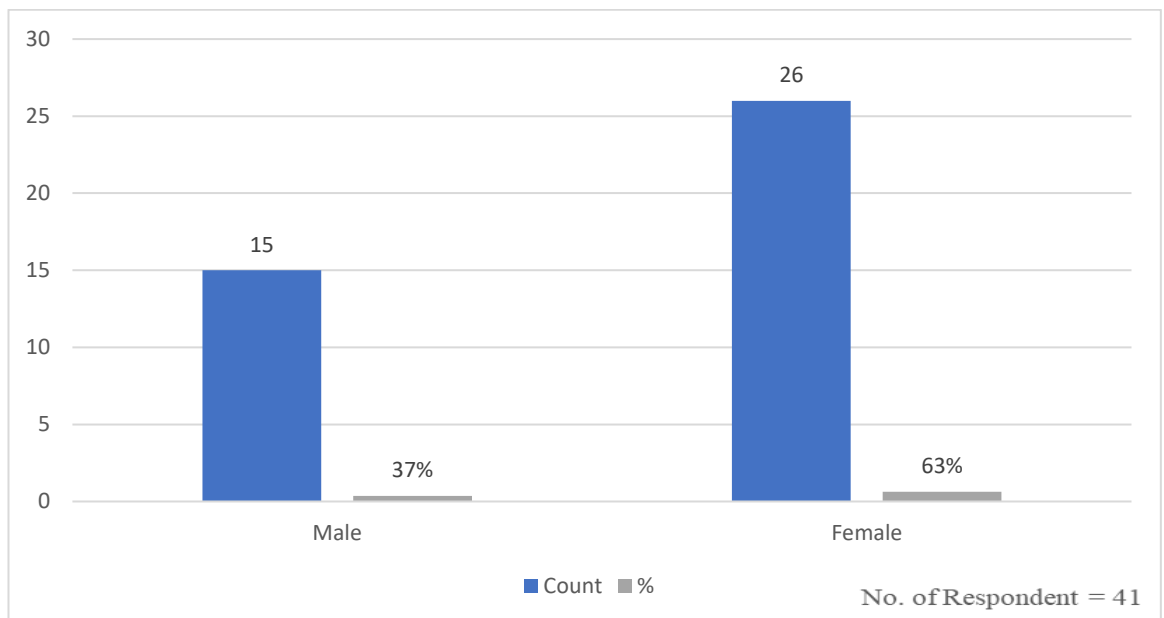


Fig. 4.2: Gender

The graph illustrates that out of 41 respondents, 15 respondents are male, and 26 respondents are female.

○ Education Level

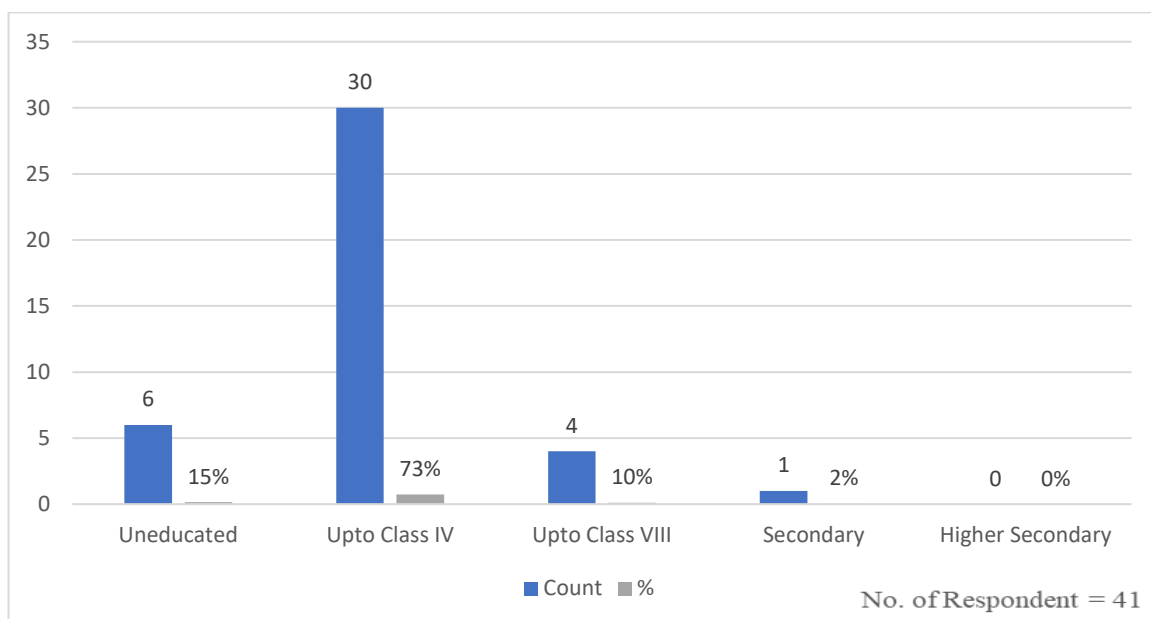


Fig. 4.3: Education Level

The graph illustrates that out of 41 respondents, 6 respondents are uneducated; 30 respondents are educated upto class IV; 4 respondents are educated upto class VIII; and 1 respondent is educated upto secondary.

○ Occupation

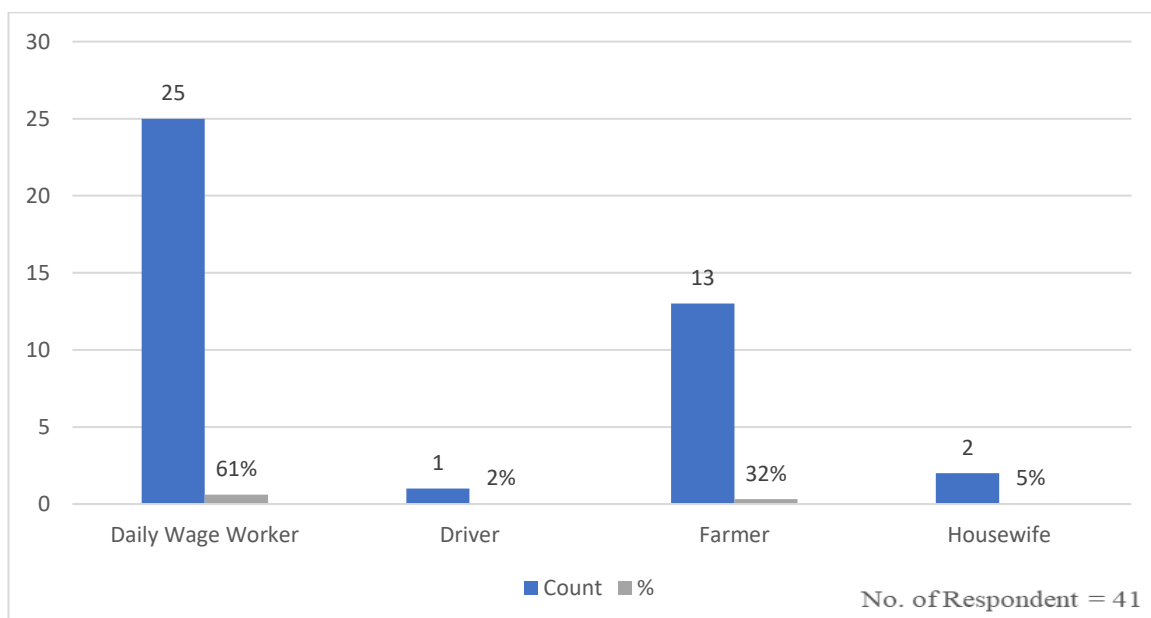


Fig. 4.4: Occupation

The graph illustrates that out of 41 respondents, 25 respondents are daily wage workers; 1 respondent is driver; 13 respondents are farmers; and 2 respondents are housewife.

