Meta Review of Determinants of Patient Satisfaction and Level of Patient Satisfaction in Monilek Hospital

By

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A Meta Review On determinants of Patient Satisfaction and level of Patient Satisfaction in Monilek Hospital, Jaipur.

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Sweety Jain** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone dissertation training at **Monilek Hospital and Research Centre, Jaipur** from February **8th February, 2016 to 8th May, 2016.**

The Candidate has successfully carried out the study designated to her during dissertation training and her approach to the study has been sincere, scientific and analytical. This training is in fulfillment of the course requirements.

I wish her all success in all future endeavors.

Col(Dr.) Ashok Kaushik
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Dt: 25.05.2016

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms.Sweety Jain** of INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR has successfully completed her training in our hospital, under the Supervision of **Mrs. Kavita Kaushik.** She has undertaken a project **A Meta Review of Determinants of Patient Satisfaction and Level of Patient Satisfaction in Monilek Hospital**. The period of her involvement in the aforesaid project was from 8th February 2016 to 5th May 2016.

We wish her all the best in her future endeavours.

Kavita Kaushik
(Quality Head)
Monilek Hospital and Research centre

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **"A Meta Review of Determinants of Patient satisfaction and Level of Patient Satisfaction in Monilek Hospital, Jaipur** submitted by **Sweety Jain** Enrollment No. **IIHMR-U/MBA-HM/2014-2016/19-0233** under the supervision of **Tanjul Saxena** for award of MBA in Hospital and Health of the University carried out during the period from **2014 to 2016** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

ABSTRACT

INTRODUCTION

Patient satisfaction is often defined as a measurement that obtains ratings from the patients about the services received from an organisation, hospital or healthcare provider. Patient satisfaction emerges as a critical outcome of medical care due to increasing emphasis on patients as customers of the services in the healthcare market.

The reviewed literature agreed on the fact that there is an impact of measuring patient satisfaction on quality improvement of care. Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions.

OBJECTIVES-

1. To identify factors influencing current level of patient satisfaction.
2. To study existing levels of satisfaction among the patients.
3. Suggest recommendations for improvement.

META REVIEW OF DETERMINANTS OF PATIENT SATISFACTION

YEAR	AUTHORS	TOPIC of STUDY	DETERMINANTS of STUDY
1989	Jagdip Singh	Review and Re-conceptualization of Patient Satisfaction	Issues pertaining to patient satisfaction are reviewed.
2002	Karin Braunsberger, Roger H Gates	Patient satisfaction with Health care and Health plan	Accessibility, courtesy and respect, time spent with patient.
2008	Joshua Fenton	Patient satisfaction linked to higher health care expenses and Mortality.	Improving quality measures with the hope of Strengthening Patient Loyalty.

Feb2009	Aditi Naidu	Factors affecting patient satisfaction and health care quality	Patient Perceptions, loyalty.
May 2010	Kranja Lawrence Mwangi	Patient ratings of quality of out-patient visit to Clinical Officers in Kenya.	Association between patient variables with patient satisfaction scores.
2010	Pouran Raeissi, Ehsan Saffari	Effects of institutional characteristics on in-patient satisfaction. A multi-level analysis.	Patient experience with doctors, Nurses assistance and communication process.
2013	Joshua ofori Essiam	Service quality and Patient satisfaction With Health care Delivery	Reliability, Assurance, Tangibles, Empathy and Responsiveness
Dec2014	Param Hans Mishra, Tripti Mishra	Patient satisfaction at super specialty Tertiary care Hospital	Admission, Ward preparations, Toilets, Food services, Nurses and Doctors behaviour.
Oct2015	Michele Issel, Christine Lurie, Betty BekeMeier	Measuring population Care Performance	Value, Respect, Communication, Leadership, Enthusiasm, Expertise and Population-focus.
Jan2016	Raquel Oliveira Vieram, Claudia Raquel Andrade, Autonio A Paulo, Antonio Pipa, Afreixo	Patient satisfaction in office Hysteroscopy	Tolerability, Sensibility and Specificity.
Jan2016	Alireza Ghorbani,, Nahid Reissi	Patient Satisfaction with the Family Physician Programme	Demographic specifications, waiting time and importance of physician's sex
Feb2016	Maxim Topaz, Marianne Lisby, David W Bates, Ronen Rozenblum	Nurse Perspective on patient satisfaction and expectation	Nurse's attitude and performance with respect to patient expectations
March2016	Vikas Mittal	Implementing Customer Focused strategy in health care using PSSM.	Reliability and validity of patient satisfaction scales

April2016	Edmund R Becker, Jason M Hackenberry	Nurse Staffing Strategies	RN's per bed affect the level of patient satisfaction

METHODOLOGY-

- Study Design- Descriptive Study
- Sampling Procedure- Convenience Sampling Method.
- Sample Size- 100 Patients
- Study Area- Monilek Hospital and Research Centre, Jaipur.
- Study Period- Data Collection Period- March To April, 2016.
- Data Collection Tool- Primary data was collected through a Questionnaire.

DATA COLLECTION TOOL-

Questionnaire- A Questionnaire for patient satisfaction which assessed the areas of hospital services as well as quality dimensions for patient satisfaction.

Close ended questionnaire.

Based on 4 parameters-Below Satisfactory, Satisfactory, Above Satisfactory and Not Applicable.

Questionnaire includes various departments such as:-

- Front Office/ Enquiry Counter
- Emergency Services
- Nursing Staff
- Physician/Doctor
- Dietary/ Nutritional Services
- Upkeep Of Services
- Housekeeping Services
- Diagnostic And Ancillary Services
- Dispensary

RESULTS and CONCLUSION

In this project, a study was done on determinants of patient satisfaction and Level of patient satisfaction and results were identified based on the tool used for survey that is close ended Questionnaire.

Results of the above analysis suggested that majority of the patients

rated hospital services as above satisfactory. But there are some departments or areas that need improvements, like: Patients were not satisfied with the waiting time to see doctor, Explanation of procedures,tests and treatment given by doctors or nurses, entertainment facilities in waiting area and so on.

On the basis of these findings some recommendations were given to the organisation to improve the patient satisfaction level and to retain their customers.

ACKNOWLEDGEMENT

The internship opportunity I had with Monilek Hospital was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it.

Bearing in mind previous I am using this opportunity to express my deepest gratitude and special thanks to the Quality Manager Mrs. Kavita Kaushik who in spite of being extraordinarily busy with her duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my project at their esteemed organization and extending during the training.

This training wouldn't have been completed without a substantial support from various departments and other staff members at Monilek Hospital for being so helpful all the time and making this summer training project an unforgettable experience.

I express my deepest thanks to Asst. Prof. Tanjul Saxena for her guidance and support. She supported me by showing different method of information collection. She helped all time when i needed and she gave right direction toward completion of project.

I would also like to thank my institution and faculty members without whom this project would have been a distant reality.

TABLE OF CONTENT

Introduction-

A hospital is a complex institution where different types of services are provided to its customers, patients, their relatives, attendants and visitors etc. Every person directly or indirectly involved in rendering services in the hospital, is important for the patient. Whether it's primary secondary or tertiary based setting, goal of every service organisation such as a hospital is the creation of satisfaction among its customers through qualitative healthcare delivery system.

Patient satisfaction has been an important issue for health care managers. Many previous studies have developed and applied patient satisfaction as a quality improvement tool for health care providers. Following increased levels of competition and the emphasis on consumerism, patient satisfaction has become an important measurement for monitoring health care performance of health plans. This measurement has developed along with a new feature: the patient's perspective of quality of care.

Various dimensions of patient satisfaction have been identified, ranging from admission to discharge services, as well as from medical care to interpersonal communication. Well-recognized criteria include responsiveness, communication, attitude, clinical skill, comforting skill, amenities, food services, etc. It has also been reported that the interpersonal and technical skills of health care provider are two unique dimensions involved in patient assessment of hospital care.

Patient satisfaction is often defined as a measurement that obtains ratings from the patients about the services received from an organisation, hospital or healthcare provider. Patient satisfaction emerges as a critical outcome of medical care due to increasing emphasis on patients as customers of the services in the healthcare market.

Measurement of patient satisfaction with services provided by the concerned hospital is important from two angles. Firstly, patients constitute hospitals' direct clientele. Thus, overall satisfaction of the patient is an important aspect of the service itself, apart from other dimensions like technical quality of medical care, effectiveness of treatment etc.Secondly, patient satisfaction provides an indirect measure of the other dimensions as well. The quality of patient

care is essentially determined by the quality of infrastructure, quality of training, competence of personnel, and efficiency of the operational systems.

Consequently, measurement of patient satisfaction and service quality has become very important to the providers.

Meta Review of Determinants of Patient Satisfaction

Service Quality and Patients Satisfaction with Healthcare Delivery: Empirical Evidence from Patients of the Out Patient Department of a Public University Hospital in Ghana
Joshua Ofori Essiam-2013

Introduction

For every healthcare delivery, patients are the main users and therefore, patient care is the primary function of every hospital.The study was a cross- sectional survey that adopted the convenience sampling technique to select 400 out – patients in a public university hospital in Ghana.In Ghana, the Ghana Health Service Patient Charter (2002) insists on patients' rights. The Health service of Ghana requires collaboration between health workers, patients, and society. They must be sensitive to patient's socio-cultural and religious backgrounds as well as patients with disabilities.The data gathered were used to examine the psychometric properties of the SERVQUAL dimensions.

Methodology

Research design: Quantitative research that adopted survey strategy through convenience sampling techniques.

Sample size and sampling techniques: The study was confined to patients at the OPD of the hospital. The sample size chosen was 400 patients.

Inclusion criteria: The study included OPD patients of the general OPD aged 18 years and above, and who have made at least one visit.

Exclusion criteria: Patients who; cannot speak or listen (deaf), are in serious condition, have a mental health condition, are minors, and in-patients (on admission).

*Instruments used:*Questionnaires were administered by hand and picked directly from the respondents at the hospital.

Result

The SERVQUAL model opines that customers evaluate the quality of a service on five distinct dimensions: reliability, assurance, tangibles, empathy, and responsiveness. The results showed that SERVQUAL is capable of capturing even slight quality indicators in a multidimensional way. The findings indicated that there were quality gaps in all the SERVQUAL dimensions (RATER) with Responsiveness having the highest gap followed by Reliability , Tangibility, Empathy and the least gap was Assurance.

The study will be of interest to hospital administrators, stakeholders and academicians investigating the relationships between the SERVQUAL dimensions and patient satisfaction using the hierarchical regression model.

Data analysis was facilitated with the Statistical Product and Services Solution (SPSS) version 20.0 for windows. Descriptive statistics such as means scores, standard deviations, skewness, and kurtosis were used to compute the independent and dependent variables.

quality dimension	perceptions			Expectations			Gap
	mean	skewness	kurtosis	mean	skewness	Kurtosis	Mean
Reliability	3.452	0.71	0.88	4.13	-0.933	1.018	-0.678
Assurance	3.672	-1.301	1.3	4.209	-1.193	1.515	-0.537
Tangibility	3.621	-0.913	0.364	4.23	-1.209	1.052	-0.609
Empathy	3.623	-0.132	0.582	4.199	-0.493	0.459	-0.576
Responsiveness	3.484	-0.511	0.056	4.246	-1.309	1.437	-0.762

The findings indicated that there were quality gaps in all the SERVQUAL dimensions with Responsiveness (-.762) having the highest gap followed by Reliability (-.678), Tangibility (-.609), Empathy (-.576) and the least gap was Assurance (-.537). Measures of skewness and kurtosis were also analysed to examine normality of the SERVQUAL dimensions among the OPD patients. Balanda and McGillivray (1988) opined that skewness and kurtosis values of zero are suggestive of normal distribution and that values between -2 and +2 is indicative of no problematic deviations. Great skewness may encourage the researcher to assess outliers.

