

**A STUDY ON PATIENT SATISFACTION AND TIME & MOTION TOWARDS
SERVICES IN RAGHUNATHPUR SUB-DIVISIONAL/SUPER-SPECIALITY
HOSPITAL**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

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Date: 14/06/2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr.Shibendu Goswami**, currently enrolled in the MBA (Hospital and Health Management), student from IIHMR University, Jaipur, Rajasthan has completed his Training / Internship programme on the study report entitled – “**A Study on Patient Satisfaction and Time & Motion towards services**” at Raghunathpur Super Speciality Hospital, Purulia from 15/03/2024 to 14/06/2024 under Department of Health & Family Welfare, Govt. of West Bengal under the guidance of Dr.Sudipa Banerjee, Superintendent, Raghunathpur Sub Divisional / Super Speciality Hospital, Purulia

His Conduct during the said training period was good and I wish him a bright career ahead.

Thanks

Sudipa Banerjee
Dr.Sudipa Banerjee 14/6/24
↓ Superintendent, WBPHAS
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DECLARATION BY STUDENT

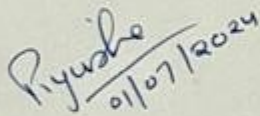
I hereby declare that this dissertation titled “A STUDY ON PATIENT SATISFACTION AND TIME & MOTION TOWARDS SERVICES AT RAGHUNATHPUR SUB - DIVISIONAL / SUPER SPECIALITY HOSPITAL” is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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Date : 14.06.2024

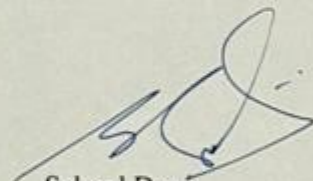
CERTIFICATE

This is to certify that dissertation titled **“A STUDY ON PATIENT SATISFACTION AND TIME & MOTION TOWARDS SERVICES IN RAGHUNATHPUR SUB-DIVISIONAL/SUPER SPECIALITY HOSPITAL”** is a record of the research work undertaken by **Mr. Shibendu Goswami** in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific and analytical.

A handwritten signature in blue ink, appearing to read 'R. Yashwanth', with the date '01/07/2024' written below it.

Faculty guide,

IIHMR University, Jaipur

A handwritten signature in blue ink, appearing to be a stylized 'S.D.', with the date '01/07/2024' written below it.

School Dean,

IIHMR University, Jaipur

01/07/2024.

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June, 2024

Shibendu Goswami

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CHAPTER 1

INTRODUCTION

BACKGROUND

Patient satisfaction, though not clearly defined, is recognised as an important indicator of the quality of service delivery. Evaluating patient care is crucial for identifying opportunities for improvement, such as strategically framing health plans, which can sometimes surpass patient expectations and serve as benchmarks.¹ Since 1990, the healthcare industry has increasingly focused on continuous quality improvement. Donabedian's advocacy for including patient perception in quality assessments has led healthcare managers to prioritise patient-centred care in their missions. Those striving for excellence consider patient perception when designing quality improvement strategies. Recently, healthcare regulators have adopted a market-driven approach, using patient satisfaction surveys as tools for enhancing overall organisational performance. In 1996, it became mandatory for all French hospitals to evaluate patient satisfaction.¹ In Germany, satisfaction measurement has been a requirement in quality management reports since 2005. Since 2002, the Department of Health (DOH) has mandated that all NHS trusts in England conduct annual patient satisfaction surveys and report the results to their regulators. Consequently, measuring patient satisfaction has become a valid indicator for enhancing services and achieving strategic goals in all healthcare organizations.¹

There is no consensus in the literature on how to define patient satisfaction in healthcare. In Donabedian's quality measurement model, patient satisfaction is considered a patient-reported outcome measure, while the structures and processes of care are assessed through patient-reported experiences. Various authors have differing views on the definition of patient satisfaction. Jenkinson C et al. (2002) and Ahmed et al. (2011) suggest that it primarily reflects attitudes toward care or specific aspects of care. Mohan et al. (2011) describe patient satisfaction in terms of patients' emotions, feelings, and perceptions of the healthcare services they receive. Other authors define patient satisfaction as the degree to which patient expectations of ideal care align with their perceptions of the actual care received.¹

Managed healthcare has created competition among providers based on service levels, with patient satisfaction serving as a key indicator. Clinically, patient satisfaction is regarded as an essential and critical component of quality care (Bowman et al., 1992; Cleary et al., 1989; Ruggeri et al., 1996; van Campen et al., 1995). This focus on patient satisfaction has led many

healthcare providers to reassess the quality of satisfaction reporting and the methods for gathering satisfaction information within their organisations. Research is necessary to accurately evaluate patient satisfaction, providing a consumer perspective for healthcare managers and clinicians who must decide how to structure patient care (Dull et al., 1994; Russell, 1994).²

Policymakers are very interested in the relationship between hospital performance on patient satisfaction measures and objective measures of surgical quality. A strong positive correlation would indicate that measuring both is redundant, as they provide similar information about hospital quality. Conversely, a negative correlation would imply that incentivising one measure could undermine efforts to improve the other. If there is no relationship, it suggests that these are independent domains of quality, each requiring separate focus.³ The pursuit of high patient satisfaction scores may prompt health professionals and institutions to engage in poor medical practices by accommodating patient requests for unnecessary and potentially harmful treatments. While patient satisfaction is crucial, particularly when it reflects being treated with dignity and respect, and patient satisfaction surveys play a valuable role in evaluating healthcare, certain uses and consequences of these surveys can mislead healthcare practices.⁴ Patient satisfaction refers to a person's feelings of pleasure or disappointment resulting from the perceived performance or outcome of a service in relation to their expectations. This definition highlights that satisfaction is a function of perceived performance and expectations. If performance falls short of expectations, the patient is dissatisfied; if it matches expectations, the patient is satisfied; and if it exceeds expectations, the patient is highly satisfied or delighted. Patient satisfaction is a crucial and commonly used indicator to measure the quality of care, contributing to a balanced evaluation of the structure, process, and outcome of services. It is a subjective and multidimensional phenomenon influenced by various factors, including the accessibility and convenience of services, institutional structure, interpersonal relationships, the competence of health professionals, and patients' expectations and preferences. Increasing importance is being placed on the satisfaction of patients and their caregivers with hospital care, recognising patient satisfaction as a key parameter for assessing the quality of patient care services.⁵ Patient satisfaction is particularly important for inpatients who are seriously ill and require extensive nursing care and various services, leading them to have high expectations of hospitals. Patient

satisfaction surveys not only help hospital administrators revise patient-care strategies but also provide insights into patients' health-related behaviour. Over the past decade, patient satisfaction has become a buzzword. Hospitals have realised that loyal patients are invaluable to their business. In today's competitive healthcare market, patients demand more than just satisfaction; they are increasingly difficult to attract and more demanding. As a result, patient satisfaction has become a high priority for hospitals and health plans across the country due to its impact on patient loyalty, hospital reputation, perceptions of quality care, employee satisfaction and retention, and the hospital's bottom line.⁵