○ House Type

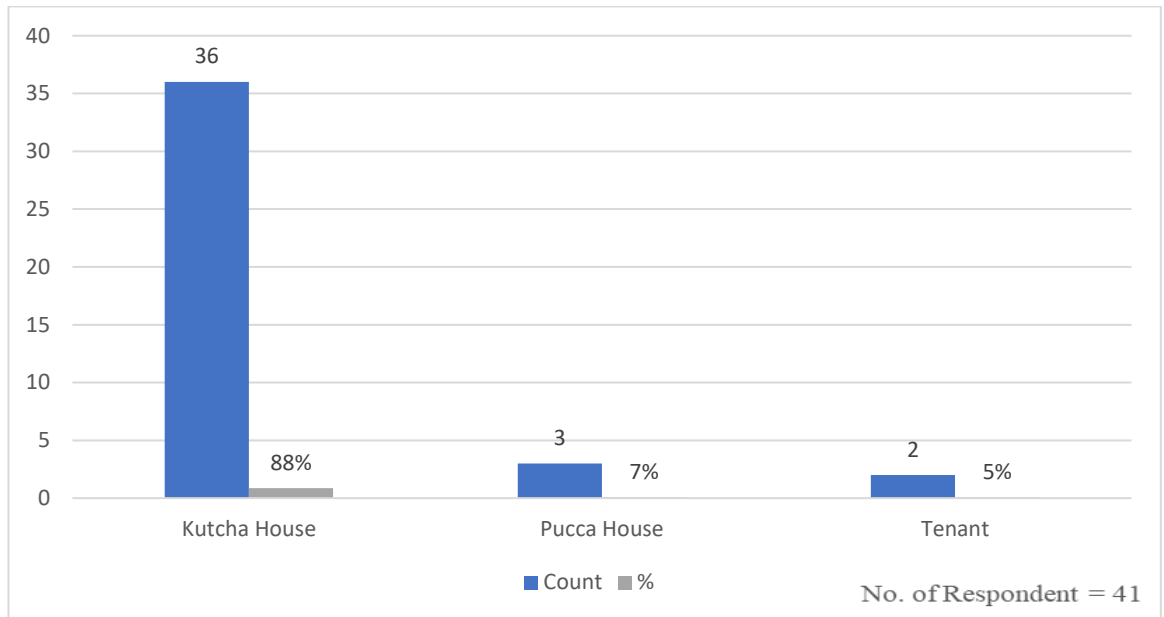


Fig. 4.5: House Type

The graph illustrates that out of 41 respondents, 36 respondents are residing in kutch House; 3 respondents are residing in pucca house; and 2 respondents are tenants.

○ How did you know about Sankara Eye Hospital?

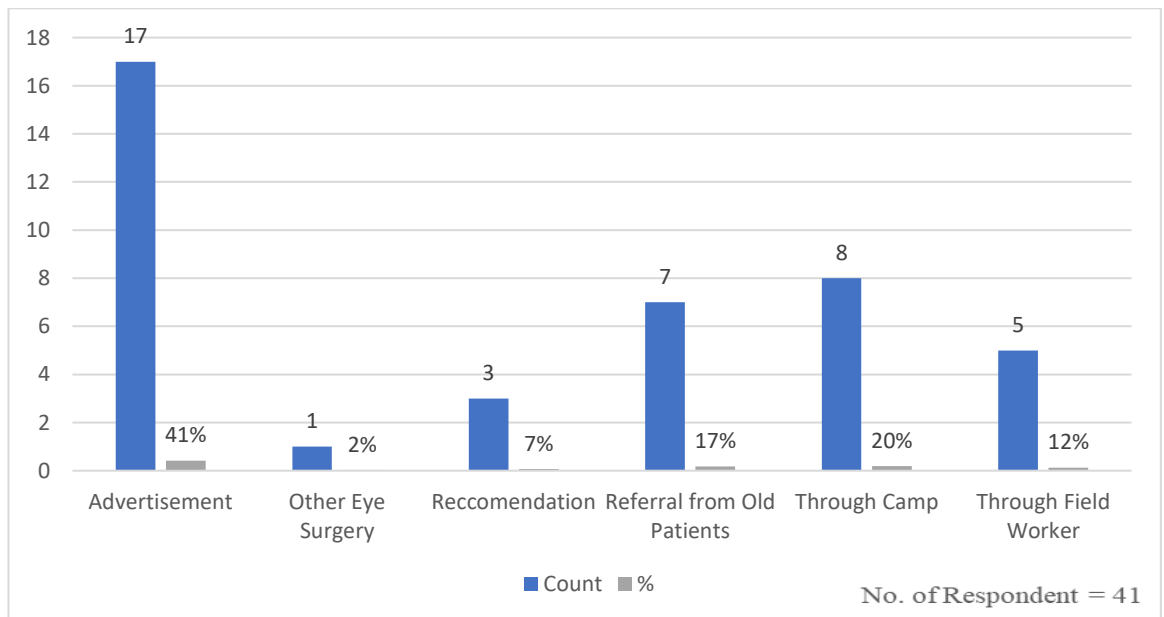


Fig. 4.6: How did you know about Sankara Eye Hospital?

The graph illustrates that out of 41 respondents, 17 respondents know about Sankara Eye Hospital through advertisement (i.e., auto-publicity and phamplets); 1 respondent has other eye surgery; 3 respondents are recommended by someone; 7 respondent are referred by the old patients; 8 respondents know through camp; and 5 respondent know through field worker.