Conclusion

Health care delivery is a service based industry and patient satisfaction is a critical success factor in measuring the hospitals performance just as in other service based organizations. Understanding how patients perceive the service and the ability to analyse service quality can benefit the hospital managers in making both quantitative and qualitative decisions. Specific data obtained from analysis of service quality can be used in quality. Management hence managers of the hospital would be able to monitor and maintain the quality of service provided by the facility.

Measuring Population Care Performance: Development of the Population-Patient Satisfaction Survey for Use with Community Groups

Article · October 2015

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Assessing the satisfaction of the "population-patient" requires conceptualizing the dimensions of satisfaction differently from that of individual patients.

In healthcare organizations, patient satisfaction is one indicator of the quality of care, including nursing care, and is a basis for quality improvement actions. Satisfaction, as a concept, typically measures the distance between expectations and perceptions across dimensions of experience. Patient-satisfaction tools used in hospitals and healthcare settings address individual patient experiences. The purpose of our study was to develop and pilot a questionnaire, assessing satisfaction with care provided by Public Health Nurses (PHNs) conducting population-level activities in their communities.

An instrument-development approach was used with a convenience sample of participants recruited by PHNs in six counties in two states. Instrument development occurred in stages.

After an exhaustive literature search of existing measures, a panel of five PHN experts met regularly in 2009 to develop the questionnaire content.

Several rounds of review and revisions led to improved item wording and to refinement of seven key dimensions of satisfaction: *VALUE* (overall contribution to group process and group activities, viewed as improving functioning and effectiveness of the group which is representing a population); *COMMUNICATION* (conveys information via verbal and written modes; viewed as understood, providing and receiving feedback, listening actively); *RESPECT* (conveys willingness to accept differing points of view without judgment); *LEADERSHIP* (viewed as providing direction ,vision, or support needed for the group to accomplish goals); E*NTHUSIASM* (conveys a desire and willingness to contribute to meeting the group's goals); *EXPERTISE* (conveys a command of, and shares, best practices and current knowledge on issues); and *POPULATION-FOCUS* (demonstrates understanding of connections between person, environment and health, and how to improve those connections). Most items referenced "groups and communities" as a means of keeping the population-focus for the respondent.

Analysis included calculating the means and alpha reliability of each satisfaction dimension and overall satisfaction. The scores for each subscale, as well as the overall population-patient satisfaction, reflected a high level of satisfaction with the PHNs providing more or much more than expected. The *enthusiasm* dimension of population-patient satisfaction received the highest rating, while the *respect* dimension had the lowest rating.

Overall, the sample of PHNs appeared to surpass expectations in working with community participants on all satisfaction domains, indicating that these PHNs successfully engaged in population-focused behaviours. The instrument's *communication* dimension deserves revision to improve its reliability.

The data collected through this questionnaire provide a basis for making quality improvement changes with regard to PHN population-focused practices and service delivery, as well as identifying satisfaction levels by subpopulations.

FACTORS AFFECTING PATIENT SATISFACTION AND HEALTH CARE QUALITY

Article in International Journal of Health Care Quality Assurance · February 2009

Cure is a fundamental health service expectation. Specifically, patient satisfaction is defined as an evaluation of distinct healthcare dimensions. It may be considered as one of the desired outcomes of care and so patient satisfaction information should be indispensable to quality assessments for designing and managing healthcare.Patient satisfaction enhances hospital image, which in turn translates into increased service use and market share. Satisfied customers are likely to exhibit favourable behavioural intentions, which are beneficial to the healthcare provider's long-term success. Customers tend to express intentions in positive ways such as praising and preferring the company over others, increasing their purchase volumes or paying a premium.

Studies confirm that high quality services are directly linked to increase market share, profits and savings. Generally service quality are also recognized as corporate marketing and financial performance driver. Like quality in most services, healthcare quality is difficult to measure owing to inherent intangibility, heterogeneity and inseparability features that patient participation in production, performance and quality evaluations are affected by their actions, moods and co-cooperativeness. Patients may be unable to assess medical service technical quality accurately; hence, functional quality is usually the primary determinant. Also, healthcare quality is more difficult to define than other services such as financial or tourism mainly because it is the customer himself/herself and the quality of his/her life being evaluated.

Patient satisfaction is a multi-dimensional healthcare construct which is affected by many variables. Healthcare quality affects patient satisfaction, which in turn influences positive patient behaviours such as loyalty. Patient satisfaction and healthcare service quality, though they are difficult to measure but can be operationalized using a multi-disciplinary approach that combines patient inputs as well as expert judgement.

Healthcare services are difficult to evaluate as credence values are high. There is a debate about how healthcare should be evaluated. While some authors feel patient perceptions are valuable healthcare quality indicators, others contend that health service quality should be evaluated by experts. Dimensions that determine patient satisfaction have been identified, including: health care output; access and caring. This article, by reviewing published research, found that patient satisfaction and healthcare quality are fundamental to improving health service performance and image.

THE EFFECTS OF INSTITUTIONAL CHARACTERISTICS ON INPATIENT SATISFACTION. A MULTILEVEL ANALYSIS.

In the last years an increasing interest for the benchmarking of health services' quality was observed across organizations. A comprehensive approach was mostly adopted in order to consider together the several measures of quality, including patient satisfaction.

This study aims at investigating the individual and organizational determinants of patient satisfaction with Tuscan public hospitals. Particularly, the analysis focuses on the effect of hospital characteristics (size, institutional status and percentage of patients who leave hospital against the medical advice) on overall evaluations and on the between-hospitals variability.

Four linear hierarchical models were applied in order to capture the influence of patient (level 1) and hospital (level 2) characteristics on: (i) overall patient satisfaction, (ii) patient experience with doctors and (iii) nurses assistance and (iv) with communication process. Moreover, ICCs were measured in order to investigate the amount of the overall variance explained at hospital level. Age, education, self rated health status, admission mode, residence, hospitalization ward and continuity of care were statistically significant predictors of patient satisfaction with hospital.

Furthermore, a negative influence of hospital size and percentage of voluntary discharge was observed. This study confirms findings of previous researches about the low between-hospitals variability, implying a moderate contextual effect that is much smaller than the personal one. Patients' feedbacks are essential in order to measure performance and to make healthcare professionals more aware of aspects enhancing users' satisfaction. Particularly, looking at the patient characteristics as well as the contextual elements that more influence the patient experience can be helpful in order to better identify the service area to be improved.

Patients' Ratings of the Quality of their Outpatient Visit to Clinical Officers in Kenya

Lack of data on the quality of care offered by Clinical Officers (COs) compromises the current efforts on health reforms in Kenya. The objective of this study was to assess patients' satisfaction with their outpatient visit to Clinical Officers. The assessment of quality is now considered an integral part in the delivery of health care services globally. The challenge has however, been on the identification of an appropriate tool kit for assessing quality. The concept of patient satisfaction is widely used to assess quality and the literature describes satisfaction as a psychological notion in which consumers reflect on their pleasure level. A common approach to define satisfaction is to relate it to consumers' desires or aims and the extent to which these are fulfilled after the phase of consumption. COs are legally recognized as qualified medical practitioners in Kenya. They are mid-level health care providers who go by other names such as medical assistants, physician assistants, clinical associates, assistant medical officers or primary care practitioners mainly in Sub Sahara Africa.

A Generalized Linear regression model was used to test for the association between patient variables with patient satisfaction scores. Two dependent variables were used in this study. The first was the mean value of the four items in the modified VSQ-9 which assessed access to care. The second was a composite score which was calculated as the mean of the items that assessed the direct interaction with COs. Patients' characteristics were taken as the independent variables. Categorical variables were separated into dummy variables with the omitted categories for sex, marital status, education, location and socio-economic class, being “male,” “not married,” “some college or university education,” “rural” and “high income”, respectively.

The results indicated the items in the modified VSQ-9 appear to measure two patients concerns: feelings induced by the COs and issues of access. The reported results revealed that the variables contained in each of these two factors occur together as distinct phenomena. This result is in agreement with existing literature and focusing on these two dimensions may be worthwhile. The relatively high response rate and the satisfactory psychometric properties reported with this tool point to its potential future usage in assessing patients' satisfaction.

The results can be used as an indicator of areas in the COs practice where action is required. They could be fed back to COs so that they can improve their performance relative to the needs

and expectations of their patients and the need to train COs in patient centered accountability appears to be required.

Measuring & managing patient satisfaction: Implementing Customer-Focused Strategy in Healthcare Using Patient Satisfaction Strategy Maps (PSSM)

The PSSM is a framework that links overall patient satisfaction to its antecedents and outcomes. This study describes how a satisfaction-based framework can be implemented in healthcare to measure patient satisfaction. It has used a real example to describe the various components of a PSSM, how it can be used for strategic planning and implementation, as well as for managing patient outcomes. This note describes a research methodology-survey measures, multivariate statistical analysis, and outcomesanalysis-to create and implement the PSSM approach. The approach can be used by a variety of healthcare providers ranging from independent practices to large hospitals. Customer satisfaction (CS) is a strategic imperative for service organizations because satisfied customers are likely to repatronize and recommend the firm, buy more and more varied offerings from the organization, and have lower retention costs; increased customer satisfaction also helps an organization to lower the cost of customer acquisition through positive word-of-mouth and recommendations to friends and family. Over time, a firm with relatively more satisfied customers experiences a virtuous cycle of positive financial performance.

The surveys typically focus on measuring patient satisfaction at the overall level, but may also measure key antecedents of patient satisfaction including patient expectations as well as providers' performance. In addition, it may measure likelihood to recommend, revisit, and engage in positive word-of-mouth. There is a very large body of research documenting the reliability and validity of different patient satisfaction scales. Quality of care is a strength because it has high importance and high performance. Waiting room has low performance and low importance; it should be monitored for future adjustments. If its importance increases over time, more resources may be devoted to increase performance. There is no strategic area with high importance but low performance. Attributes that are more strongly associated with overall satisfaction with quality of care have a higher importance weight than attributes that are weakly associated with it. Rather than work on all ten attributes, the importance performance chart enables a focus on three attributes with the highest importance weights. This is a key benefit of

the PSSM approach. It is much easier and more optimal to gain alignment on fewer attributes than all ten attributes. Explanation of condition has high importance and high performance. If the interest is to improve the strategic area quality of care, it may be done by focusing on improving explanation of condition. This may be accomplished by training physicians, developing protocols to ensure clear explanation, and other such tactical measures.

Quality of advice and exam thoroughness have a much lower importance weight and may not be the best levers for improving quality of care. Overall patient satisfaction is associated with a patient's age, and the purpose of the visit (routine visit, follow-up visit). However, it is not associated with a patients' income or gender. This study did not measure factors such as the size of the physician's practice, whether it uses electronic medical records, and the experience and credentials of its staff. The PSSM is flexible to accommodate changes across organizational units, changes over time, as well as the unique needs of specific patient segments. A meaningful self-evaluation must involve comparing oneself to others. The comparisons may be based on competitors, subunits within an organization, patient segments and subgroups. By identifying high-and low-performing groups and carefully comparing and understanding them, insights for implementation can be obtained. As part of the PSSM, performance information should be collected on a rolling basis over time (e.g., weekly, monthly, or quarterly). A PSSM provides measurable linkages to non-financial as well as financial outcomes.

The PSSM begins with the end user in mind, which is the patient. The nucleus of a PSSM is overall patient satisfaction. From there, a PSSM not only identifies patient-focused outcomes of relevance, but also the implementation blueprint. The implementation blueprint comprehensively examines all strategic areas and attributes but with a view to focus on those strategic areas and attributes that drive overall patient satisfaction. Such a focused approach conserves resources and improves implementation through alignment. Due to this the PSSM can become a useful tool for ensuring the long-term success of a healthcare organization.