Patient satisfaction is crucial for achieving healthcare goals, as it influences patients' decisions to follow prescribed treatments and seek professional healthcare in the future. A patient's satisfaction is not solely influenced by the quality of care and physicians but also reflects how medical care is delivered. While the primary expectation is to be cured and return to normal life, other factors also affect satisfaction. To maximise satisfaction beneficially for both patient and provider, management must control both the perception of expectation and the quality of healthcare service delivery. Patients are the foundation of medical practice, and their satisfaction is essential both during and after hospital stays. Therefore, patient satisfaction has become a key determinant of hospital functioning and is an internationally accepted factor that requires ongoing study for the smooth functioning of healthcare systems. In competitive healthcare markets, such as in India, success is guaranteed only if healthcare organisations continuously gauge and respond to patient satisfaction, which serves as a critical tool for understanding patient needs, much like a thermometer and stethoscope in medical practice. While patient satisfaction is a vital goal for any health system, measuring satisfaction and responsiveness is challenging as both clinical and nonclinical outcomes influence it. Numerous studies focus on outpatient satisfaction, but there is a lack of research on inpatient satisfaction with hospital services in India.⁵

Therefore, it is quintessential to conduct Patient Satisfaction Surveys regularly in hospitals to gauge the performance and lacunae therein.

Time and motion studies have a rich history that dates back to the early 20th century, playing a pivotal role in the development of industrial engineering and management practices. These studies focus on analyzing the time taken to perform a task (time study) and the movements involved in completing a task (motion study). They aim to improve efficiency, productivity, and worker well-being. The origins of time and motion studies can be traced back to Frederick Winslow Taylor, often referred to as the father of scientific management. In the late 1800s and early 1900s, Taylor conducted time studies to improve industrial efficiency. His work involved breaking down tasks into smaller components and timing each one to determine the most efficient way to perform them. Taylor's principles emphasized the "one best way" to do a job, which laid the groundwork for systematic productivity improvements. The field saw significant advancements through the work of Frank and Lillian Gilbreth. Frank Gilbreth, a bricklaying contractor, and his wife, Lillian, a psychologist, were pioneers in motion study. They analyzed the movements required in bricklaying and developed methods to reduce unnecessary motions, drastically improving productivity. The Gilbreths introduced the concept of "therbligs," which are basic units of motion used to analyze work processes. Their work extended beyond industrial applications to fields like healthcare and clerical work, emphasizing the importance of ergonomics and human factors.⁵

The significance of time and motion studies lies in their profound impact on productivity and management practices. By identifying inefficiencies and optimizing work processes, these studies have led to substantial cost savings and output improvements. They have also contributed to the development of standard operating procedures, training programs, and performance measurement systems.

In contemporary settings, time and motion studies continue to be relevant, often integrated with lean manufacturing principles and Six Sigma methodologies. They are used to enhance process flows, reduce waste, and improve quality. The advent of wearable technology and advanced analytics has further refined these studies, providing real-time data and deeper insights into work processes.

OBJECTIVES

1. To determine the level of satisfaction via the patient satisfaction survey based on a likert scale.
2. To conduct a time motion study relating to various IPD and OPD services.

CHAPTER 2

REVIEW OF LITERATURE

Various relevant studies have been conducted on this aspect - Patient Satisfaction , both in India and abroad. Reviewing of literature forms an integral part of the study, as it gives an in depth overview of the subject and similar studies conducted before. A few of them have been mentioned below in Table 1.

Table 1 : Literature review

Authors	Study Location	Sample size	Sampling Technique	Salient Features
S.K. Jawahar (2007) ⁶	Sree Chitra Thirunal Institute of Medical Sciences & Technology, Trivandrum	200	Simple random sampling	Inquiries regarding the waiting area and waiting time at public health facilities revealed notably high satisfaction rates for certain aspects among patients attending primary level facilities. satisfaction levels were highest at tertiary level health facilities, with a reported satisfaction rate of 92.9%

Authors	Study Location	Sample size	Sampling Technique	Salient Features
Dr. Ranjeeta Kumari et al (2009) ⁷	Lucknow	384	Multistage stratified random sampling	Inquiries regarding the waiting area and waiting time at public health facilities revealed notably high satisfaction rates for certain aspects among patients attending primary level facilities. These included satisfaction with the presence of signboards (100%) and waiting times of less than 30 minutes (99.5%). Conversely, satisfaction levels were highest at tertiary level health facilities, with a reported satisfaction rate of 92.9% regarding the waiting area, 81.4% for the availability of seats, and 44.7% for toilet availability. However, satisfaction with the cleanliness of the toilets was noted to be 31.3%.

Authors	Study Location	Sample size	Sampling Technique	Salient Features
Arvind Sharma et al (2014) ⁸	Jabalpur	100	Simple random sampling	Concerning the availability of services, the majority of respondents expressed satisfaction with including seating arrangements, cleanliness, ease of reaching the appropriate outpatient department (OPD), clear signage and the presence of laboratory and pharmacy counters in the hospital's OPD. However, only 50% of respondents reported satisfaction with the ease of reaching the pharmacist. On the other hand, respondents were largely dissatisfied with the toilet and drinking water facilities in the

Authors	Study Location	Sample size	Sampling Technique	Salient Features
Aanchal Jain et al (2016) ⁹	Lucknow	200	Simple random sampling	The study found a significant association between the referral pattern and the outcome of the initial treatment, as well as the distance of the patient's usual residence from a tertiary care hospital. Overall, patients expressed high satisfaction levels with doctors (97%), whereas satisfaction levels were notably lower for canteen services (31.6%), transport services (31.1%), and pharmacy

Authors	Study Location	Sample size	Sampling Technique	Salient Features
Julia Sobel (2019) 10	Arizona, USA	828	Stratified Random sampling	This study aimed to assess the impact of introducing a real-time patient satisfaction survey on physician conduct in an academic Emergency Department (ED) and determine whether eliminating several sources of bias inherent in the Hospital Consumer Assessment of Healthcare Providers and Systems (HS) survey would influence patient satisfaction score rates. The implementation of real-time PSS did lead to changes in physician behaviours thought to enhance patient satisfaction.