○ Cleanliness of Ward

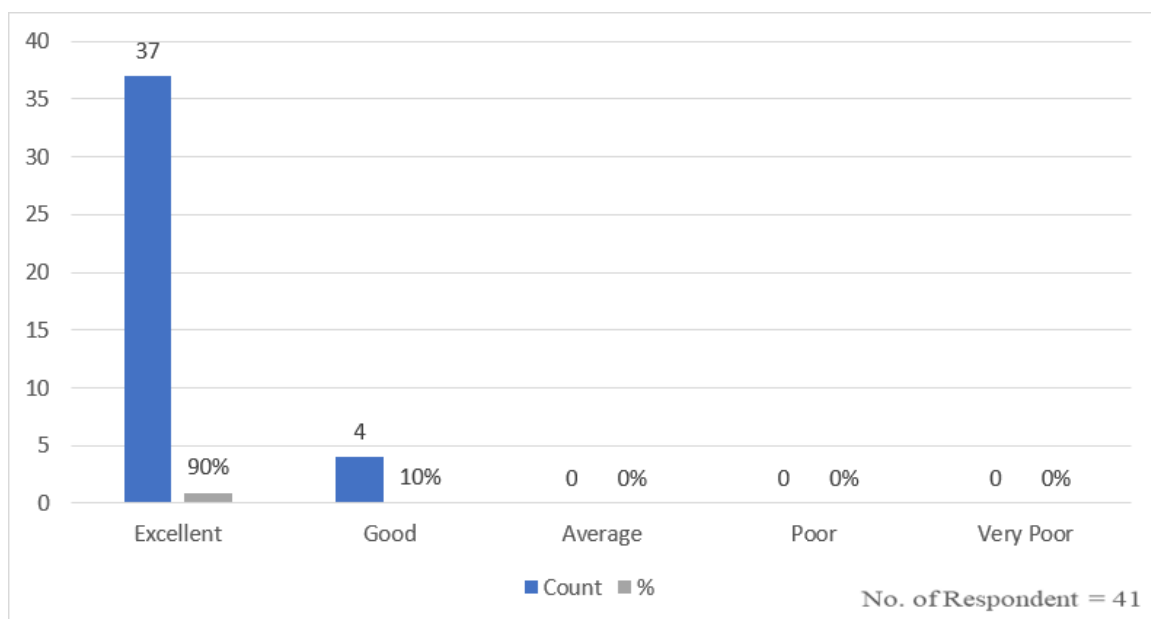


Fig. 4.7: Cleanliness of Ward

The graph illustrates that out of 41 respondents, 37 respondents have given excellent rating in cleanliness of ward while 4 respondents have given good rating.

○ Cleanliness of Toilet

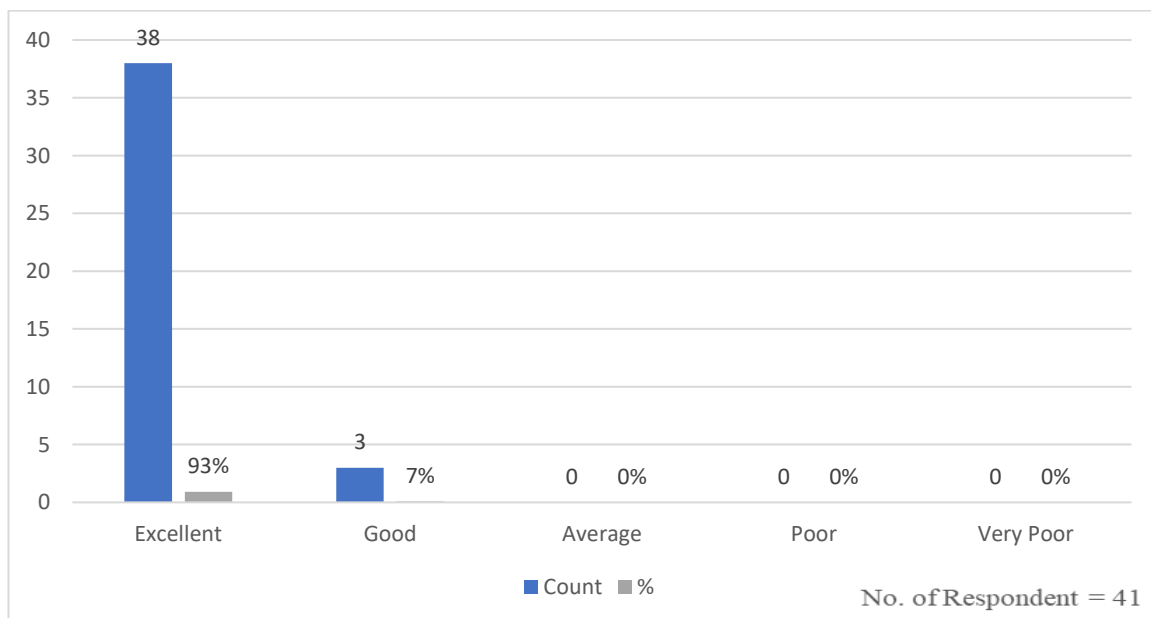


Fig. 4.8: Cleanliness of Toilet

The graph illustrates that out of 41 respondents, 38 respondents have given excellent rating in cleanliness of toilet while 3 respondents have given good rating.

○ **Taste of food**

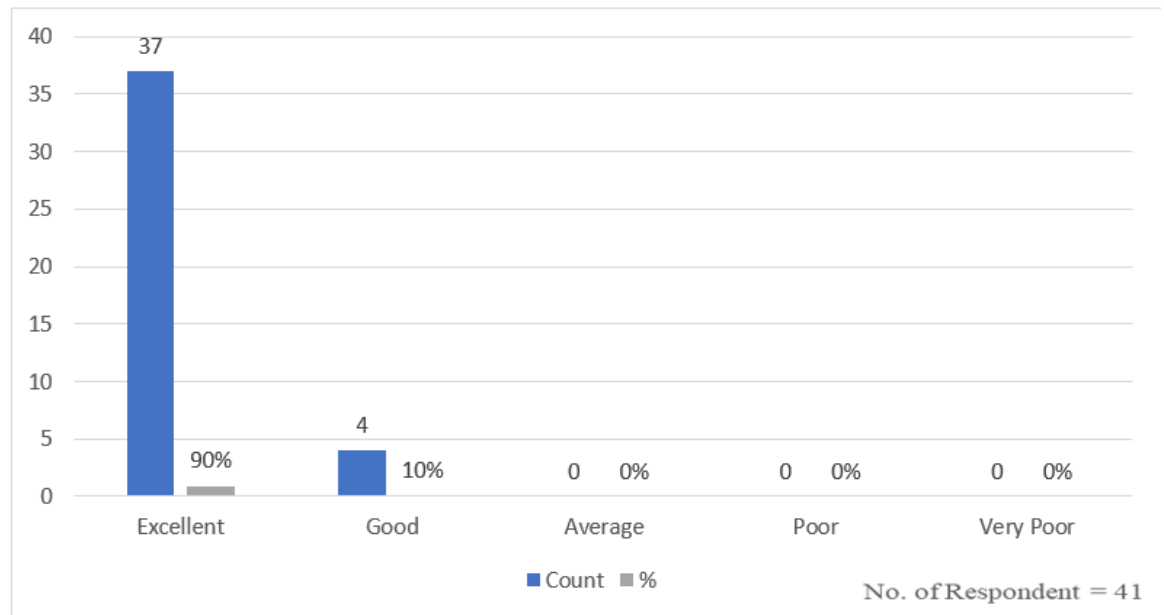


Fig. 4.9: Taste of food

The graph illustrates that out of 41 respondents, 37 respondents have given excellent rating in taste of food; 3 respondents have given good rating while 1 respondent has given average rating.