PATIENT SATISFACTION WITH THE FAMILY PHYSICIAN PROGRAM

Patient satisfaction is an essential indicator of the quality of health services. Patient satisfaction with family physician services is a multidimensional subject and reflects the expectations, values

and experiences of patients. Moreover, patient satisfaction is an important factor for higher adherence to medical instructions, higher loyalty to physicians, lower risk of complaint about the family physician and more favourable results of treatments. Patient satisfaction also indicates the technical and professional competence of family physicians. Patient satisfaction with the family physician program is an important factor for more favourable treatment results. Evaluation of patient satisfaction improves the services and approximates them to patient's preferences. The family physician program has been executed since late March, 2005 in Iran. This study aimed to measure patient satisfaction with family physician services and determines factors affecting the level of satisfaction in order to propose appropriate suggestions for providing medical services based on patients' expectations.

The participants comprised 1263 people who were selected through stratified random sampling proportionate to the population covered in that centre. In each centre, the participants were selected through convenience sampling from the centre's waiting lists.

The data were collected by an inventory with 11 items about demographic specifications, waiting time and the importance of physician's sex and 40 items for assessing the level of patient satisfaction. total satisfaction did not show any significant differences in different groups in terms of sex, place of residence, education level and marital status. Also family physicians' sex did not affect patient satisfaction significantly. Based on results of regression model, an increase in patients' age by one year decreased their satisfaction by 0.12 and level of satisfaction in rural patients was lower than that in urban patients by 7.93.

The level of patient satisfaction with family physician services was moderate, which mostly arose from the components of the family physician program and services such as the waiting time, costs, welfare facilities, accessibility and the service-providing team rather than patients' personal characteristics.

According to the results of this study, patient satisfaction with family physician services was at a moderate level and regarding that the family physician program has been executed in the Islamic Republic of Iran for fewer than 10 years, patient satisfaction can be significantly improved through taking small steps from revising the cost of services to promoting welfare facilities.

HOW DO HOSPITAL NURSE STAFFING STRATEGIES AFFECT PATIENT SATISFACTION?

The division of labour in the typical nurse workforce in a hospital consists of three credentialing layers: (1) Registered nurses (RNs), (2) Licensed Vocational nurses (LVNs), and (3) Nurse's aides (NAs). Strong evidence exists that higher levels of hospital nurse staffing are associated with less adverse patient outcomes and that higher proportions of staffing with RNs relative to LVNs or NAs have an even greater positive impact on patient outcomes and quality of care. This existing literature showing better health outcomes resulting from increased RN staffing would reasonably be expected to translate into increased patient satisfaction as well.

Many authors argued that contingent workers are more likely to work harder, although this pattern is more commonly found among employees who have a possibility of moving up in the organization. This study was done on the basis of these hypothesises:-

Hypothesis 1: Hospitals with higher levels of RNs per bed will have higher average patient satisfaction.

Hypothesis 2a: Hospitals with more non-RN nursing hours as a proportion of total nursing hours will have lower average patient satisfaction on nursing-related measures.

Hypothesis 2b: Hospitals with more non-RN nursing hours as a proportion of total nursing hours will have greater patient satisfaction on non-nursing and amenity ("hoteling") measures.

Hypothesis 3: Hospitals with more contract RN nursing hours as a proportion of total nursing hours will have lower average patient satisfaction.

Data collection was done from California hospitals linked data from five databases for the years 2009 to 2011.

Results of the study shows that Hypothesis 1, which predicts that higher levels of RN staffing (RNs per bed) improves patient satisfaction, is partially supported by results.

Weaker support appears for Hypotheses 2a and 2b, on the impacts of nurse staffing mix on patient satisfaction. The random-effects results indicate that a greater proportion of LVN productive hours may negatively affect nursing-related satisfaction.

Hypothesis 3 predicts that the higher relative use of contract RNs will negatively affect overall patient satisfaction and nursing-communication related satisfaction, and this hypothesis is well supported by data. The share of contract RN hours in a hospital is a significant predictor of low patient satisfaction.

Using three years of data from California hospitals to analyse the relational aspects of the impacts of nurse staffing level, nursing-skill mix, and proportions of contingent and core RNs, it was found that hospital use of contract RNs reduces patient satisfaction. The findings have immediate and direct implications for hospitals. As hospitals move away from employing staffs composed of core RNs and toward employing higher shares of contract RNs, they have fewer patients who are highly satisfied. Specifically, higher proportions of contract RNs have significantly negative impacts on overall patient satisfaction and on patient satisfaction with nurse's communication. Although not always statistically significant, the impact of a higher proportion of contract RNs is almost always negative on satisfaction measures in other domains of service, facility amenities, and non-nursing-related aspects of patient care. Further research is needed to explore whether the relatively high use of contract RNs in hospitals affects other aspects of patient outcomes negatively and whether organizational mechanisms exist that may mitigate these negative impacts.

PATIENT SATISFACTION WITH HEALTHCARE AND HEALTH PLAN

To gain a competitive edge and thus increase profitability, providers of healthcare and health plans should therefore be interested in investigating what constitutes "better healthcare" from a consumer's point of view, what factors are important in determining patient satisfaction with healthcare and health plan, and which of these factors can be managed and marketed. Further, considering the tremendous growth and importance of the healthcare industry in the US economy, these questions and relationships should be of equal importance to marketing scholars interested in consumer behaviour. The main purpose of the present study is to investigate the construct patient satisfaction comprehensively. That is, unlike previous studies that usually

focused on either patient satisfaction we are examining both.Further the study combines predictor variables that have been previously identified by a number of different researchers and, thus, present a study that is more comprehensive than prior research in that it includes more independent variables than any preceding single study. If, however, the incremental effects of variables that are not under the control of the provider are found to be larger, then the situation becomes more problematic and it becomes questionable to what extent, if at all, marketers and managers of healthcare can step in and modify their offerings accordingly.

System performance was assessed by a number of questions relating to different dimensions of this construct. It was decided to utilize a set of questions that combined the measures used in these previous studies. Accordingly, the dimension SYSTEM PROBLEMS was assessed by asking a series of questions that measured whether respondents had experienced problems. The second dimension of system performance relates to accessibility (SYSTEM ACCESS).Regression analysis: satisfaction with healthcare as the dependent variable.The dependent variable satisfaction with healthcare, was measured by asking respondents to indicate their level of satisfaction on an 11-point itemized rating scale with the anchoring points "worst health care possible/best health care possible". The variables that had been developed to measure system usage included number of visits to the doctor's office or clinic in the previous 12 months and the summary variable contacts with plan.

In conclusion, the findings of the present study are of interest to providers of both healthcare and health plans. Interestingly, the variables with the greatest effect on satisfaction with healthcare and health plan are under the direct control of physicians and HMOs and focus on communication efforts with patients and enrollees. Firstly, to increase satisfaction with healthcare it is pivotal for doctors and their staff to work on their "bedside manners". As strongly suggested, most of the variables that have been found to affect satisfaction with healthcare can be positively influenced by doctors and nurses treating patients with courtesy and respect, being helpful, listening, explaining understandably and spending time with their patients. As previously suggested, such an improvement in bedside manners might also help less healthy, younger, female or more educated patients to become more satisfied with the healthcare they receive. Secondly, managers of health plans should work on reducing the problems their members apparently are experiencing.

The Patient Satisfaction Concept: A Review And Reconceptualization

Jagdip Singh, Case Western Reserve University

This paper briefly reviews the current state of the literature concerning the patient satisfaction concept and proposes a reconceptualization of this concept to guide future research. Issues pertaining to the conceptualization, measurement and operationalization of the concept of patient satisfaction are reviewed. Based on this review, the paper calls for further development in this concept. More specifically, we argue that careful examination of questions along the lines of "what is the patient satisfied with?" in addition to "what is patient satisfaction?" can potentially afford greater insights into the focal phenomenon.

The purpose of this paper is to review the current state of the literature concerning the patient satisfaction concept, and to make a case for its reconceptualization. In particular, it is argued that for theoretical and empirical reasons it is appropriate to consider the notion that L;;e patient satisfaction concept is a construct with multiple foci. According to the view discussed here, patient satisfaction is the result of a process of evaluation (and comparison) of the service obtained from an object (e.g., a physician) in the patient's health care system. The specific contribution of the paper stems from the recognition that the health care system is not a homogeneous entity. Rather, it is composed of multiple objects or constituencies, such as the physician, the hospital, and the insurance provider. This approach may represent a natural evolution of the patient satisfaction construct from a concept concerned with evaluation of global satisfaction to a more specific formulation that specifies what particular object in the health care system serves as the focus of patient evaluations.

This paper is organized around three parts. First, we review the patient satisfaction literature from conceptual, taxonomical and empirical perspectives. Next, we build the case for multiple foci of patient satisfaction evaluations. Finally, we discuss implications of the proposed approach to future research into patient satisfaction.

Nurse Perspectives on Patient Satisfaction and Expectation

In an effort to improve the quality of care during the past decades, international healthcare stakeholders have developed an increasing interest in providing care that meets patient's needs and expectations and enhances patient-centred care. Patient satisfaction, defined as the "degree of congruence between patient's expectations of care and the perceptions of the care actually received" has always been at the centre of patient-centred care models. Patient's preferences and values are also an integral component of evidence-based practice and decision-making. Addressing patient expectations is necessary to achieve high satisfaction. However, few data are available on nurse's perceptions and performance with respect to patient expectations and satisfaction. Objectives were this international multi-centre study aimed to evaluate nurse's attitudes and performance with respect to patient satisfaction and expectations, and to identify predictors of nurse's inquiry of patient's satisfaction at the point of discharge. The study was an International cross-sectional multi-centre study surveying clinicians from four academic hospitals with Implications for Evidence-Based practice. All registered nurses (with and without an academic degree) from the Medicine and Surgery Departments in each participating hospital were eligible for study participation. Questionnaire included 32 questions (28 multiple choice questions and 4 open-ended questions) assessing attitudes and performance toward patient satisfaction.

Similar response rates were observed between the four countries. Almost all nurses reported that they believe it is important to talk with patients about their satisfaction status and their expectations. Most of the nurses also agreed that it is important to respond to patient's satisfaction status in a structured way and to document satisfaction and expectations. However, the majority of nurses felt that clinicians do not have the sufficient training to cope with different patient satisfaction statuses and patients' expectations. Additionally, 85.5% of nurses believed that clinicians have low or moderate patient satisfaction status awareness. The lowest levels of asking or responding to patient satisfaction were reported in Israel. The U.S. nurses were most likely to ask about patient satisfaction whereas nurses in Denmark were most likely to have responded to patient satisfaction status.

This international study examined nurses' attitudes and performance with respect to patient satisfaction and identified predictors of routinely asking about patient satisfaction level near discharge to inform evidence-based practice. Although the vast majority of nurses felt that patients' satisfaction is important, only about 1 in 10 nurses routinely ask patients about their satisfaction and only one fifth of the nurses reported routinely addressing patient expectations. Among the four countries, Israeli nurses were least likely to either ask or respond to patient satisfaction. These findings imply the need for development and implementation of structured interventions and training programs to help nurses incorporate assessing, responding to, and documenting patients' expectations and satisfaction status into their daily workflow.

Study of Patient Satisfaction at a Super Specialty Tertiary Care Hospital

Patient Satisfaction can be defined as fulfilment or meeting of expectations of a person from a service or product. When a patient comes to a hospital, he has a preset image of the various aspects of the hospital as per the reputation and cost involved. Although, their main expectation is getting cured and going back to their work, but there are other factors, which affect their satisfaction. Sometimes, they might have rated a hospital very low on the basis of information, they have got from different sources, but they find it above their expectation and they are satisfied. Similarly, if they have got a very high expectation from a hospital, but if they find it below their expectation, they will not be satisfied. Hospitals have expanded in terms of availability of specialties, improved technologies, facilities and increased competition and the expectations of patients and their relatives have increased manyfold. Hospitals have evolved from being an isolated sanatorium to a place with five star facilities. The patients and their relatives coming to the hospital not only expect world-class treatment, but also other facilities to make their stay comfortable in the hospital. This change in attitude and expectation has come due to tremendous growth of media and its exposure, as well as commercialization and improvement in the facilities.