Authors	Study location	Sample size	Sampling technique	Salient features
Valérie Chamouard (2022) ¹¹	France	175	Simple random sampling	Eighteen months after its availability in community pharmacies, treatment accessibility has notably improved for the benefit of patients. The average door-to-door travel time to the community pharmacy has significantly decreased, with an average saving of 16.5 minutes from the place of residence. Patients generally express high satisfaction with the new dispensing process, particularly in terms of overall satisfaction ($p < .0001$), travel time ($p < .0001$), and the strong rapport with the pharmacist ($p = .0022$) compared to the hospital pharmacy.

Authors	Study location	Sample size	Sampling technique	Salient features
Nigist Alemayehu Woldekidan (2023) ¹²	Gondar, Ethiopia	250	Simple Random sampling	Most participants also indicated that health professionals in psychiatric outpatient care failed to provide adequate information about payment for services, with a mean satisfaction score of 2.55. They also reported relatively low satisfaction regarding financial aspects related to accessing treatment and the possibility of referral to a specialist, with mean satisfaction scores of 2.57 and 2.58, respectively. Conversely, they expressed higher satisfaction scores regarding the provision of helpful advice, the time allotted for discussions with health professionals, and knowledge about the outpatient clinic's location, with mean satisfaction scores

CHAPTER 3

METHODOLOGY

RESEARCH QUESTIONS

1. What is the current level of patient satisfaction towards various services and facilities provided in the said Sub divisional Super speciality hospital?
2. What facilities/amenities require improvement?
3. What is the general public opinion regarding the hospital in general?

STUDY DESIGN

This study is a Cross-sectional, observational study conducted across the five major wards in the hospital (for IPD services) and the various departments of the OPD (for OPD services) over a period of 3 months(March - June 2024). Data was collected by a structured questionnaire designed by the Govt. of WB.

STUDY SETTING

This study is conducted at the Raghunathpur Sub Divisional Super Speciality hospital, a secondary level public healthcare institution situated in the Raghunathpur Sub division of the Purulia district in West Bengal. This hospital caters to the vast majority of the population of the surrounding areas where no tertiary level health institution is present, except the District Hospital which is 40km away. As a result this hospital has a heavy patient load. All the surrounding CHCs are not adequately equipped and hence the said hospital also serves concurrently as a First Referral Unit (FRU).



Figure 1. The Raghunathpur Sub district/ Super speciality Hospital



Figure 2. Maternity ward of the hospital

STUDY POPULATION

The study population included patients who are already admitted in various wards of the IPD and also those who have come for various OPD services. The populace is typically from in and around the Sub division/ Block.

1. Socio-Economics

According to the 2011 Census of India, the Raghunathpur I block had a total population of 117,760, with 96,488 residing in rural areas and 21,272 in urban areas. The population comprised 60,897 males (52%) and 56,863 females (48%). There were 14,723 children aged 0 to 6 years. The Scheduled Castes constituted 41,649 individuals (35.37%), and the Scheduled Tribes accounted for 12,599 individuals (10.70%). According to a World Bank report, as of 2012, 31-38% of the population in the Purulia, Murshidabad, and Uttar Dinajpur districts were living below the poverty line. This is the highest rate among the districts of West Bengal, where the average percentage of the population below the poverty line was 20%. In 2011, the Raghunathpur I block had a total of 40,087 workers, representing 34.04% of the total population, while non-workers numbered 77,673, making up 65.96% of the population. Among the workers, 5,606 (13.98%) were cultivators, 11,881 (29.64%) were agricultural labourers, 1,422 (3.55%) were household industry workers, and 21,178 (52.83%) were employed in other occupations.¹³

2. Geography

Raghunathpur is situated at 23°32'20"N 86°40'41"E. The Raghunathpur I CD block is centrally located within the district. This area, part of the Damodar Dwaraka upland, is an extension of the Chota Nagpur Plateau and features undulating terrain with rocky hillocks. The Raghunathpur I CD block is bordered by the Raghunathpur II and Neturia CD blocks to the north, the Santuri CD block to the east, the Kashipur CD block to the south, and the Para CD block to the west. Covering an area of 201.82 km², it includes one panchayat samity, seven gram panchayats, 89 gram sansads (village councils), 106 mouzas,

90 inhabited villages, and one census town. The Raghunathpur police station serves this block, with its headquarters located in Raghunathpur.¹⁴