○ **Does counsellor give the information of entire process of surgery?**

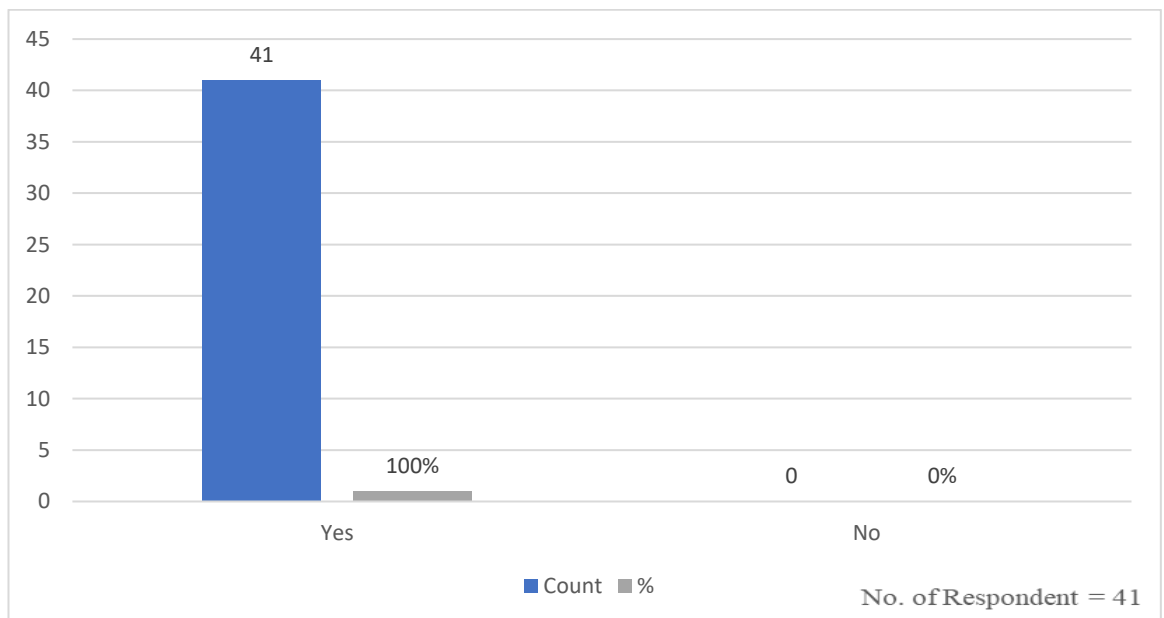


Fig. 4.10: Does counsellor give the information of entire process of surgery?

The graph illustrates that out of 41 respondents, all 41 respondents get the information of entire process of surgery from counsellor.

○ **Conduct of Nurses**

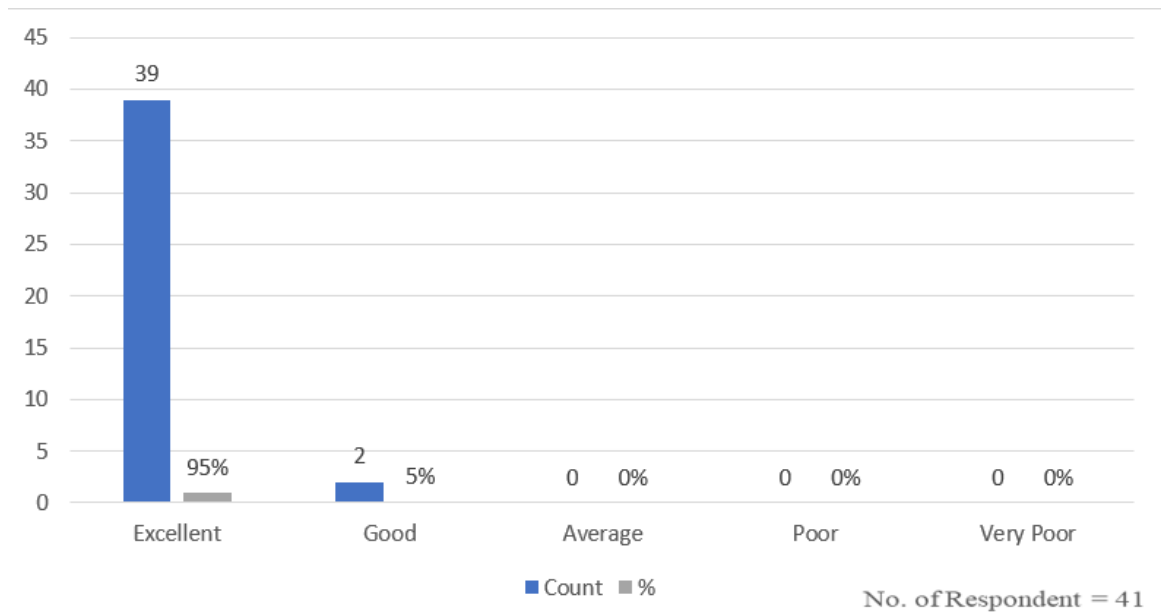


Fig. 4.11: Conduct of Nurses

The graph illustrates that out of 41 respondents, all 39 respondents have given excellent rating in conduct of nurses while 2 respondents have given good rating.

○ **Do medical staffs give instructions about post operative care?**

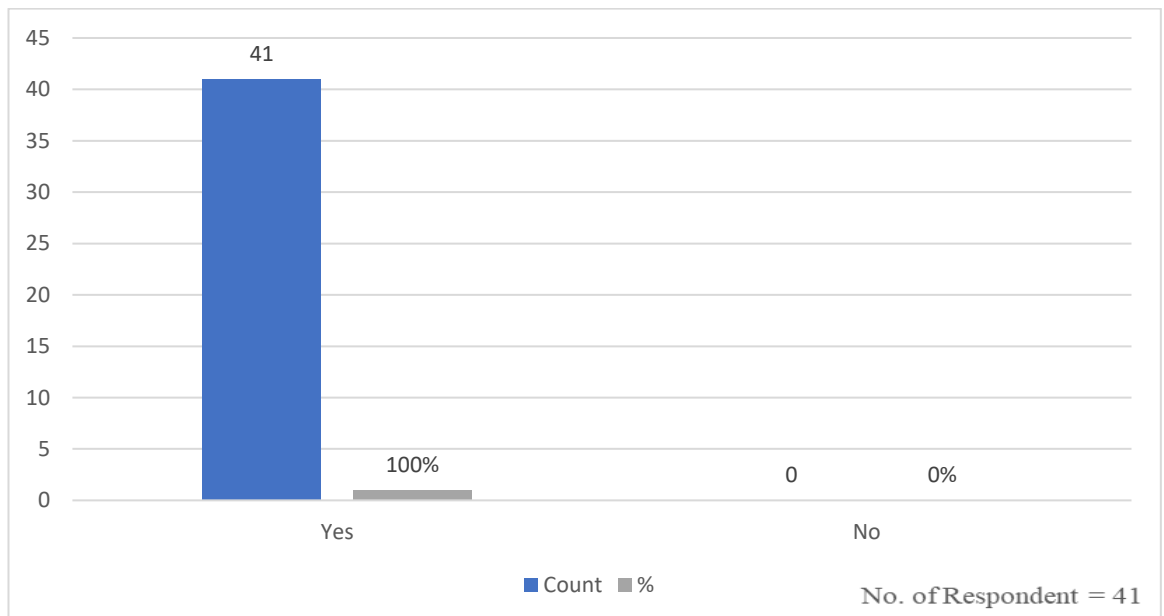


Fig. 4.12: Do medical staffs give instructions about post operative care?