The aim of this study was to evaluate the level of patient/relatives' satisfaction at tertiary care teaching hospital and feedback from them for improvement of the same. The study was conducted by distributing 100 structured questionnaires amongst patients and their relatives to find out the factors, which satisfy them in a tertiary care super specialty hospital. The study was conducted by: 1) Review of available national and international literature on the subject; carrying out a survey amongst 50 patients and their relatives at one of the surgical units by using

structured questionnaire and by analysing the data using appropriate statistical methods. The questions asked were about the process of patient getting admitted, their reception in the ward, room preparation, behaviour of doctors, nurses, orderlies, food Services, cleanliness of toilet, etc. The questions were given same scale from excellent to poor for uniformity Of comparison. There were two open ended questions for their opinion about the problems and suggestions for improvement of services.

Eighty-two percent people were satisfied with the service at the admission counter while 81% were satisfied with room preparation at the time of admission. The nursing services satisfied 80% of people while 92% were satisfied with explanation about disease and treatment by doctor. The behaviour of nurses, doctors and orderlies satisfied 92%, 92% and 83% of people, respectively. The cleanliness of toilets satisfied only 49%, while diet services satisfied 78% of people.

It was find out that five major satisfiers were behaviour of doctors, explanation about disease and treatment, courtesy of staff at admission counter, behaviour and cooperation of nurses. The five major dissatisfiers were cleanliness of toilets, quality of food, explanation about rules and regulation, behaviour of orderlies and sanitary attendant and room preparedness.

On interaction with patients and their attendants, following suggestions came out for improvement:-

Admission: There is procedure of issuing only one attendant's pass. However, if a patient is sick or attendant is a lady and the attendant has to go out to get any medicines, etc. then he has problem. The policy of issuing two passes may have to be Reconsidered.

Room preparation:. Room Preparation should be improved by more cleaning, Anti-pest and anti-rodent measures.

Nurses' Behaviour: The working number of staff Nurses has decreased. This has started showing in their efficiency and behaviour. More number of staff nurses should be posted for patient care. Management should devise methods and increase Salary to attract and retain good nurses.

Toilets: The cleanliness of toilets should be Improved. It may be done twice a day.

It was observed that the **briefing about the rules** And regulations of hospital had got 14% average And 10% of poor response. It was one of the Biggest dissatisfiers. The patients and their relatives should be clearly informed in writing about the rules and Regulations. This should be available in Hindi also.

Explanation about disease and treatment by Doctors: Patient should be explained In detail about the tests and procedures to be Carried out and these should be pre planned and if possible may be done from the OPD itself. There were inadequate guidance for attendants about Care of postoperative patients.

Food services have got 12% average and 10% poor Response. It was the second major dissatisfier. The Quality and quantity of food should be improved.

Behaviour of Orderlies/Sweeper: Twenty-two Percent of the patients were disturbed by frequency Of visits by different staff at different time. The timing for activities like nursing, cleaning, ward rounds should be fixed, so that the patient is mentally prepared for the same and can take rest at other time.

Patient satisfaction linked to higher health-care expenses and mortality

A team of UC Davis researchers found that people who are the most satisfied with their doctors are more likely to be hospitalized, accumulate more health-care and drug expenditures, and have higher death rates than patients who are less satisfied with their care. Published in the *Archives of Internal Medicine,* the national study is believed to be the first to suggest that an over emphasis on patient satisfaction could have unanticipated adverse effects."Patient satisfaction is a widely emphasized indicator of health-care quality, but our study calls into question whether increased patient satisfaction, as currently measured and used, is a wise goal in and of itself," said Joshua Fenton.

Prior studies have shown that patient satisfaction strongly correlates with the extent to which physicians fulfil patient expectations, according to Fenton. "Doctors may order requested tests or treatments to satisfy patients rather than out of medical necessity, which may expose patients to risks without benefits," he said. "A better approach is to explain carefully why a test or treatment isn't needed, but that takes time, which is in short supply during primary-care visits."

Patient-satisfaction surveys are commonly conducted by health systems to evaluate patients' perceptions of their encounters with physicians. The results can be used to establish quality-improvement measures with the hope of strengthening patient loyalty. Fenton pointed out that because many physicians receive incentive compensation based on patient satisfaction, they may be reluctant to bring up the downsides of requested tests or treatments. Providers who are too

concerned with patient satisfaction may also be unwilling to bring up uncomfortable issues such as smoking, substance abuse or mental health, which may then go unaddressed.

In conducting the study, Fenton and his colleagues evaluated data from more than 50,000 adult respondents of the Medical Expenditure Panel Survey, a nationally representative survey of the U.S. population that assesses the use and costs of medical services. Respondents completed questionnaires about their health status and experiences with health care, including how often their health-care providers listened carefully, were respectful and spent enough time with them. Participants also were asked to rate their health care on a scale of 0 to 10. The data were linked to the national death certificate registry.

The study found that patients who were most satisfied had greater chances of being admitted to the hospital and had about 9 percent higher total health-care costs as well as 9 percent higher prescription drug expenditures. Most strikingly, death rates also were higher: For every 100 people who died over an average period of nearly four years in the least satisfied group, about 126 people died in the most satisfied group.

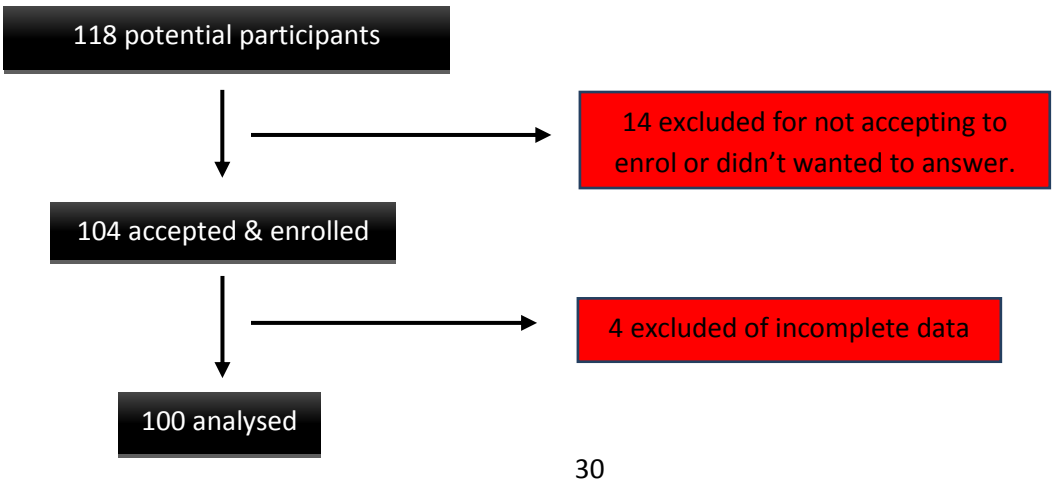
Interestingly, more satisfied patients had better average physical and mental health status at baseline than less satisfied patients. The association between high patient satisfaction and an increased risk of dying was also stronger among healthier patients. "We therefore think it's unlikely that more satisfied patients are somehow more sick and, in turn, more likely to die," said Fenton, who also noted a definitive cause-and-effect relationship could not be inferred from this study. The research team will next determine why more satisfied patients tend to be hospitalized more frequently by evaluating the clinical situations that lead to hospitalization for the least and most satisfied patients. They also intend to study why prescription costs are higher in the most satisfied group.

"Patients should be satisfied with their physicians, but ideally it's because their physicians guide them toward the best care and not merely because their physicians provide tests or treatments that may do more harm than good," said Fenton. The UC Davis Department of Family and Community Medicine provides comprehensive, compassionate and personal care for patients within the context of family and community. The medical team integrates a humanistic approach to treating the "whole person" with evidence-based care. Special areas of faculty research are health-behaviour change, physician-patient communication, chronic-illness care, women's health issues, and reducing racial and ethnic health disparities.

Patient satisfaction in office hysteroscopy, is there a link? Are patient satisfaction questionnaires reliable?

Office hysteroscopy is becoming increasingly popular leading to examinations and operations without anaesthesia. Anxiety is always present before an aversive medical intervention and may play a role in pain perception. The objectives of the study were to determine if pain perception is linked to anxiety and how well patient satisfaction questionnaires correlate with pain. Hysteroscopy is nowadays a routine technique, allowing direct visualization and diagnosis and is considered gold standard in uterine abnormal bleeding. Anxiety is almost always present before an aversive medical intervention and may play a role in pain perception. There seems to be a positive association between anxiety level and visual analog scale (VAS) pain reporting, and in some cases nervousness may lead to catastrophizing.

This work was supported by Portuguese iBiMED - Institute for Biomedicine and the Portuguese Foundation for Science and Technology. All women with scheduled OH were considered candidates. Only those who accepted to participate, had no acute infection, were not pregnant and had sufficient understanding of Portuguese reading and writing to be able to answer questionnaires were included.



Hysteroscopy was complete in ninety three cases and failed in seven. Those failures were rescheduled for the same procedure a few weeks later. Four cases were not successful at this second attempt and were then scheduled to hysteroscopy under anaesthesia. All cases were analysed irrespective of completion of procedure and pain score results refer to the first attempt at hysteroscopy. Hysteroscopy findings include normal cavity, polyp, endometrial hyperplasia, carcinoma, uterine septum and submucosal and intramural mioma. In contrast, this same Kruskal Wallis test shows significant association between pain score and replies from satisfaction questionnaires. The higher the pain score, the more likely women will complain and will be willing to accept medication for pain relief.

In the study, there was no association between anxiety and pain scores in women undergoing OH. Data also recommends classification of pain into “no pain”, “mild pain”, “moderate pain” and “severe pain”, should be revised in OH. Questionnaires on patient satisfaction may be useful and are reliable. They reflect closely patient nociceptive experience. Evaluation of acceptance of an unpleasant medical intervention with a three answer questionnaire accurately reflects nociceptive experience compared to VAS evaluation. These three answer questions are simple and more practical to use than VAS scoring. Three answer questionnaire objectively asking women about tolerability may be accurate, easy to use and give healthcare providers an alternative useful tool for assessing patient discomfort, when performing aversive medical interventions. Sensibility and specificity are both excellent for theses inquiries.

Review of literature-

Sharma and Chahal (1999) had done a study of patient satisfaction in outdoor services of private health care facilities. They had done a survey to understand the extent of patient satisfaction with diagnostic services. They have constructed a special instrument for measuring patient satisfaction. The instrument captures the behaviour of doctors and medical assistants, quality of administration, and atmospheres. The role of graphic characters like gender, occupation, education, and income is also considered. Based on their findings, they also

suggested strategic actions for meeting the needs of the patients of private healthcare sector more effectively. In their study provided suggestions like becoming more friendly and understanding to the problems of patients, maintaining cleanliness in the units, both internally and externally, providing regular report regarding the patients 'progress without waiting for them to demand, conducting surveys to know about the attitude of the patients with regard to the employees and adopting patient oriented policies and procedures.

Sharma and Chahal(2003) stated that due to increase awareness among the people patient satisfaction had become very important for the hospitals. The authors examined the factors related to patient satisfaction in government outpatient services in India. They said that there are four basic components which had impact on the patient satisfaction namely, behaviour of doctors, behaviour of medical assistants, quality of atmosphere, and quality of administration. They also provided strategic actions necessary for meeting the needs of the patients of the government health care sector in developing countries.

A study was done in **military hospital of turkey** to determine the aspects of hospital services that are most likely to affect patient satisfaction. The findings indicated that satisfaction with physician, nursing, physical plant, and food services were the main determinants of overall satisfaction with the hospital.