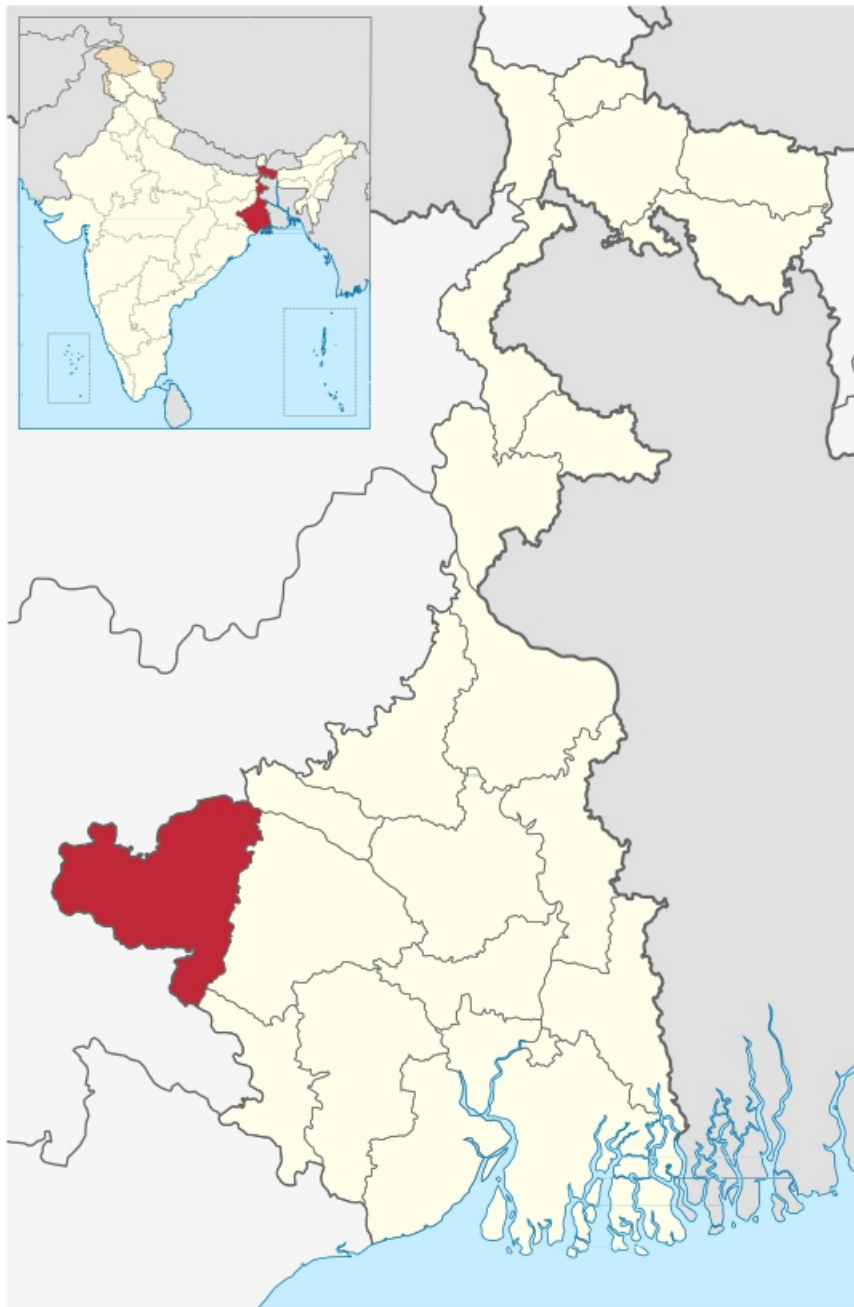


Figure 3. West Bengal & Purulia district.

The red shaded area is the Purulia district in West Bengal.



Figure 4. All blocks within Purulia district.

This map shows all the blocks in the Purulia district of West Bengal. The said hospital is located in the Raghunathpur-I block (shown as R.N. Pur-I in the above map).

STUDY APPROACH & PROCEDURES

A pre-designed structured questionnaire prepared the State government was used to collect data from the patients. A total of 150 samples were taken in the period of 3 months (10 from each ward in each month). The questionnaire included questions ranging from the waiting time at Emergency/ OPD to the cleanliness of toilets and wards. Patients were asked to give a score ranging from 0 - 5 based on their experiences. Then this data was analysed graphically. For the time motion study the average time taken for each activity was recorded and analysed graphically.

SAMPLE SIZES

A total of 150 samples were taken in the period of 3 months (10 from each ward in each month) for the patient satisfaction survey and for the time-motion study, a total sample of 300 were taken.

SAMPLING TECHNIQUE

Simple random sampling was used in the study.

ETHICAL CONSIDERATIONS

All the patients have given their informed consent to this study and measures have been taken by the hospital authorities to maintain their privacy and confidentiality. There is no conflict of interest either.

CHAPTER 4

RESULTS

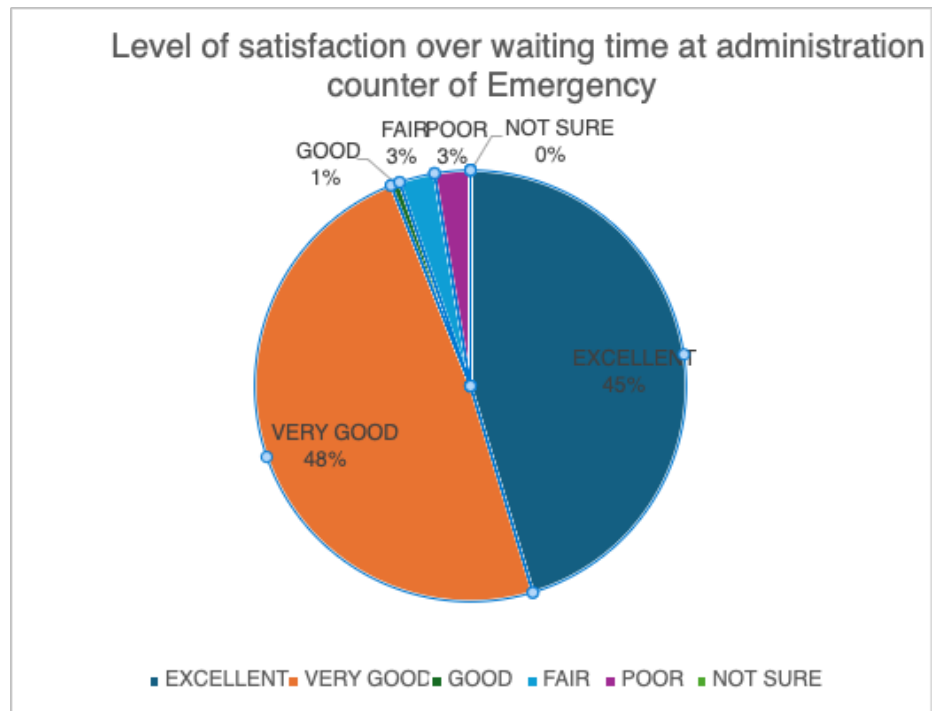


Chart 1.

Almost 90% of the respondents have replied that it was either very good or excellent. This clearly shows there's hardly any delay in the emergency counter.

