

A COMPREHENSIVE STUDY ON PATIENT SATISFACTION AT EYE SOLUTION

Dissertation Submitted to



The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

Dr. Alok Kumar Mathur

2024

TO WHOMSOEVER IT MAY CONCERN

29th June 2024

This is to certify that **Ms. Shivani Kanwar Deol** has successfully completed her internship as a **Business Analyst** Department of “**Platform**” from **1st April 2024 to 29th June 2024**. We want to express her hard work, dedication, and contributions during her tenure with us. During her internship, her efforts have contributed positively to our team and organizations, and we are grateful for her contributions.

We wish you all the best in her future endeavours and hope the experience gained during her time with us will contribute to her professional development.

For Meta16 Labs Healthcare & Pvt Ltd

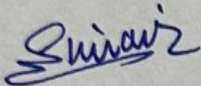


Deepa
on behalf of J Hepsu.

J Hepsu
Senior Manager
Human Resources.

DECLARATION BY STUDENT

I hereby declare that this dissertation title "A Comprehensive Study on Patient Satisfaction at Eye solution" 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.



(Signature)

Name of Shivani Kamwar Deol

Student

Date 5/07/2024

CERTIFICATE

This is to certify that dissertation titled “**A Comprehensive Study on Patient Satisfaction at Eye Solution**” is a record of the research work undertaken by **Shivani Kanwar Deol** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

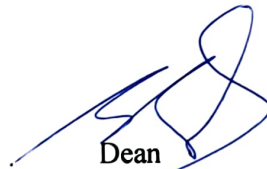


Faculty Guide

IIHMR University, Jaipur

Date

July 5, 2024



Dean

IIHMR University, Jaipur

Date

05/07/2024

ACKNOWLEDGEMENT

In the first place, I thank the IIHMR University, Jaipur for giving me an opportunity to work on this project. I would also like to thank Dr. Alok Kumar Mathur, Dean, Assistant Professor, IIHMR University, for giving me their valuable guidance for the project study, Anil JJ Sir, CEO and Agam Garg sir, Sr Product Manager at Meta16labs Healthcare and Analytics Pvt Ltd for providing me an opportunity to do my internship and project work in “Meta16labs Healthcare and Analytics Pvt Ltd” With Special Reference to IIHMR University, Jaipur

I would be failing to my duty if I do not acknowledge with a deep sense of gratitude the sacrifices made by my parents and thus have helped me in completing my project work successfully.

Place: Bengaluru

Date: -----

Ms. Shivani Kanwar Deol

ABSTRACT

Title – A Comprehensive Study on Scheduling Algorithms and Operational Strategies.

Background of the Study - This study Aims to find factors of critical components in optimizing resource allocation and enhancing system performance across various domains, from manufacturing to computing. Historically rooted in early industrial engineering practices, the field has evolved with the advent of computer science, giving rise to diverse algorithms such as First-Come, First-Served, Shortest Job Next, Round Robin, and Priority Scheduling. These algorithms address different types of scheduling problems, including static, dynamic, deterministic, and stochastic scenarios. Modern trends incorporate machine learning and AI for predictive and adaptive scheduling, cloud computing for handling complex tasks, and sustainability practices to reduce environmental impact. This study examines the evolution, application, and future directions of scheduling algorithms and operational strategies, highlighting their significance in improving efficiency and productivity in various operational contexts. This thesis is about solving hard real-life problems in hospital care. To be specific, it focuses on scheduling of various medical measurements that have nothing to do with surgery. There are three main features that unite all these issues: they relate to planning large-scale activities for groups of people; every individual within such groups must undergo a number of procedures. All resources needed for any task are dependent on what is required of such task, but task may have several such resources depending on their modalities. Scheduling and planning are further complicated by these specific timing details of each task that need precise day selections with exact start times. Resource limitations and time frames constitute such limitations as maximum and minimum time lags and time windows most times hindering these issues in hospitals from functioning well enough. It's usually the goal that hospitals make efficient use of their resources through provision of top-notch services, we will consider and evaluate both an exact procedure and a heuristic one, using actual examples to demonstrate their effectiveness in practice. In addition, methods based on the "single program, multiple data" paradigm may be applied here.

Objective – To Analyze and Optimize Appointment Scheduling Algorithms for Enhancing Patient Flow and Reducing Wait Times in an Ophthalmology Center.

To Investigate the Impact of Advanced Technological Solutions on Operational Performance and Patient Outcomes.

Methodology – The study duration was 90 days i.e., 1st April 2024 – 30th June 2024.

The study was organized in Meta16labs Healthcare and Analytics Pvt Ltd. The survey was done with respect to specific objectives through a questionnaire tool consisting of 12 questions and the questionnaire was English.