The graph illustrates that out of 41 respondents, all 41 respondents get all instructions about post operative care from medical staffs.

○ **How was the experience after consultation with the doctor?**

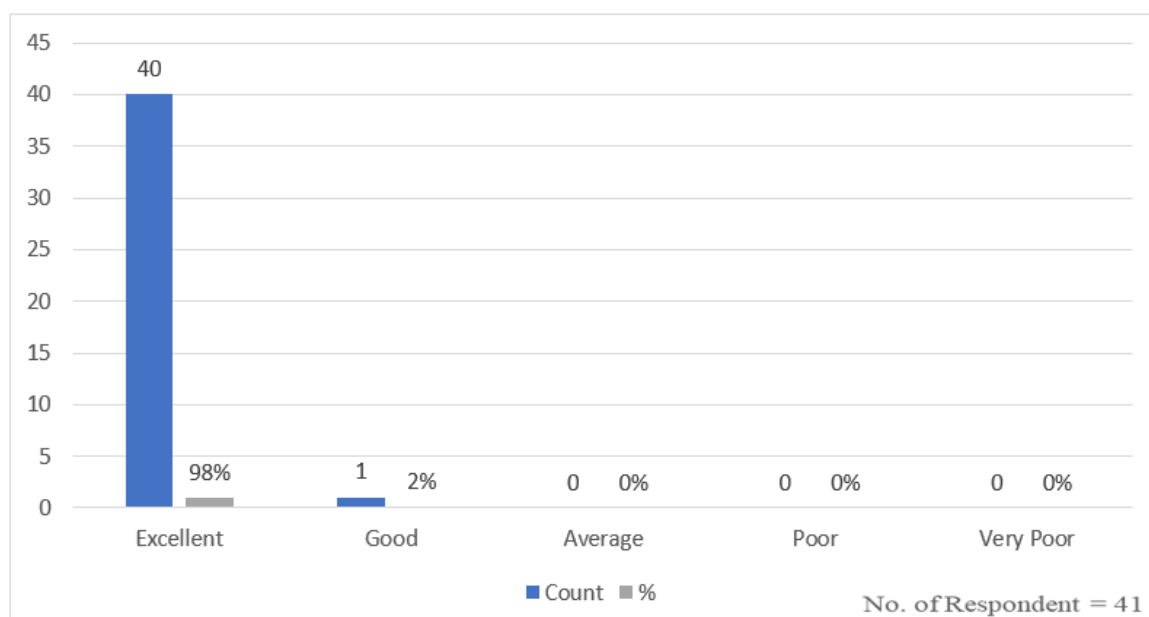


Fig. 4.13: How was the experience after consultation with the doctor?

The graph illustrates that out of 41 respondents, all 40 respondents have given excellent rating in experience after consultation with the doctor while 1 respondent have given good rating.

○ **Did you face any difficulty in eye camp?**

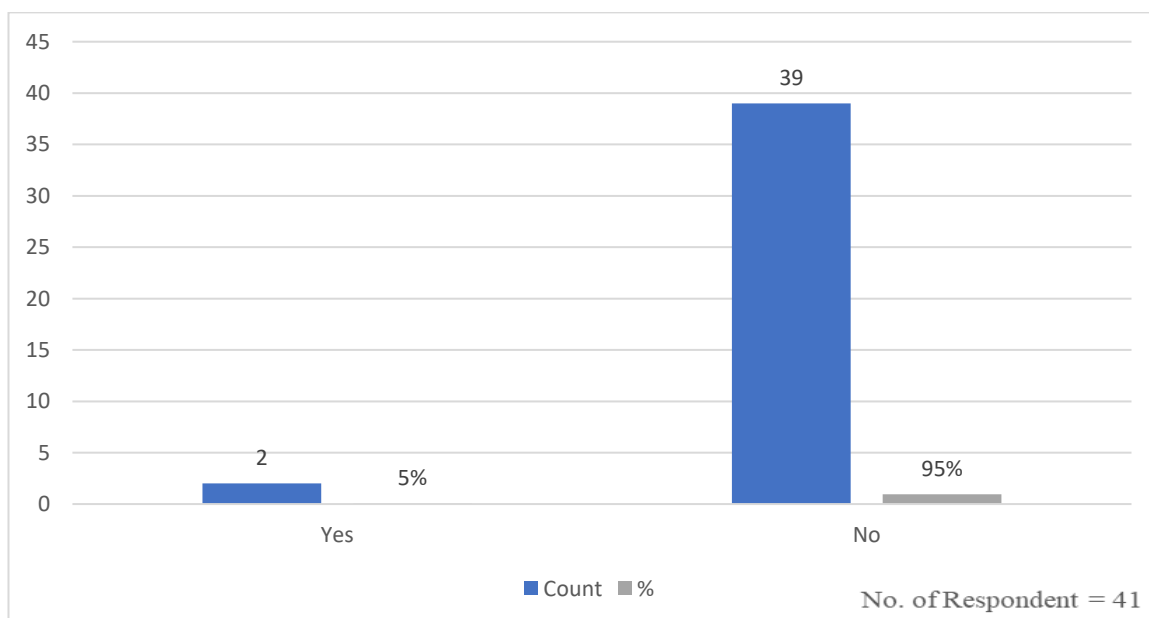


Fig. 4.14: Did you face any difficulty in eye camp?

The graph illustrates that out of 41 respondents, 39 respondents did not face any difficulty in eye camp while only 2 respondents have faced difficulty.