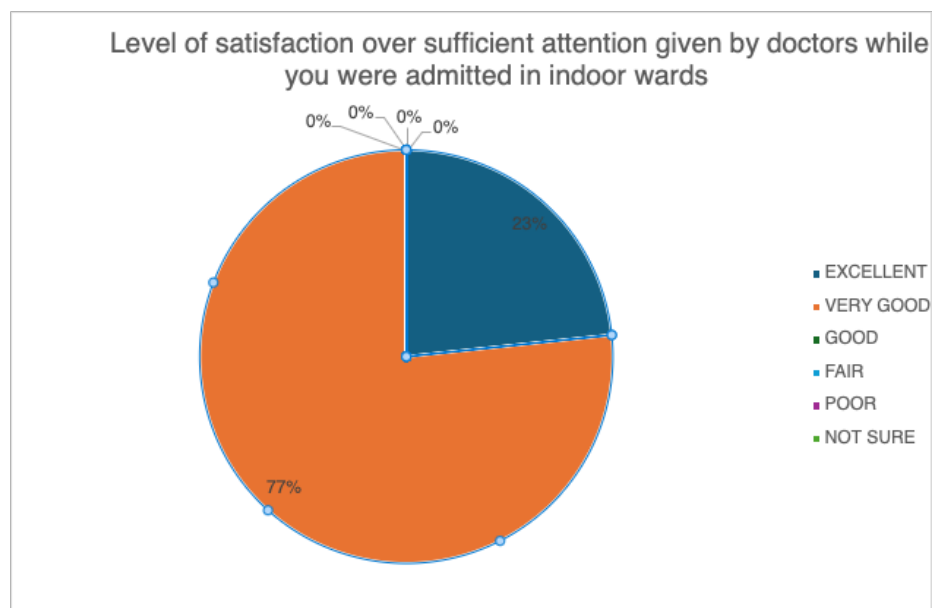


Chart 2.

Almost 99% of the admitted patients were satisfied over the attention and care given by the doctors during their stay in the hospital.

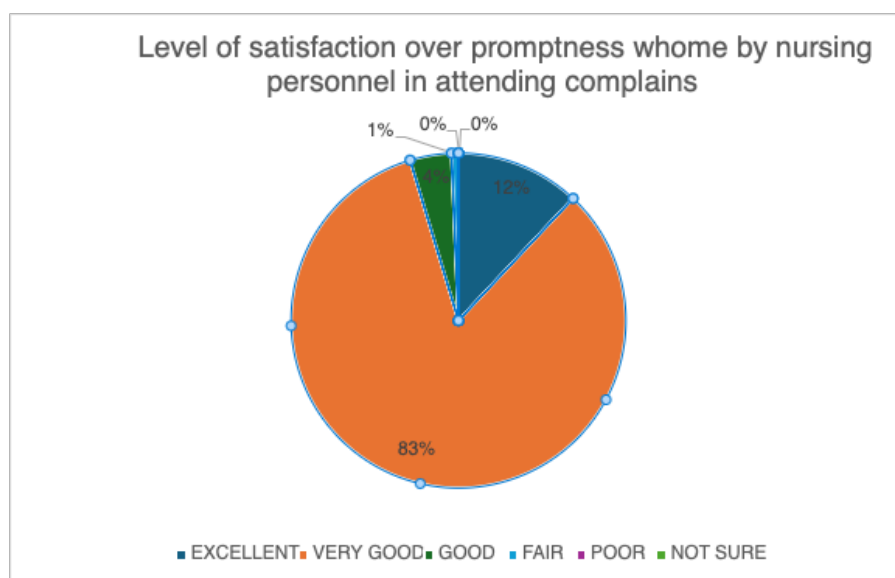


Chart 3.

Nursing staff were also found to be proactive in their duties. Patients were not only overall satisfied with their promptness but also with behaviour of the nursing personnel.

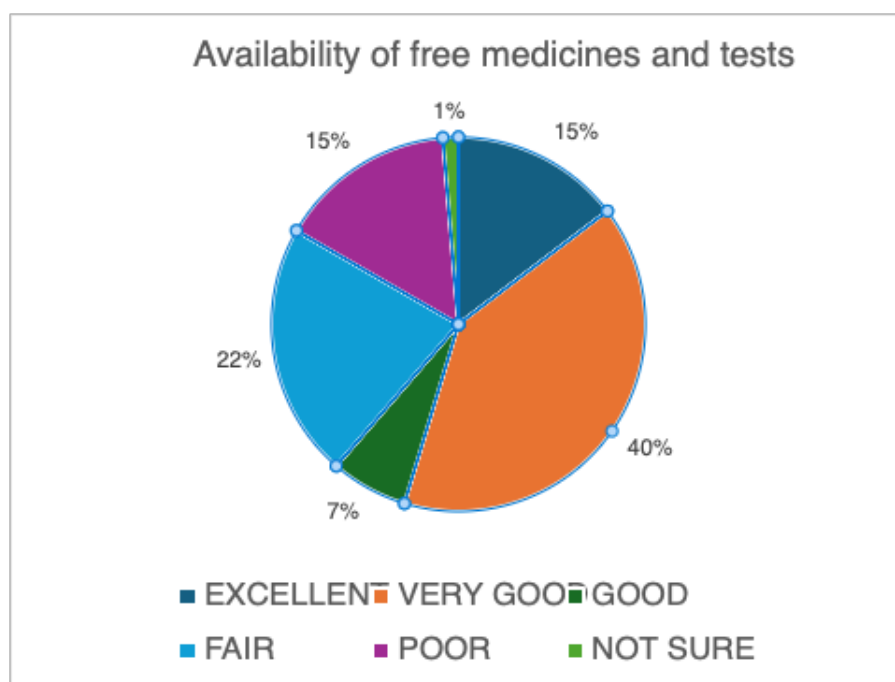


Chart 4.

Availability of the medicines and tests prescribed by the doctors appears to be of some concern. Not all the drugs and tests are available in the hospital. Around 65% of the patients have had got all of their medicines and tests from the hospital, but the rest 35% of the respondents had to buy one or more medicines and tests from outside private medicine shops and clinics. This needs to be duly addressed.