According to a survey of patient satisfaction **in community hospital**-To assess the satisfaction with the department and hospital services a questionnaire designed to reflect their opinions during hospitalization. The principal points of the survey concerned the general perception regarding the services in the department and the hospital, the admission and discharge procedures, the quality of food and sanitary conditions, an evaluation of the physicians' and nurses' skill and attitude, as well as their compliance to patients' needs. Overall satisfaction with the medical care was very high, the physicians' attitude and nurses' compliance being the two most important determinants. The role of this type of questionnaire as an instrument for improving health services is emphasized.

The concept of patient satisfaction

There is no consensus between the literatures on how to define the concept of patient satisfaction in healthcare. In Donabedian's quality measurement model, patient satisfaction is defined as

patient-reported outcome measure while the structures and processes of care can be measured by patient-reported experiences. Many authors tend to have different perceptions of definitions of patient satisfaction. Jenkinson C et al. (2002) and Ahmed et al. (2011) pointed out that patient satisfaction mostly appears to represent attitudes towards care or aspects of care. While Mohan et al. (2011) referred to patient satisfaction as patients' emotions, feelings and their perception of delivered healthcare services. On the other hand, other authors defined patient satisfaction as a degree of congruency between patient expectations of ideal care and their perceptions of real care received.

Measurement of patient satisfaction

The reviewed literature agreed on the fact that there is an impact of measuring patient satisfaction on quality improvement of care. Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans and provide benchmarking across the healthcare institutions.

In addition, due to the tendency of healthcare industries to concentrate on patient-centred care; patient satisfaction reflects patients' involvement in decision making and their role as partners in improving the quality of healthcare services. Mohan et al. also deemed the significant correlation between measuring patient satisfaction and continuity of care where the satisfied patients tend to comply with the treatment and adhere to the same healthcare providers. Patient satisfaction represents a key marker of communication and health-related behaviour. In contrast, some of the literatures dismiss patients' views as a wholly subjective evaluation and an unreliable judgment of the quality of care.

Basically, there are two approaches for evaluating patient satisfaction-qualitative and quantitative. The quantitative approach provides accurate methods to measure patient satisfaction. Standardized questionnaires (either self-reported or interviewer-administrated or by telephone) have been the most common assessment tool for conducting patient satisfaction studies.

Rationale-

Patient satisfaction has become one of many important objectives for health services. The patient satisfaction survey is becoming the primary tool of assessing the aspect of health care. Patient satisfaction surveys provide a "snapshot of patients' opinions" of one's healthcare practice. One of the major goals of healthcare organizations is that patients and families will be highly satisfied with their entire experience in their patient visit and hospital stay.

A healthcare organization's purpose is to measure, analyze and report the degree to which they are meeting this goal within their organization.

Patient satisfaction is one of the important dimensions to measure the quality of health care. Patient satisfaction is linked to patient expectation, health status and personal characteristic, as well as the health care service dimensions.

Patient feedback also serves as an indicator in creating a bench mark for a hospital to be established for superior performance. Improving patient care has become a priority for all healthcare providers with the overall objective of achieving a high degree of patient satisfaction.

Key elements of customers' satisfaction/dissatisfaction-

1. Expectations-the customers come to the hospital with the expectation of satisfaction because they believe that there is someone to care, respect and empathy towards them during they stay in the hospital. They naturally develop expectations about high quality service.
2. Performance-during the usage of services, the customer experiences the actual quality and perceives its performance and therefore their feedback is very important to us.
3. Comparison-customers compare their experience after usage with pre-usage expectations.
4. Confirmation-comparison of expectations with actual performance results in satisfaction or dissatisfaction.
5. Discrepancy-if the performance levels are not equal, it will end up in discrepancy.

Goal / Aim-

To provide better health care services to the community as per quality standards to improve patient satisfaction level.

Research question-

What is the satisfaction level of patients regarding quality health care of the hospital?

Objectives-

- To identify factors influencing current level of patient satisfaction.
- To study existing levels of satisfaction among the patients.
- Suggest recommendations for improvement.

Methodology-

- Study design- Descriptive study.
- Sampling procedure- convenience sampling method.
- Sample size- 100 patients
- Study Area- Monilek Hospital and research Centre, Jaipur.
- Study period-data collection period- March to April, 2016.
- Data Collection Tool- Primary data was collected through a Questionnaire.

Data collection tool-

Questionnaire- A Questionnaire for patient satisfaction which will assess the areas of hospital services as well as quality dimensions for patient satisfaction.

- Close ended questionnaire.
- Based on 4 parameters-Below Satisfactory, Satisfactory, Above Satisfactory and Not

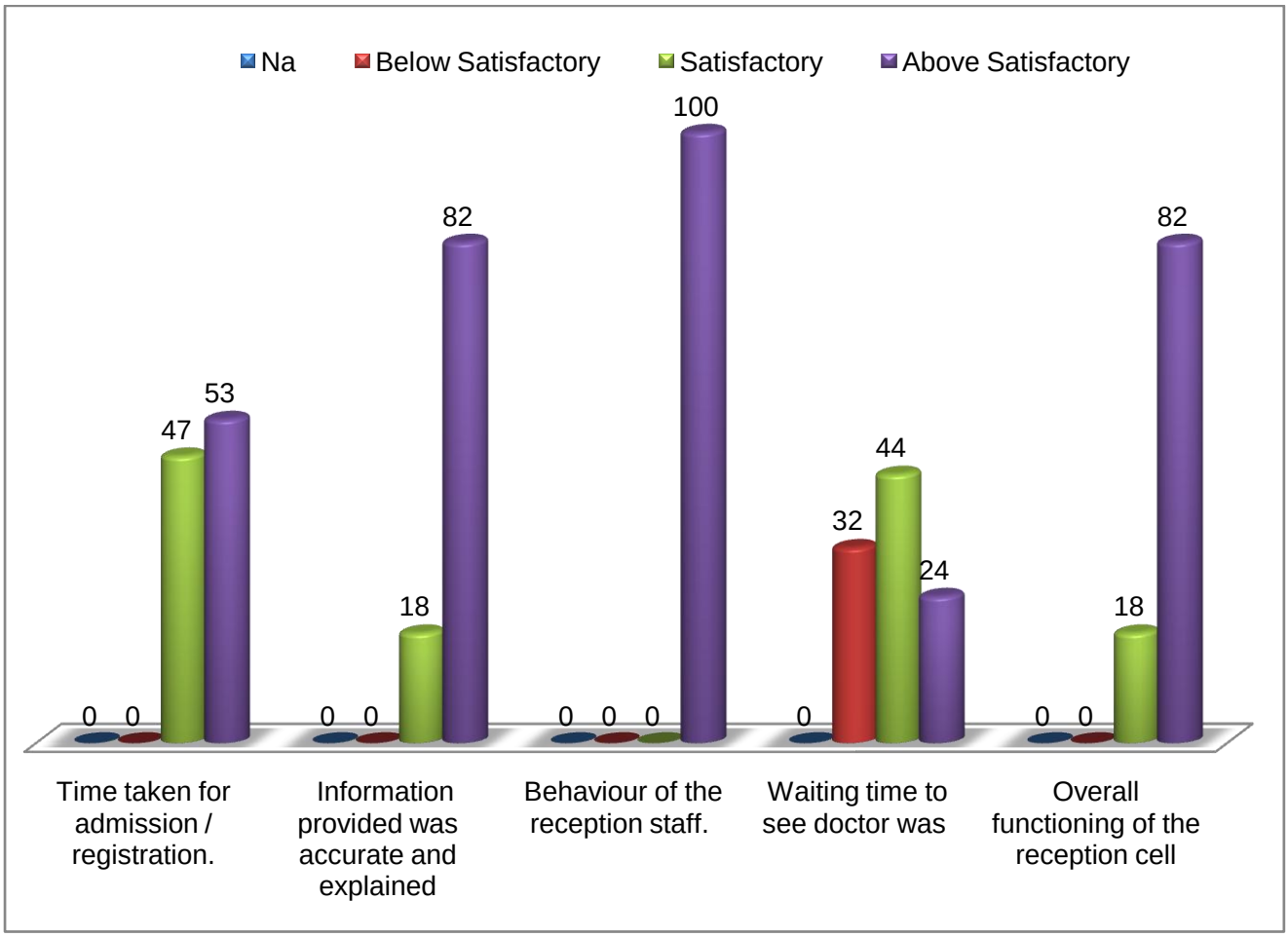
Applicable.

Data Analysis and Interpretations-

In this Survey, data was collected through a close ended questionnaire which was based on four (4) parameters which are Below Satisfactory, Satisfactory, Above Satisfactory and Not Applicable. Questions were made on departmental basis. Questionnaire includes various departments such as:-

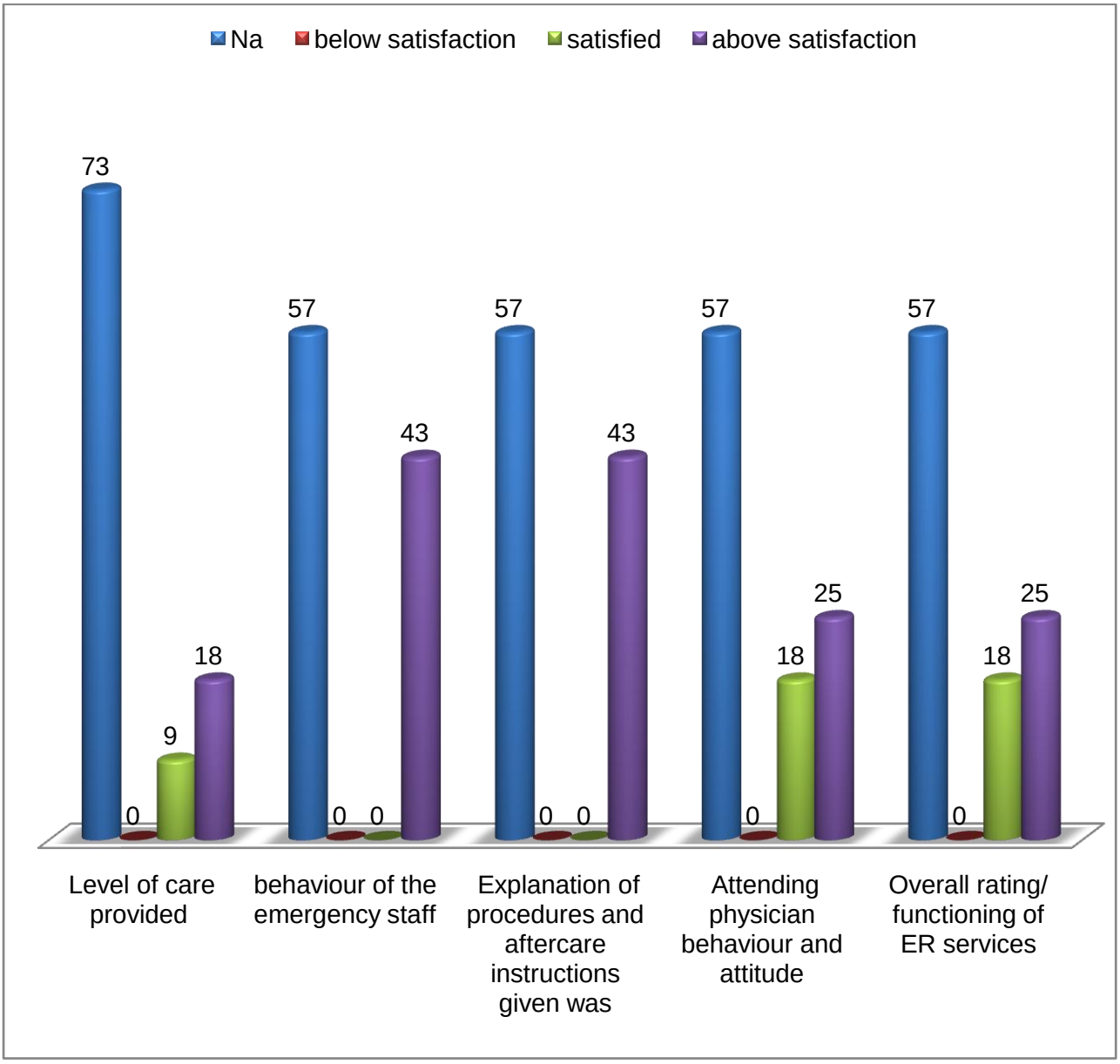
- Front Office/ Enquiry Counter
- Emergency Services
- Nursing Staff
- Physician/Doctor
- Dietary/ Nutritional Services
- Upkeep Of Services
- Housekeeping Services
- Diagnostic And Ancillary Services
- Dispensary