○ **Did you face any difficulty in hospital?**

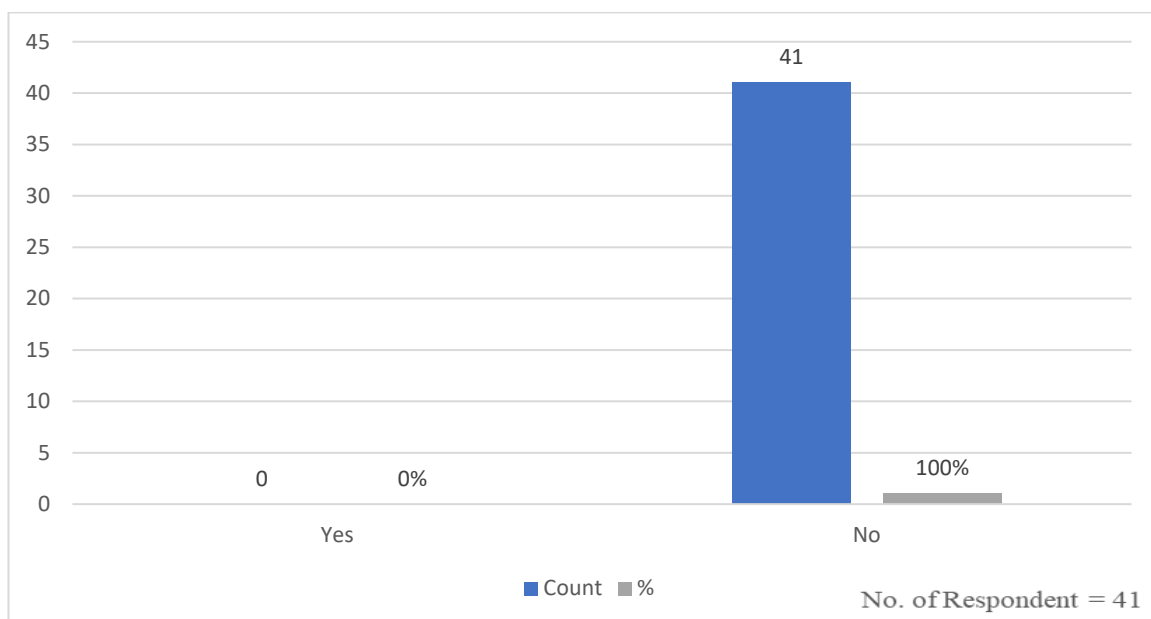


Fig. 4.15: Did you face any difficulty in hospital?

The graph illustrates that out of 41 respondents, all respondents did not face any difficulty in hospital.

○ **Did you face any difficulty during travelling to hospital?**

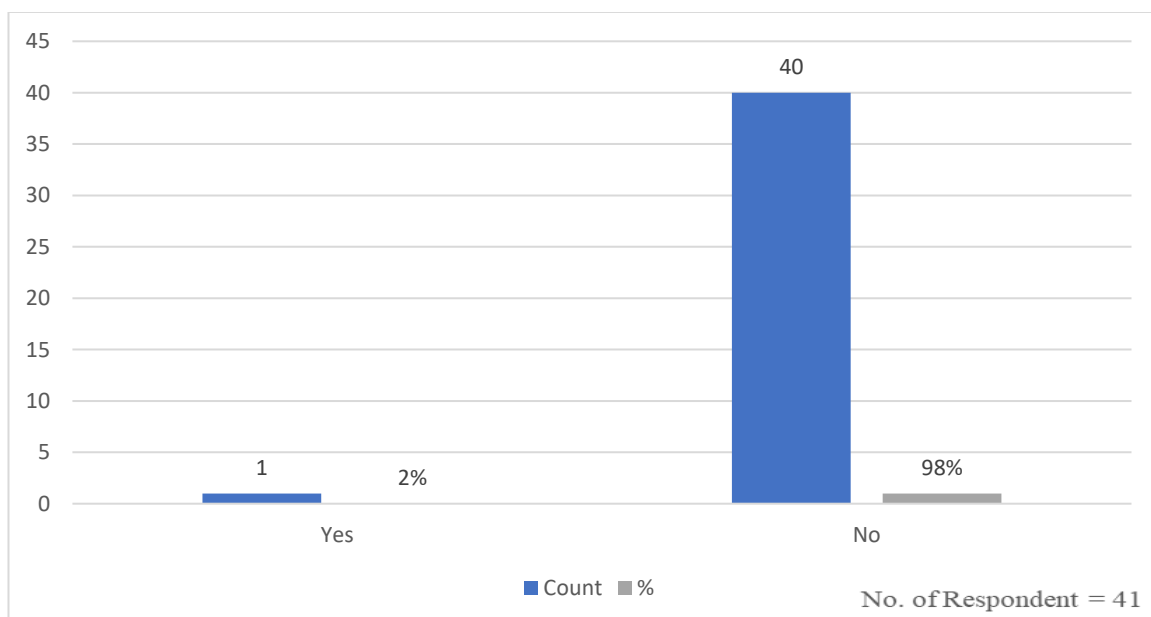


Fig. 4.16: Did you face any difficulty during travelling to hospital?

The graph illustrates that out of 41 respondents, 40 respondents did not face any difficulty during travelling to hospital while only 1 respondents has faced difficulty.

○ **Will you come to review camp?**

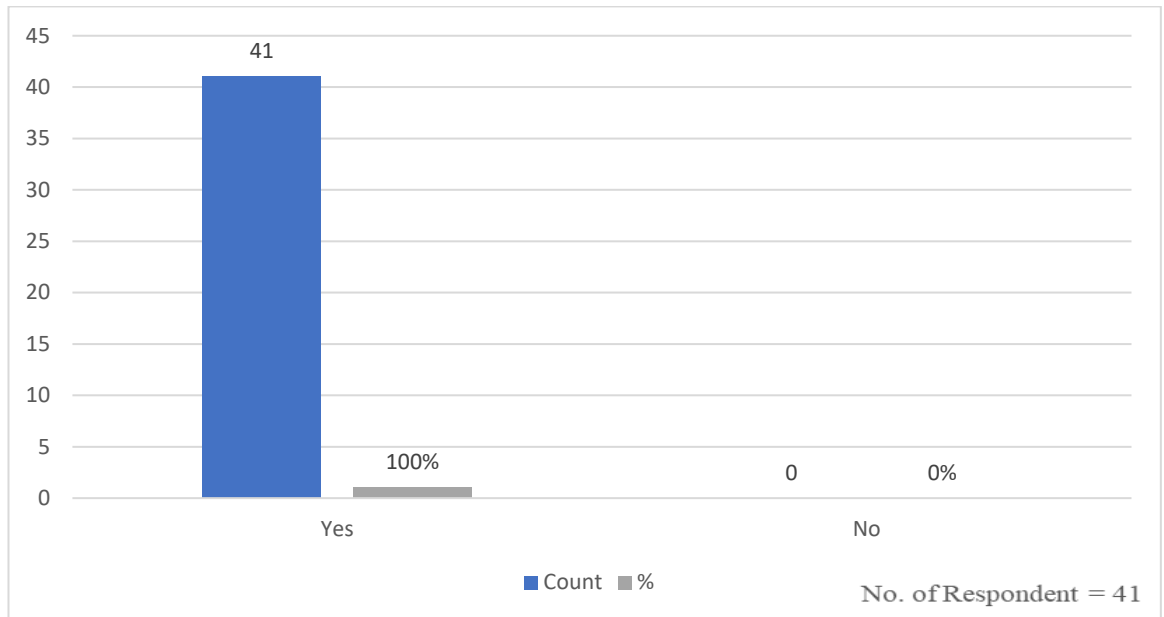


Fig. 4.17: Will you come to review camp?