Results – The ophthalmology center is well-known with 72% of patients finding it easy to book appointments and 68% receiving same-day consultations. However, improvements should be made in some areas, specifically the 5% of patients who had problems booking and the 12% who waited for long periods of time. To have a better patient experience, this means better web-based appointment systems, continued training of employees and closer observation of time patients take between coming in and seeing doctors.

Conclusion – The eye clinic is widely respected for its speed in booking appointments and efficient operations, but it must improve in communication staff attitudes, and prompt services. The ophthalmologist can make sure clients are happy by allowing his/her clients book online anytime 24 hours daily by installing software for booking through internet, as well as ensuring that the personnel is always learning through training, besides having continuous wait time checks. However, enhancing an online booking system could also improve satisfaction among patients by making patients feel as though doctors care about them and not just when they get sick again. Prioritizing these enhancements would keep their position in the industry.

Keywords – Factors, Impact, Communication, Patient satisfaction

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***A Comprehensive Study on Patient
Satisfaction at Eye solution***

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CHAPTER - I

CHAPTER 1: INTRODUCTION

Hospitals are complex ecosystems that must constantly maintain a delicate balance. Despite several obstacles, they work to provide patients with top-notch care, make the most use of their resources, and retain optimal operational effectiveness. In this equation, scheduling is crucial and affects staffing levels, operating rooms, and outpatient clinics. But manual planning is a common component of traditional approaches, which causes inefficiencies and bottlenecks. A chain reaction like this might harm patients, employees, and the healthcare system as a whole.

This thorough research explores the fascinating field of using operational strategies and scheduling algorithms to maximise hospital operations. Through exploring the possibilities of cutting-edge algorithms such as genetic and machine learning, we seek to create data-driven strategies that take into consideration a variety of dynamic elements. These include the patient's acuity (severity of sickness), the availability of the surgeon, the length of the procedure, and numerous other important variables.

The discovery and application of scheduling techniques that improve hospital performance in a variety of ways is the main motivation for this study. These tactics should ideally result in a symphony of enhancements:

The goal of this research is to improve hospital performance in multiple ways. Patients' wait times would be greatly decreased with streamlined scheduling, resulting in a better overall experience and greater satisfaction with their healthcare journey. An efficient use of surgeons and personnel would be ensured via optimised scheduling, reducing downtime and increasing output. As a result, the hospital will save money and its employees will have happier workplaces. In the end, effective scheduling would reduce interruptions and delays in patient care, enabling a smoother workflow and prompt administration of high-quality care. Better patient outcomes and increased confidence in the hospital's ability would result from this. Moreover, higher throughput would enable the hospital to efficiently handle more patients, increasing its capacity to provide care for a greater number of people.

Patient demand is always rising in the healthcare sector. The ageing population, rising rates of chronic illnesses, and expanding access to healthcare services are the main causes of this. The staff, equipment, and operating rooms in hospitals are all severely strained by this rise.

But ineffective scheduling has the potential to greatly increase these demands. Long wait periods can result from using traditional methods because surgeons or clinics are overbooked. Patients may become frustrated and stressed out as a result of appointment cancellations and delays brought on by scheduling problems. This may have a detrimental effect on how well they think the hospital is providing treatment and lower patient satisfaction. Additionally, hospitals may have to pay a large price for ineffective scheduling. Reduced productivity

results from staff time being wasted during downtime or because of schedule problems. Financial losses are a result of underutilised resources, such as operating rooms. Rearranging and cancelling appointments demand administrative resources and may result in lost income.

The particular scheduling difficulties that hospitals encounter will be discussed in the parts that follow, along with an exploration of the exciting fields of scheduling algorithms and operational tactics. Our goal is to optimise hospital operations for the future of more effective, patient-centered healthcare by utilising data and creative thinking. The goal of this research is to improve hospital performance in multiple ways. Patients' wait times would be greatly decreased with streamlined scheduling, resulting in a better overall experience and greater satisfaction with their healthcare journey. An efficient use of surgeons and personnel would be ensured via optimised scheduling, reducing downtime and increasing output. As a result, the hospital will save money and its employees will have happier workplaces. In the end, effective scheduling would reduce interruptions and delays in patient care, enabling a smoother workflow and prompt administration of high-quality care. Better patient outcomes and increased confidence in the hospital's ability would result from this. Moreover, higher throughput would enable the hospital to handle more patients in an efficient manner, increasing its capacity to cater to a wider demographic and improving access to healthcare generally.