FRONT OFFICE/ ENQUIRY COUNTER



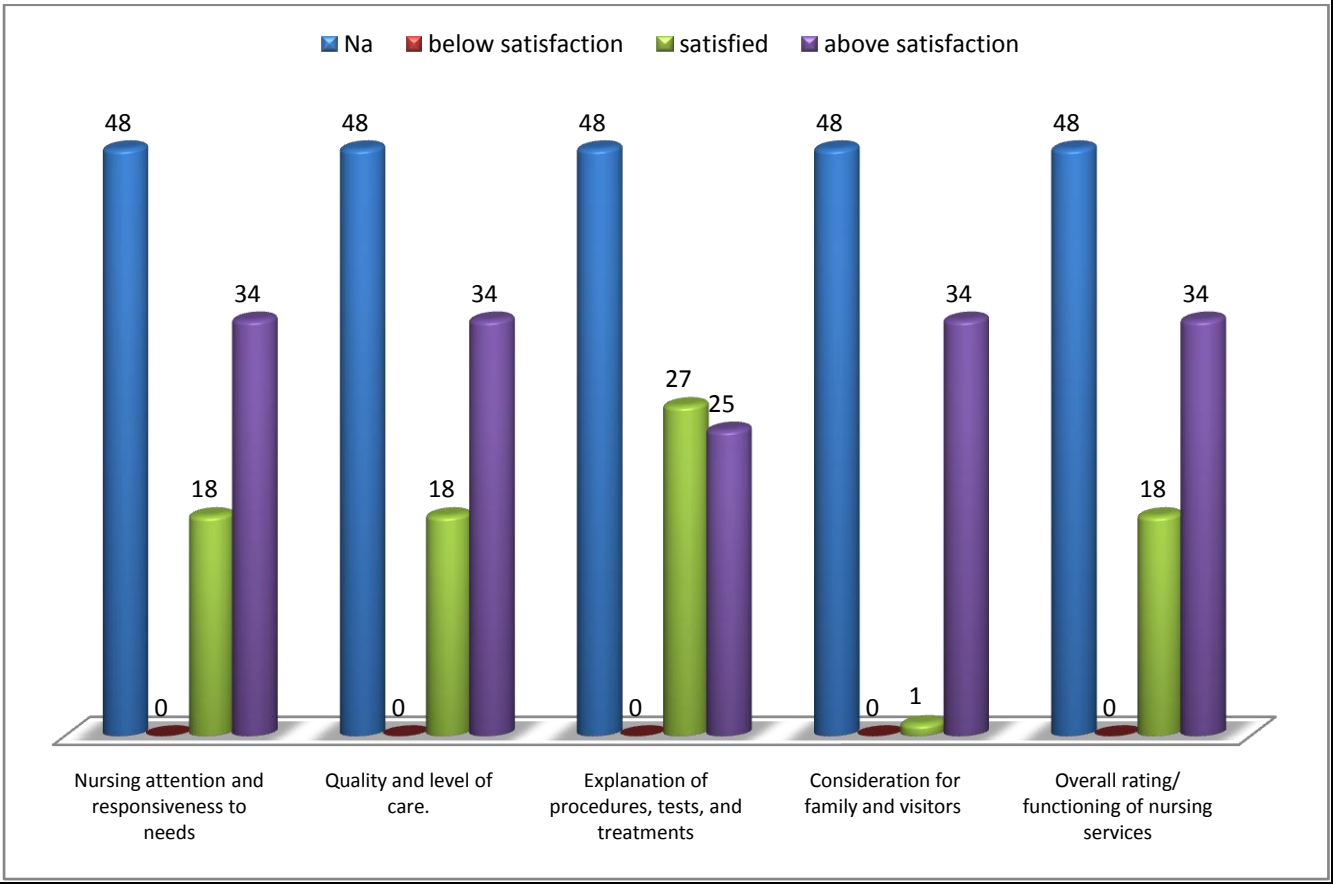
- All 100 patients completed the survey for the Front office counter. Their overall satisfaction with the department rated 82% for Above Satisfactory.
- But 1/3rd of those patients were not satisfied with the waiting time to see doctor.

EMERGENCY SEVICES



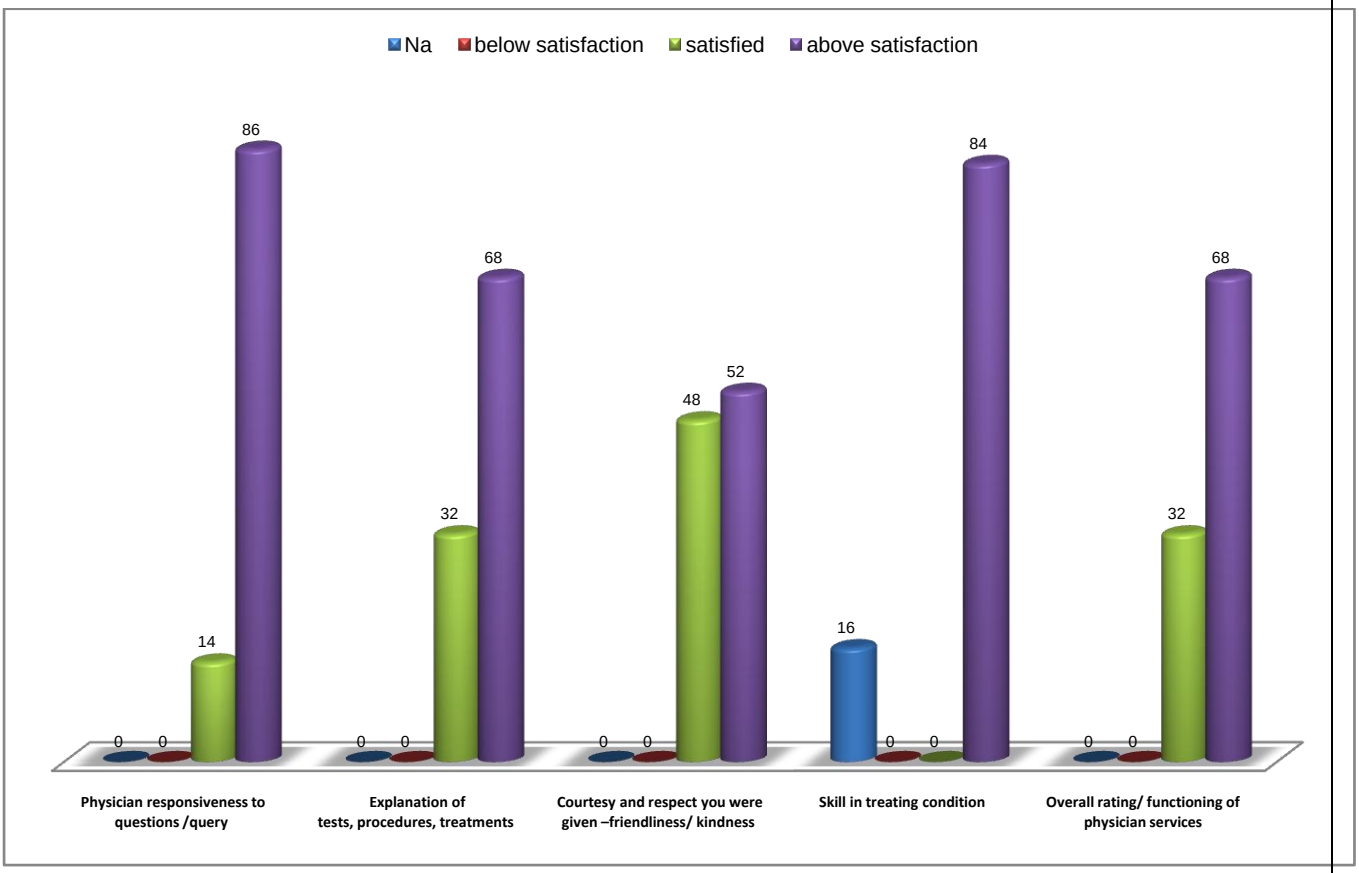
- According to the analysis, this graph predicts that majority of the patients did not avail emergency services and those who avail are highly satisfied with the services.
- There were only 43% patients that apparently entered the facility through the emergency department. Their overall satisfaction level was Above satisfactory. Area which deserve attention: Attending physician behaviour and attitude.

NURSING STAFF



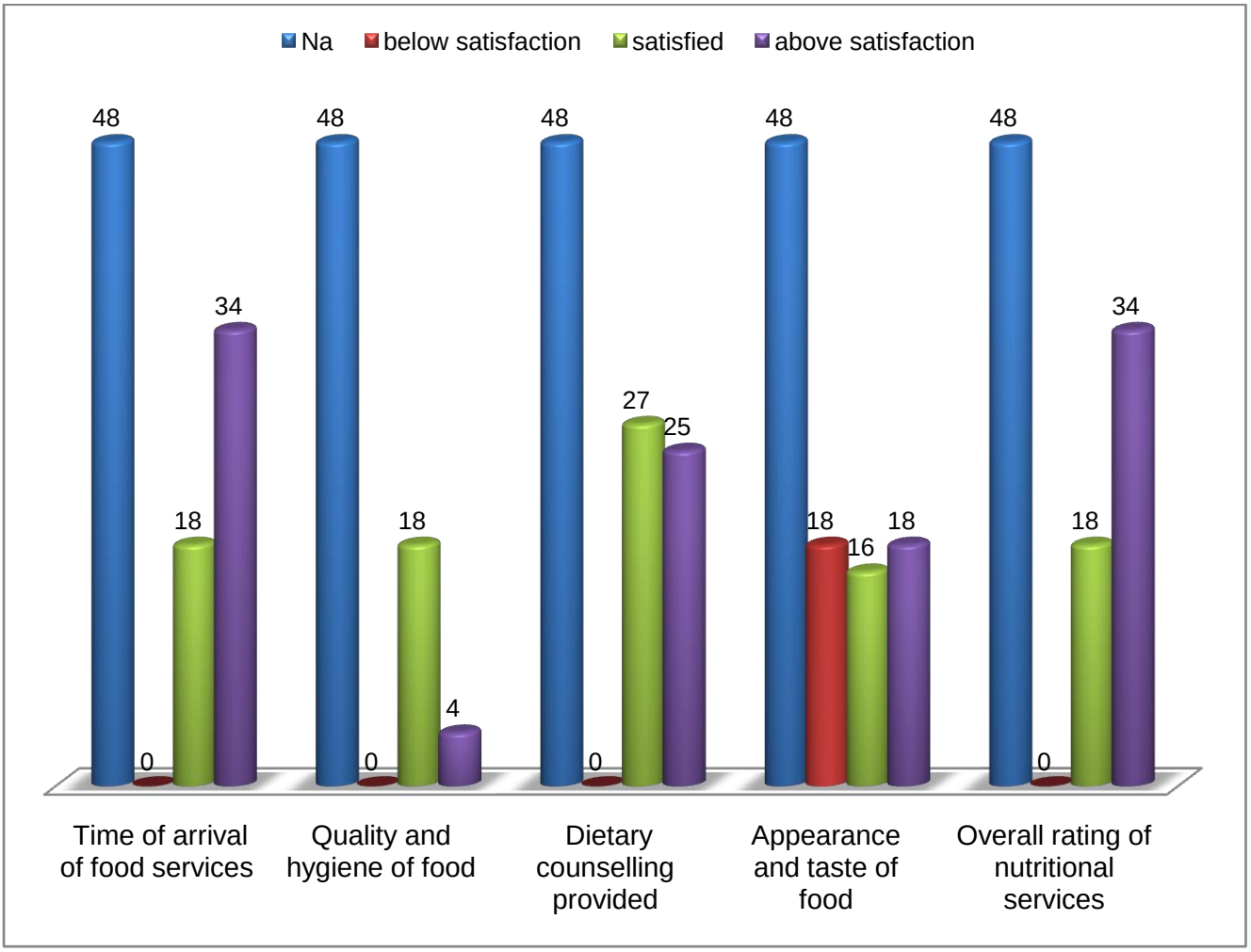
- The above graph shows that 48% of the patients did not avail nursing services and 34% of the patients were rated nursing services as above satisfactory.
- There were only 52% patients who avail the facility of Nursing Department. Their overall satisfaction level was Above satisfactory. Area which deserve attention: Explanation of procedures, tests and treatments.