The graph illustrates that out of 41 respondents, all the respondents are willing to come to the review camp.

○ **How would you rate the medical care provided at Sankara Eye Hospital?**

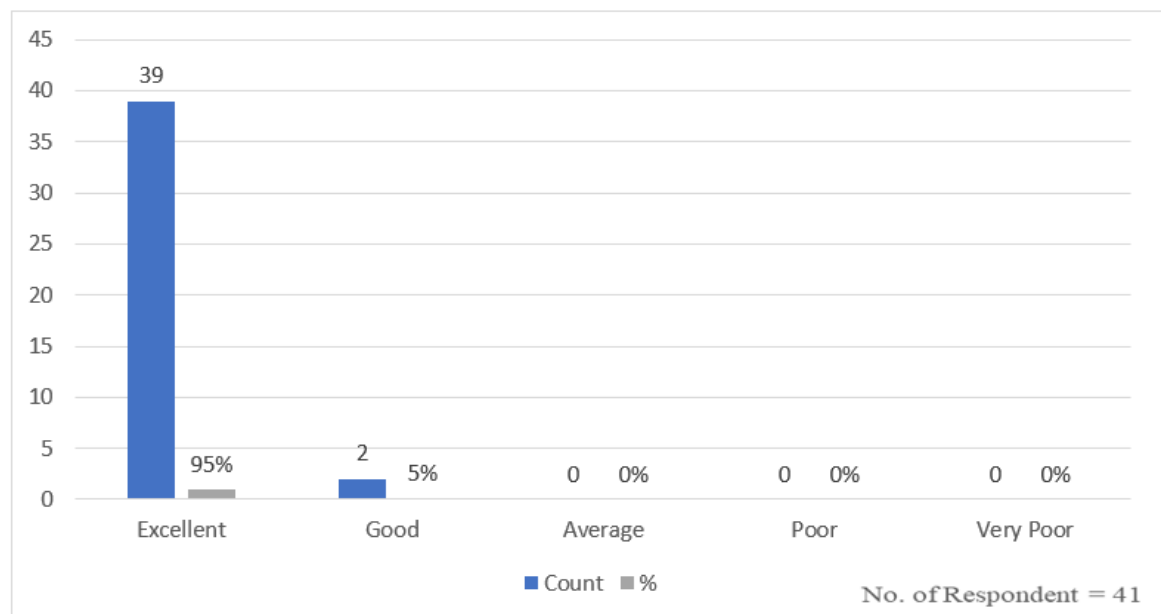


Fig. 4.18: How would you rate the medical care provided at Sankara Eye Hospital?

The graph illustrates that out of 41 respondents, 39 respondents have given excellent rating in the medical care provided by the hospital except two respondents as they have given good rating.

○ **Will you suggest others for Sankara Eye Hospital?**

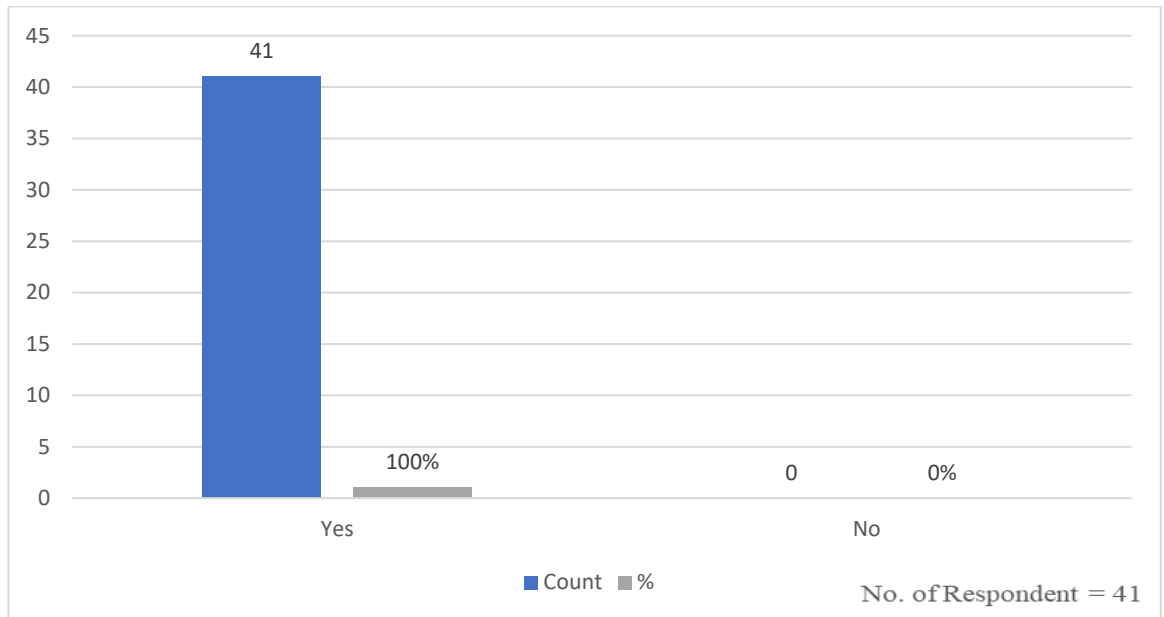


Fig. 4.19: Will you suggest others for Sankara Eye Hospital?

The graph illustrates that out of 41 respondents, all respondents are willing to suggest other for Sankara Eye Hospital.

○ **Overall Satisfaction**

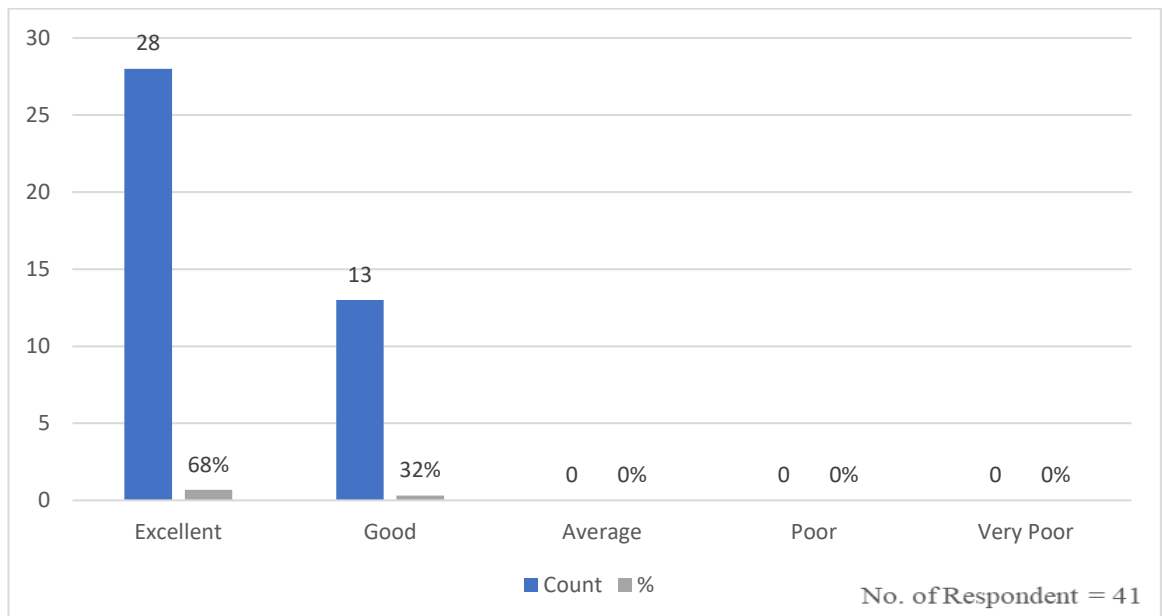


Fig. 4.20: Overall Satisfaction

The graph illustrates that out of 41 respondents, 28 respondents have given excellent rating in overall satisfaction while 13 respondents have given good rating.