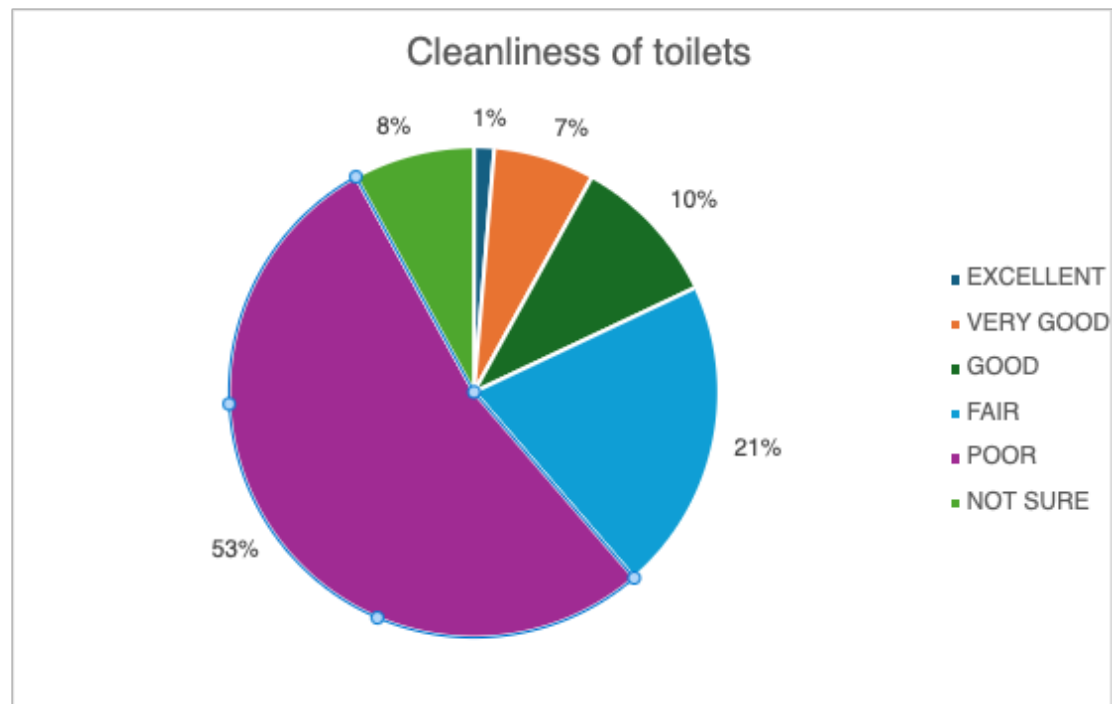


Chart 5.

The only major concern in the hospital apart from the non-availability of certain medicines and free diagnostic test, is the cleanliness of toilets. Almost 60% of the respondents complained that the toilets were poorly maintained, found smelly and not cleaned at regular intervals. Only about a small minority of about 10% patients found the toilets to be satisfactory.

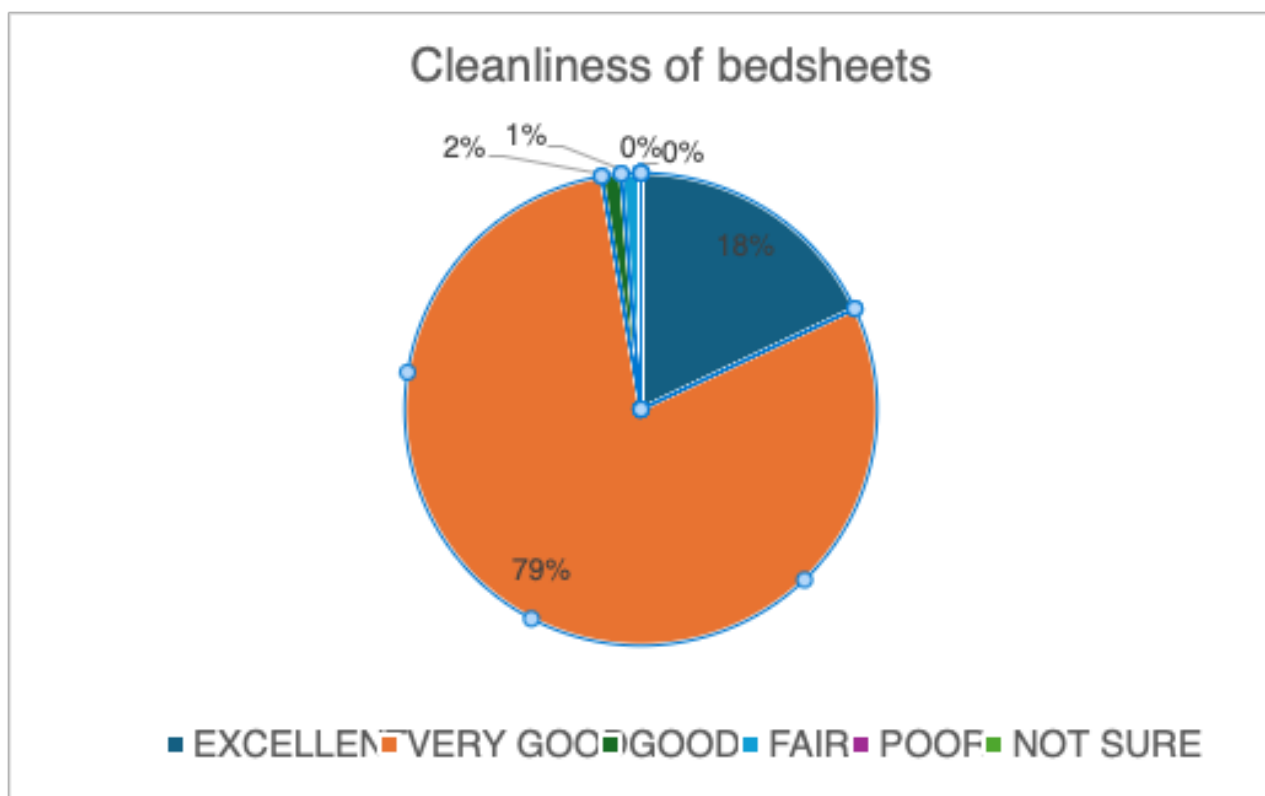


Chart 6.



Chart 7.

The findings are quite satisfactory regarding the satisfaction over the cleanliness of wards and bedsheets in the hospital.