PHYSICIAN/DOCTOR



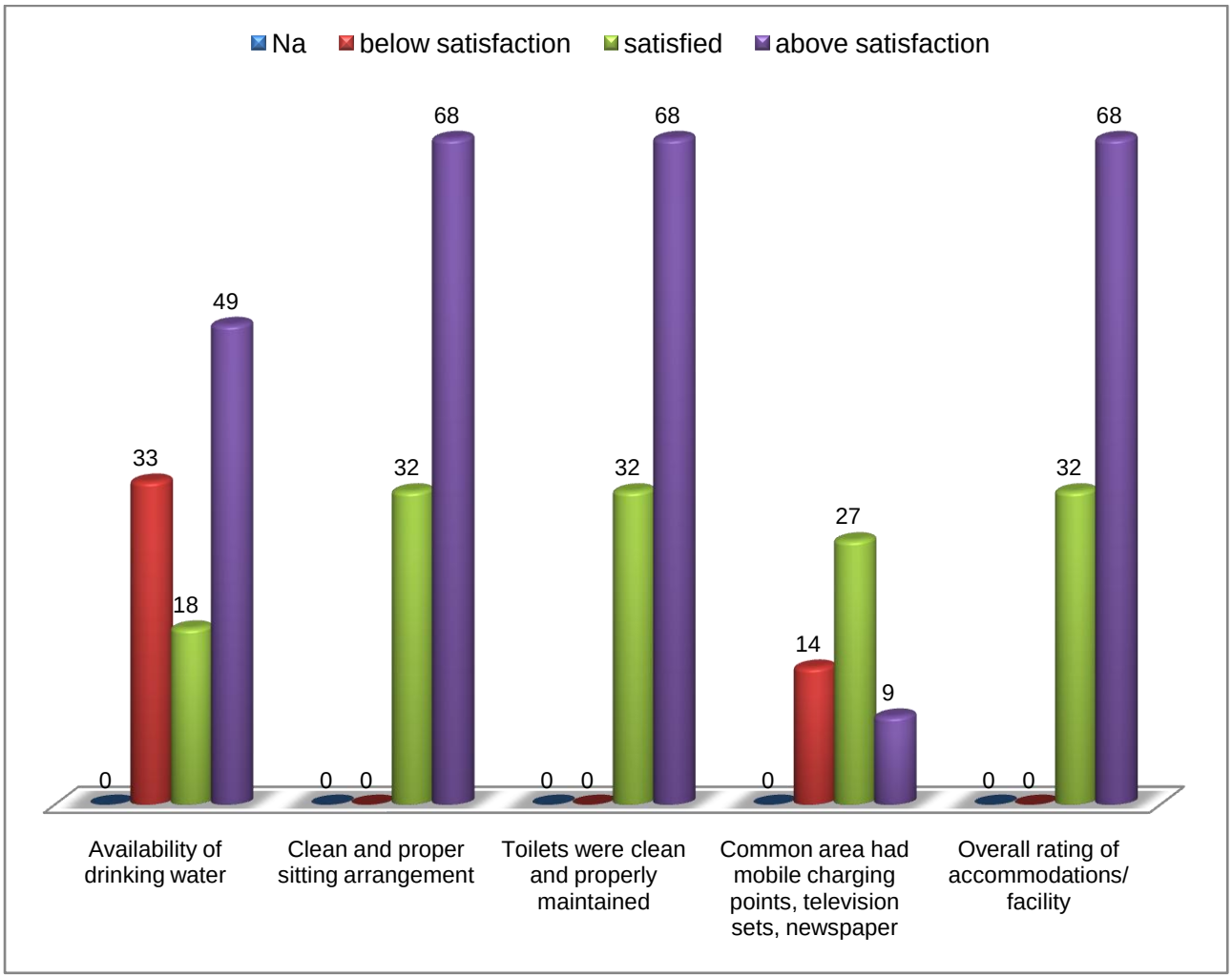
- The above graph shows that most of the patients were satisfied with the services provided by physician or doctors.

DIETARY/ NUTRITIONAL SERVICES



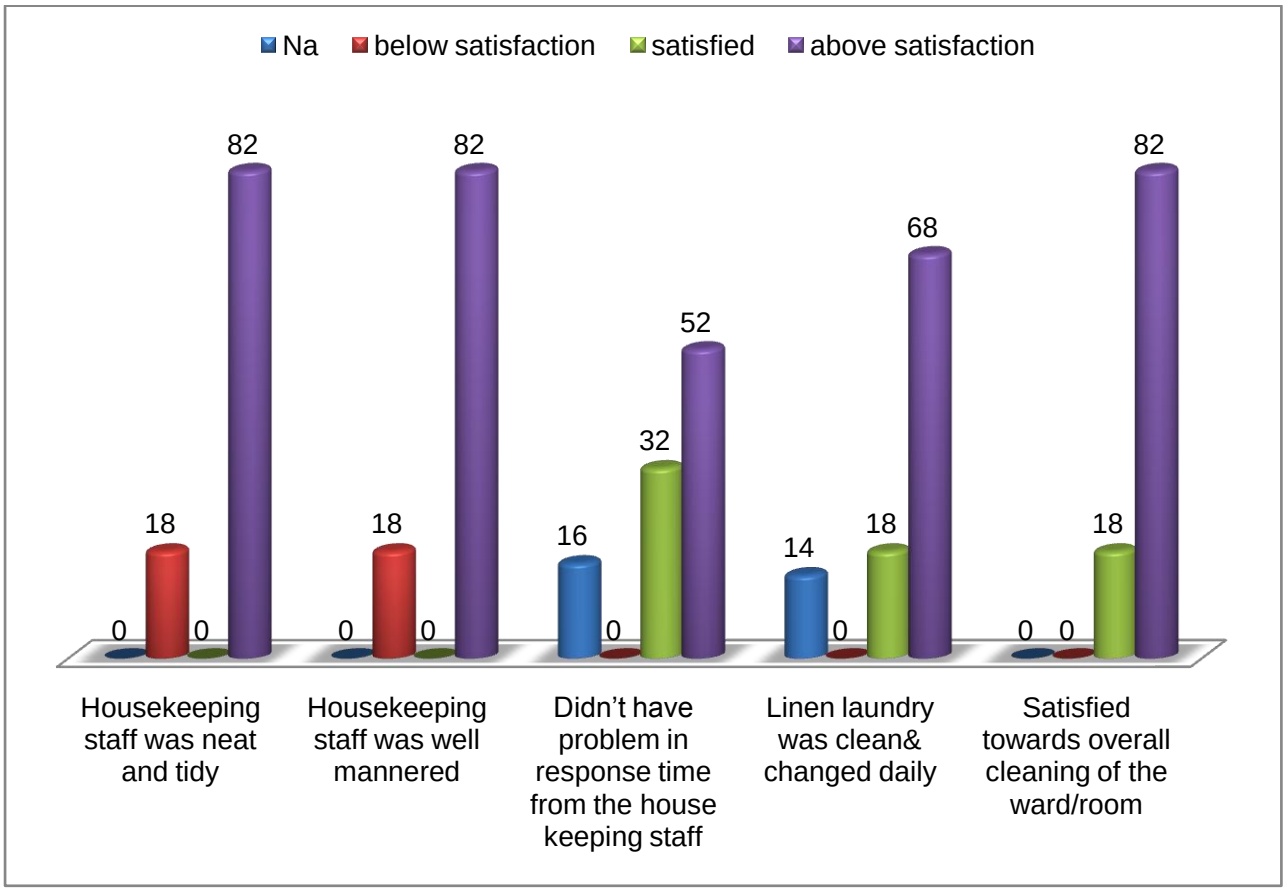
Above figure shows that 48% of the people did not avail dietary services of the hospital and around 18% of patients were satisfied with the services but 18% of patients complained about the appearance and taste of the food.

UPKEEP OF SERVICES



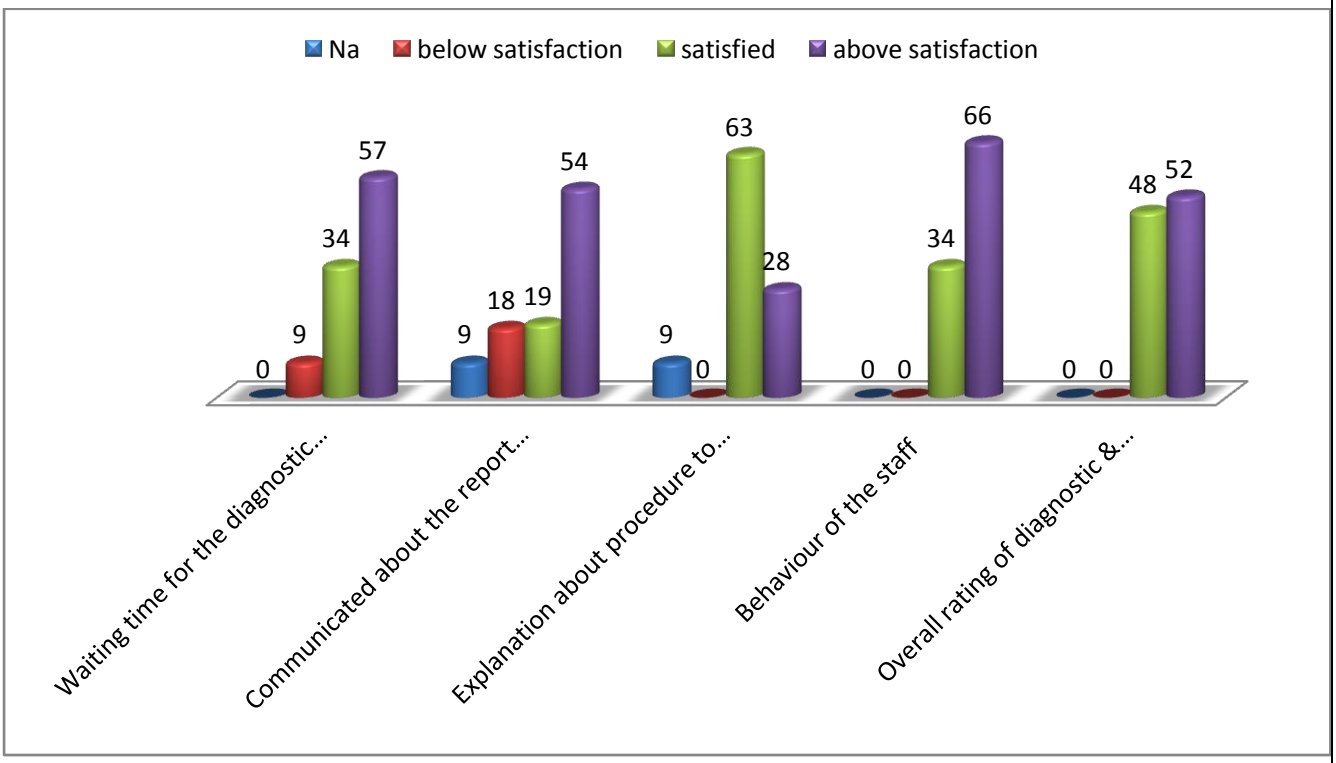
- The above graph predicts that more than half of the patients were highly satisfied with the services provided to them in the premises but at the same time 1/3rd of patients were not satisfied with the drinking water facility.