Testimonials

Ramadass, a 70-year-old from Thottapadi, Chinnasalem, had issues with his left eye's vision. His job as a bus driver required good vision, but it was deteriorating daily. As he is a driver, he suffered during driving. He fervently hoped for a miracle because he was unable to afford private hospital eye surgery. Fortunately, he learned about the free camp SEFI had set up close to his village. He was found to have a mature cataract in his left eye. At SEH-Coimbatore, he received a free surgery, and his left eye was given vision again.



Fig: Ramdass



Fig: Mookkayee

Mookkayee, a 60-year-old daily wage worker(farmer) is from Ammaiyagram, Kallakurichi suffering brown cataract in her left eye due to which she faces many challenges during her day-to-day life. Now got operated by SEH, Coimbatore. She expresses gratitude to the Sankara team for providing her with free vision restoration and treating her with the utmost respect. She is now able to work once more and live a respectable life.

Chapter 5: Discussion

Based on the questionnaire interviewed from the respondents, the following inferences can be drawn.

- The age group varied from 41 to 80 years while the highest number of cataract patients belonged to the age group of 61-70 years.
- Majority of the respondents (i.e., 73%) have the education level up to class IV, 15% of the respondents are illiterate and 15% of the respondents have education up to class VIII. Only 2% respondents have done secondary education.
- The main occupation of the respondent is daily wage worker (i.e., 61%), farmer (i.e., 32%), homemaker (i.e., 5%), and driver (i.e., 2%). They are getting daily wages by working in rice mills, sugar mills, and as labourers. The farmers have little plots of land or farms on the land of big farmers.
- Most respondents (i.e., 88%) are residing in kutcha houses while only a few (i.e., 7%) are residing in pucca house and 5% of the respondent are tenants in the region.
- Respondents know about the Sankara Eye Hospital through advertisement (i.e., auto publicity and pamphlets), some knew through camps and referral from old patient and recommendations.
- The respondents have given excellent ratings for the cleanliness of wards (i.e., 90%), toilets (i.e., 93%), and the taste of the food (i.e., 90%).
- It is found that all the respondents have been explained about the entire process of the surgery and instruction of post operative care.
- Most of the respondents have given the highest rating in excellent conduct of nurse (i.e., 95%), and the excellent experience after consulting with the doctor (i.e., 98%).
- Most of the respondents had not face any difficulties during eye camp (i.e., 95%), during travelling (i.e., 98%) and in hospital (i.e., 95%).
- Most of the respondents had given the excellent ratings (i.e., 95%) as they liked the care of Sankara Eye Hospital.

- Most of the respondents are satisfied from the Sankara Eye Hospital, none of them are unsatisfied.
- All the respondents are willing to suggest others to get their surgeries done in Sankara Eye Hospital.

According to the study, the Sankara Eye Hospital has been successful in fostering a culture where it offers its patients with high-quality care who are coming from the underprivileged area of the society. They are satisfied from the tertiary care and services provided which is the primary strategic objective of the Sankara Eye Hospital.

Chapter 6: Recommendations

Any patient experiencing a hospital stay has anxiety. Because waiting tends to make people more anxious, prolonged wait times are a major source of patient dissatisfaction. Patients will understand you aren't ignoring their treatment if you take steps like swiftly alerting them of test findings and checking in with them frequently. It is not simple to enhance patient flow, but it is possible with strong leadership backing, careful planning, and the help of experienced process improvement facilitators. Significant financial gains as well as patient and staff satisfaction will result from eliminating waste and lowering process unpredictability.

Continuous patient throughput improvement and the optimization of patient flow depend on a systems-based approach to improvement, effective metrics, and employee involvement. These benefits may result from streamlining the discharge process:

- Reduced crowding and wait times at the ward
- Shorter wait times after surgery to get an inpatient bed
- Better planning will result in adequate nursing unit resourcing.
- Increased clinical staff morale.

In a variety of industries, waste is eliminated, and faults are decreased through the application of Lean Six Sigma principles. When used properly, these approaches can result in more satisfied customers as well as more revenues.

To increase the effectiveness of outreach programs, the field worker who are in the community and engaging the community, regular training and discussions sessions will help them to understand the work of outreach and community engagement.

Also, twelve units of Sankara Eye Hospitals have already been established across nine states of the nation as part of a strong commitment to ending treatable blindness. The hospital is implementing the sustainable eye care paradigm and replicating its unit nationwide. In order to make all the unit successful, concern of patient's satisfaction and individual commitment towards selfless eye service should be must.

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Annexures-I

Questionnaire: -

 **Name:**

 **Age Group:**

- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ 71-80

 **Gender:**

- ☐ Male
- ☐ Female

 **Education Level:**

- ☐ **Occupation:** Uneducated
- ☐ Up to Class IV
- ☐ Up to Class VIII
- ☐ Secondary
- ☐ Higher Secondary

 **House Type:**

- ☐ Kutcha House
- ☐ Pucca House
- ☐ Tenant

 **How did you know about Sankara Eye Hospital?**

- ☐ Advertisement
- ☐ Other Eye Surgery
- ☐ Recommendation
- ☐ Referral from Old Patients
- ☐ Through Camp
- ☐ Through Field Worker

 Cleanliness of Ward

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very Poor

 Cleanliness of Toilet

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very Poor

 Taste of food

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very Poor

 Does counsellor give the information of entire process of surgery?

- ☐ Yes
- ☐ No

 How is the conduct of nurses?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very Poor

 Do medical staffs give instructions about post operative care?

- ☐ Yes
- ☐ No

 How was the experience after consultation with the doctor?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very Poor

 Did you face any difficulty in eye camp?

- ☐ Yes
- ☐ No

 Did you face any difficulty in hospital?

- ☐ Yes
- ☐ No

 Did you face any difficulty during travelling to hospital?

- ☐ Yes
- ☐ No

 Will you come to review camp?

- ☐ Yes
- ☐ No

 How would you rate the medical care provided at Sankara Eye Hospital?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very Poor

 Will you suggest others for Sankara Eye Hospital?

- ☐ Yes
- ☐ No

 Overall Satisfaction

- Excellent
- Good
- Average
- Poor
- Very Poor