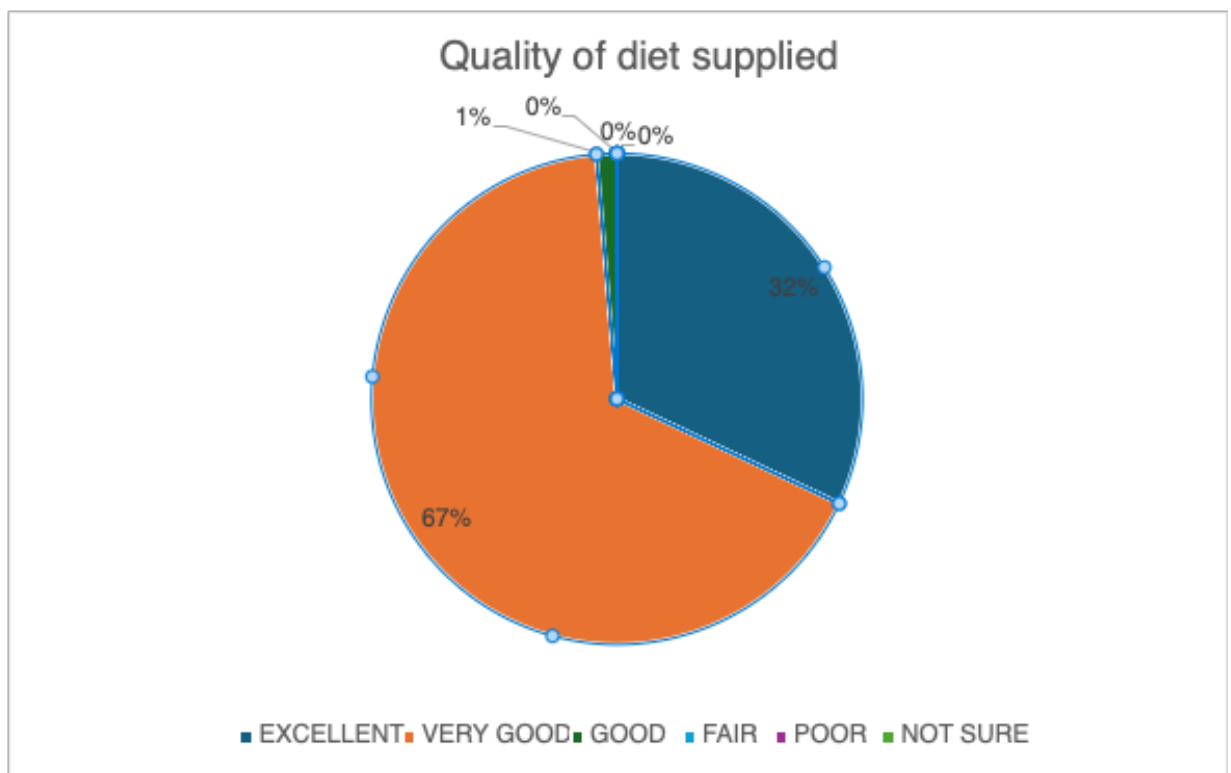


Chart 8.

Respondents were also very satisfied with the quality of diet supplied in the hospital. There were options for both vegetarian and non-vegetarian meals. Quality balanced diets were provided to all the in patients who opted for it, all for free.

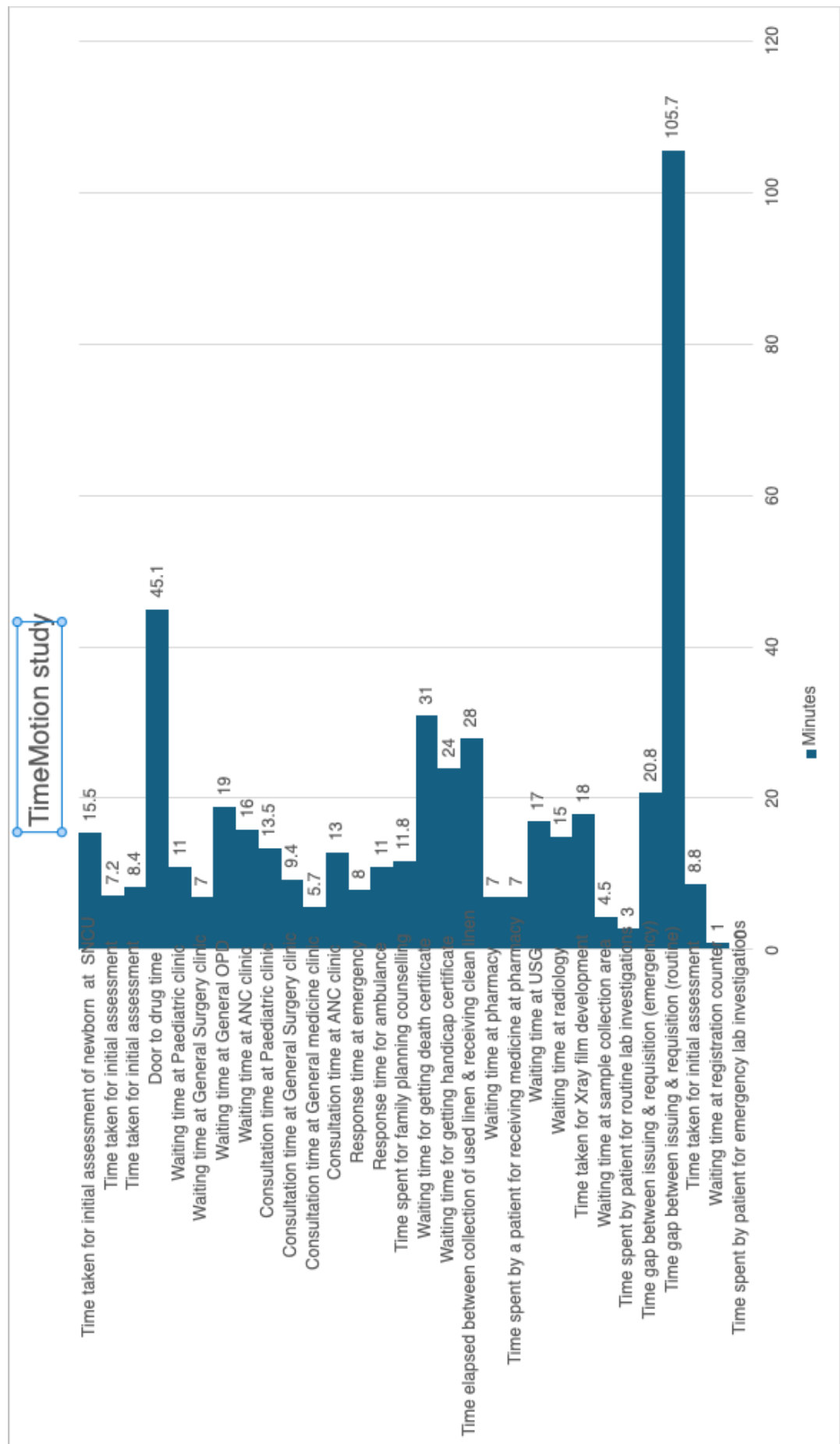


Chart 9. Time motion study

Table 2. The results of the Time Motion study conducted for various IPD/OPD services at the hospital:

SERVICES	UNIT	AVERAGE TIME TAKEN
<u>IPD</u>		
Time taken for initial assessment	Minute	8,8
<u>BLOOD BANK</u>		
Time gap between issuing & requisition (routine)	Minute	105,7
Time gap between issuing & requisition (emergency)	Minute	20,8
<u>LABORATORY SERVICES</u>		
Time spent by patient for routine lab investigations	Minute	3
Time spent by patient for emergency lab investigations	Minute	0
Waiting time at sample collection area	Minute	4,5
<u>RADIOLOGY</u>		
Time taken for Xray film development	Minute	18
Waiting time at radiology	Minute	15
Waiting time at US G	Minute	17
<u>PHARMACY</u>		
Time spent by a patient for receiving medicine at pharmacy	Minute	7
Waiting time at pharmacy	Minute	7

	<u>AUXILLARY SERVICES</u>		
	Time elapsed between collection of used linen & receiving clean linen	Minute	28
	Waiting time for getting handicap certificate	Minute	24
	Waiting time for getting death certificate	Minute	31
	<u>PP UNIT</u>		
	Time spent for family planning counselling	Minute	11,8
	<u>ACCIDENT & EMERGENCY DEPARTMENT</u>		
	Response time for ambulance	Minute	11
	Response time at emergency	Minute	8
	<u>OPD</u>		
	Consultation time at A N C clinic	Minute	13
	Consultation time at General medicine clinic	Minute	5,7
	Consultation time at General Surgery clinic	Minute	9,4
	Consultation time at Paediatric clinic	Minute	13,5
	Waiting time at registration counter	Minute	1
	Waiting time at A N C clinic	Minute	16
	Waiting time at General OPD	Minute	19
	Waiting time at General Surgery clinic	Minute	7
	Waiting time at Paediatric clinic	Minute	11
	Door to drug time	Minute	45,1
	<u>MATERNITY WARD</u>		
	Time taken for initial assessment	Minute	8,4

<u>PAEDIATRICS WARD</u>		
Time taken for initial assessment	Minute	7,2
<u>SICK NEWBORN CARE UNIT (SNCU)</u>		
Time taken for initial assessment of newborn at SNCU	Minute	15,5

CHAPTER 5

DISCUSSION

The pie charts in the previous chapter has made it easy to comprehend the results. Waiting time at administration counter of emergency can be said well managed as almost 95% of the respondents have either found it very good or excellent. The level of satisfaction of behaviour of staff, doctors and nurses have also been found to be quite good; 75% of the respondents say so. Approximately 98% of the patients say there was regular patient-party meetings by doctors(detailed briefings were given). Indoor nursing staffs were also found to be pleasant in behaviour and helpful. With respect to the

level of satisfaction over the maintaining of privacy throughout the stay in hospital(like provision of screens, covers on the abdomen, while examination or procedure was done), approximately 60% of the respondents either said they were not sure or it was poorly maintained. Level of satisfaction over behaviour of group D staff was also found to be below satisfactory levels. Free medicines, which were supposed to be provided from the hospital's pharmacy were not all available. Around 40% of the patients did not get about half of the medicine prescribed while another 20% did not get any medicine at all. The remaining patients said they had to buy few medicines from outside local pharmacies while most of the medicines were provided by the hospital for free. Almost the same views have been found to be reciprocating with respect to the availability of free diagnostic tests in the hospital. 55% of the respondents availed the free diagnostic facilities present in the hospital while the rest had to get one or more tests done from outside local laboratories. Both the cleanliness of bedsheets and wards have been found to be excellently maintained, with about 85% of the respondents satisfied with these aspects. The only major concern in the hospital apart from the non- availability of certain medicines and free diagnostic test, is the cleanliness of toilets. Almost 60% of the respondents complained that the toilets were poorly maintained, found smelly and not cleaned at regular intervals. Only about a small minority of about 10% patients found the toilets to be satisfactory. This might be attributed to the patients coming from extremely rural and interior areas who do not have any toilet facilities in there houses. Therefore, a toilet with running water irrespective of whether it is satisfactory maintained or not has been found to be a blessing for them. Nevertheless, the hospital authorities should take note over this wantonly maintained toilets. Availability of clean water and the quality of diet supplied in the hospital has been found to be either very good or excellent by approximately 85% of the respondents.

With respect to the maternity ward, the patients have found satisfaction over widespread facilities. The level of satisfaction over safety precautions as well as the cleanness of labour rooms and the child care given in the hospitals has been found to be either very good or excellent by about 90% of the respondents.

SUGGESTIONS

- I. Only those medicines should be prescribed which are available in the hospital's pharmacy and if they are not available, then the hospital should make it available to the patients by method of local purchase. Utmost attention should be paid so that the out-of-pocket expenditures of the patients come down to zero.
- II. All the tests which are supposed to be available at a SDH, should be made available.
- III. Regular monitoring by the support staff over cleaning of the toilets at definite intervals should be carried out.
- IV. In order to reduce crowding at the specialised OPDs, the use of the general OPD should be maximised. For this, triage should be properly implemented right at the beginning.
- V. Token system and digital display of token number in queue can be implemented for effective queue management.
- VI. Regarding the radiology waiting times, a fixed number of slots can be allowed daily, thus capping the maximum number of tests possible per day. Those coming for routine tests (or non emergency cases) can schedule their tests prior to coming.

CHAPTER 6

CONCLUSION

In conclusion, the patient satisfaction survey conducted in this hospital provides valuable insights into both strengths and areas needing improvement. High levels of satisfaction were reported regarding the professionalism and competence of our medical staff, as well as the overall quality of care provided. However, specific areas such as the availability and cleanliness of amenities like toilets, as well as the efficiency of pharmacy and transport services, highlighted significant room for enhancement. The data indicates that while our clinical services are well-regarded, operational aspects including waiting times and patient communication, especially concerning in seamless outpatient care, require focused attention. Addressing these issues is crucial for enhancing the overall patient experience and ensuring that our services meet the expectations of those we serve.

Moving forward, it is essential to implement targeted strategies aimed at improving the identified weaknesses. This includes enhancing facility cleanliness, reducing waiting times, and improving communication about financial aspects and referrals. Continuous monitoring and periodic reassessment through subsequent surveys will be necessary to gauge the effectiveness of these interventions and ensure sustained improvements. Ultimately, patient satisfaction is a critical metric that reflects the quality of care and operational efficiency. By prioritizing patient-centered improvements, we can foster greater patient loyalty, enhance our reputation, and ensure that we deliver the highest standard of care.

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