HOUSEKEEPING STAFF



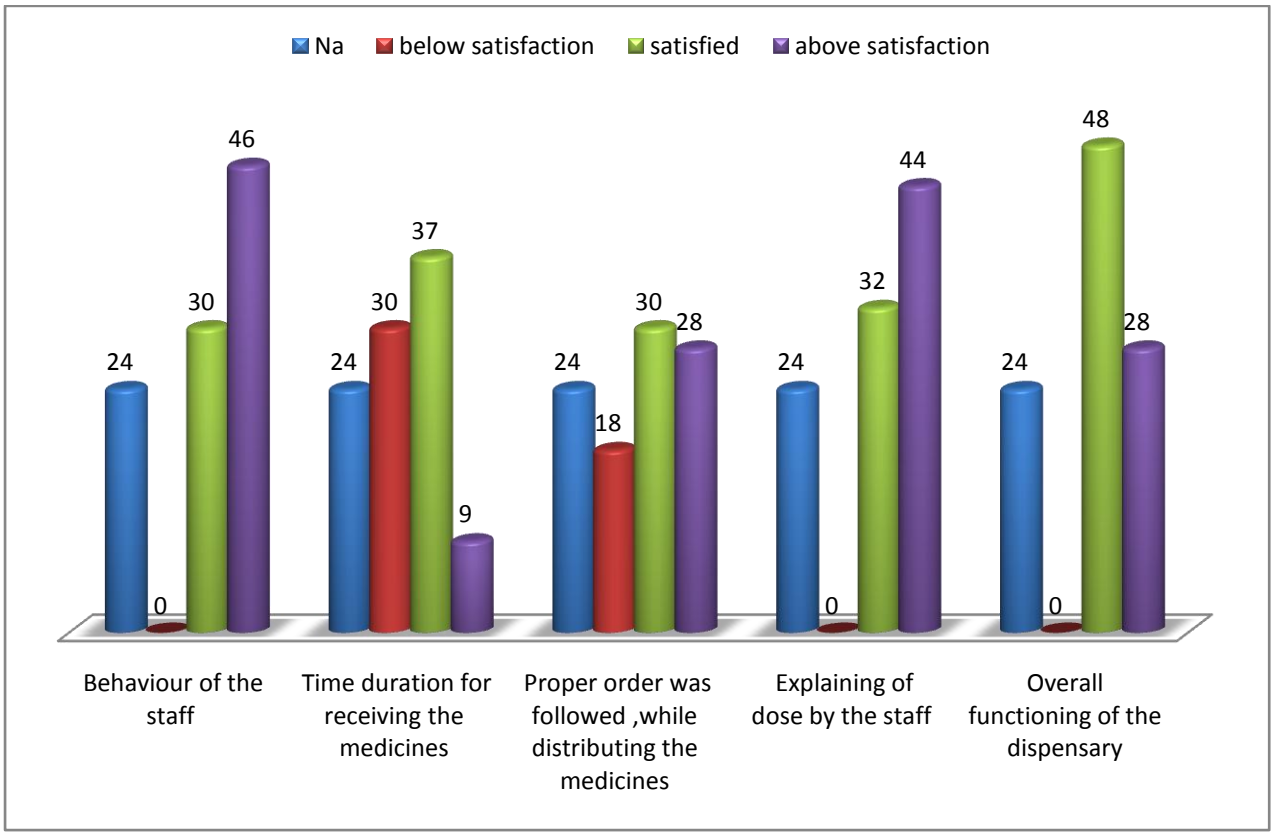
- According to this data it is predictable that most of the patients were satisfied with the housekeeping facility but 18% of patients were rated this department as below satisfaction level as they were not satisfied with the cleanliness and mannerism of staff.

DIAGNOSTIC & ANCILLARY SERVICES



- Above figure represents that around 50% of the patients rate diagnostic services as above satisfactory and others were satisfied with the services.

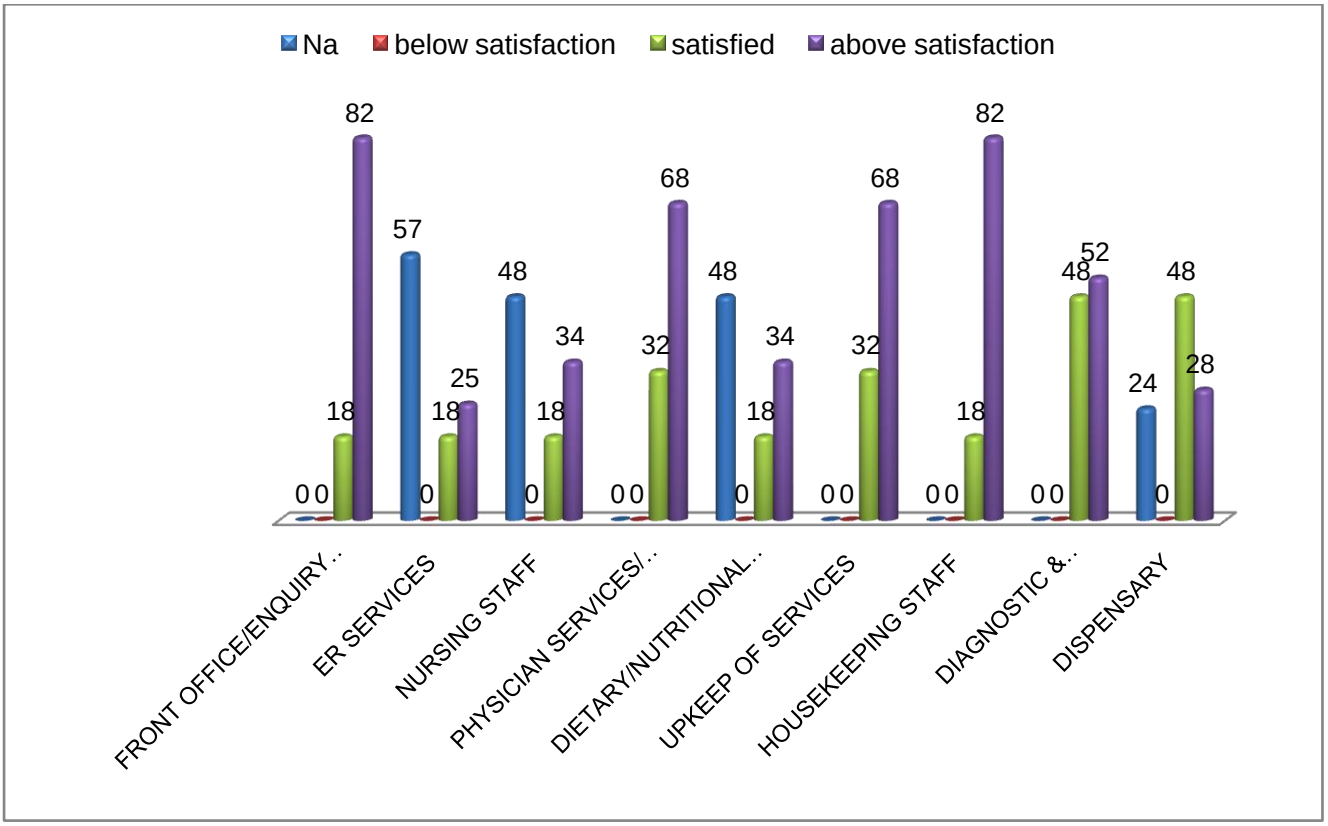
DISPENSARY



- Dispensary department analysis shows that 24% of the patients did not avail services and those who avail were rate them as Satisfactory and above satisfactory.

OVERALL SERVICES

When patients were asked to select how satisfied they were with their stay overall, the ratings were above satisfactory in most of the cases.



- A comparison of the overall rating for each of the different elements of a hospital visit indicates that patients are most satisfied with the Enquiry Counter and Housekeeping Facilities provided.

CONCLUSION

In this project, a study was done on determinants of patient satisfaction and Level of patient satisfaction and results were identified based on the tool used for survey that is close ended Questionnaire.

Results of the above analysis suggested that majority of the patients were rated hospital services as above satisfaction. But there are some departments or areas that need improvement, like: Patients were not satisfied with the waiting time to see doctor, Explanation of procedures,tests and treatment given by doctors or nurses, entertainment facilities of waiting area and so on.

On the basis of these findings some recommendations were given to the organisation to improve the patient satisfaction level and to retain their customers.

RECOMMENDATIONS-

- Organisation can start token system for OPD patients to reduce the quos between patients and to maintain decorum of the hospital.
- There should be regular quality assessment for food or nutritional service. Dietician must go and check quality of food.
- A uniform signage system should be developed and it need to be bilingual.
- Scope of Services should be displayed at Enquiry counter.

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ANNEXURE

Monilek Hospital & Research Centre Jaipur

Patient satisfaction survey

Ratings: 1= below satisfactory

2= satisfactory

3= above satisfactory

4= Not Applicable(NA)

Service 1 : FRONT OFFICE/ENQUIRY COUNTER

Service	1	2	3	4
Time taken for admission / registration.				
Information provided was accurate and explained.				
Behaviour of the reception staff.				
Waiting time to see doctor				
Overall functioning of the reception cell.				

Service 2: ER SERVICES

Service	1	2	3	4
Level of care provided				
Explanation of procedures and aftercare instructions given.				
Behaviour of the emergency staff.				
Attending physician behaviour and attitude.				
overall functioning of er services.				

Service 3 : NURSING STAFF

Service	1	2	3	4
Nursing attention and responsiveness to needs.				
Quality and level of care.				
Explanation of procedures, tests, and treatments				
Consideration for family and visitors				
Overall functioning of nursing services.				

Service 4 : PHYSICIAN / DOCTORS SERVICES

Service	1	2	3	4
Physician responsiveness to questions / query				
Explanation of tests , procedures, treatments				
Courtesy and respect you were given -friendliness/ kindness.				
Skill in treating condition				
Overall functioning of physician services.				

Service 5 : DIETARY SERVICES

Service	1	2	3	4
Time of arrival of food services.				
Quality and hygiene of food.				
Dietary counselling provided.				
Appearance and taste of food.				
Overall functioning of dietary services.				

Service 6 : UPKEEP OF SERVICES

Service	1	2	3	4
Availability of drinking water**.**				
Clean and proper sitting arrangements.				
Toilets were cleaned and properly maintained .				
Common area had mobile charging points, television sets , newspaper .				
Overall functioning of upkeep services.				

Service 7 : HOUSEKEEPING SERVICES

Services	1	2	3	4
Housekeeping staff was neat & tidy				
Staff was well mannered				
Didn't have problem in response time from housekeeping staff				
Linen laundry was clean & changed daily				
Satisfied towards overall cleaning of the ward/room				

Service 8 : DIAGNOSTIC & ANCILLARY SERVICES

Services	1	2	3	4
Waiting time for the diagnostic services				
Communicated about the report collection time, date & location				
Explanation about procedures to be performed/medicine to be consumed				
Behaviour of the staff				
Overall rating of diagnostic & ancillary services				

Service 9 : DISPENSARY SERVICES

Services	1	2	3	4
Time duration for receiving the medicines				
Proper order was followed, while distributing the medicine				
Explaining of the dose by the staff				
Behaviour of the				

staff				
Overall functioning of the dispensary				

Service 10 : FEEDBACK ABOUT THE HOSPITAL

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