The US health care accounts for a whopping 15% of the GDP. In 2050, public funds necessary to support health care will need to increase due to increasing health care expenditure rates—they currently represent 45% of all healthcare costs—will have doubled. Employers are passing on a larger share of the skyrocketing costs of health care to their employees, which has resulted in double-digit premium hikes for Americans enrolled in employer-sponsored plans (Economist, 2004). Considering other issues like aging population, rise in chronic care demand or constraints in public and private health care financing it is clear that health service providers are under pressure to perform better. Systems for scheduling appointments are at the crossroads of effectiveness and prompt access to medical care. Getting medical care quickly is essential to getting good results. It also plays a significant role in determining patient satisfaction. The system struggles to provide rapid access; hence clinicians have to prioritize their schedules for accessing the scarce resources. The number and kind of physical assets a healthcare system should acquire, staffing levels per center and the multiple location allocations, are some of the core issues that affect a system from delivering care in time. Some of the fundamental issues surrounding the system's ability to provide timely access include: - What is the appropriate number and kind of physical facilities and equipment for investment by a health organization etc. Additionally, clinics or hospitals need to know how they can apportion human resources amongst themselves; having considered the

locations where these facilities are distributed across a given health organization? What systems or policies should be developed so that when resources run out, we know which patients should come for treatment first and which ones shall require referral to another facility? Also how can these appointments be made? This article's main topic is making appointments. We do not take into account inquiries about the dimensions of the facilities, machinery and staff, as well as to the distribution of resources in systems with various service sites. (An illustration of these problems can be found in Chao et al. (2003)). Appointments for primary and specialized treatment as well as elective operations are scheduled patient encounters. We will discuss how appointment scheduling (assigning a precise time when the patient is scheduled to start getting care) differs in each of these settings in a moment. There are also unplanned interactions, such as walk-ins and emergency or urgent cases. The former, which primarily occurs at primary care clinics, may be referred to a different location in the event that the clinic in issue is fully booked. However, surgical patients and those in urgent speciality care frequently require prompt attention. Ensuring that all patients have timely and accessible access to health services is the aim of a well-designed appointment system. The distinct characteristics of hospital, specialty, and primary care services each create significant appointment scheduling issues. In primary care offices, the majority of patients need to be able to complete certain tasks quickly. Thus, service providers in such offices typically divide their time during a typical appointment into segments of equal length so that most patients will be attended to without any problems since their requirements are easily met with the given appointment time. More time slots are allocated to longer visits at outpatient clinics. The issue of scheduling appointments thus becomes one of finding a good fit between the clinic's doctors' available time slots, provider-imposed limitations on how available slots may be filled, and patients' preferred day and time. The distinct characteristics of hospital, specialty, and primary care services each create significant appointment scheduling issues

In speciality care clinics, patient service times are typically more variable based on the patient's diagnosis and other factors. As a result, provider time cannot be split up into regular time blocks. Furthermore, a recommendation from the primary care physician is often necessary for specialty services. In these situations, the referring physician's medical assistant schedules the visits. Periodically, reservations may be made (e.g., at the end of each day). Two factors make specialty care clinic appointment management even more difficult:

- (i) The requirement to set aside time for last-minute requests that must be handled right away; and
- (ii) The requirement to ensure that more of the more costly specialists' time is utilised.

Making surgery appointment schedules is considerably more difficult. Procedure timings can vary, many pre-surgery appointments might be needed for the appropriate medical examinations, and scheduling multiple service providers and resources at the same time is necessary to provide the desired

services. For instance, at the intended start time, specialised nursing personnel, anaesthesiologists, and the surgical team must all be present in addition to a well-equipped operating theatre. As a result, scheduling surgery can occasionally involve two steps. Initially, patients select their preferred window of time (which might be one week long) from a menu for the treatment. We call the day and time of the procedure "the appointment," which is confirmed later by the doctor's office. Usually, surgeons have a block of time allotted for them to utilise the operating room, and they must fit all of the procedures scheduled for the day inside that time. They have preferences regarding the kinds of operations they would want to have done on particular days and during particular hours of the week. These kinds of things can make scheduling even more difficult. In conclusion, a considerable share of the total demand across many surgical speciality fields originates from urgent patients who require prompt treatment. When a patient makes an appointment, they encounter two different kinds of access delays in each of the three settings. The delay in time between a patient's appointment request and the actual appointment time is known as indirect (or virtual) waiting time. The discrepancy between a patient's appointment time (or arrival time if they are running late) and the actual time they are served by the service provider is known as direct (captive) waiting time. On the other hand, patients merely have to wait in a system without appointments—for instance, when a service provider only takes walk-ins or urgent cases. Orders are typically the cause of indirect delay of magnitude greater than direct waiting. With minimal resource usage and no increase in the direct waiting times of booked patients, a well-designed appointment system can minimise direct waiting times for unplanned episodes, particularly urgent or emergency ones. To do this, a number of "rules" that specify which patient categories may use service provider resources at when times are specified. These rules, which fall under the purview of this article, are referred to as access rules. By setting aside a portion of capacity just for their use, access regulations also lessen the detrimental effects of indirect waiting on urgently scheduled appointments. Both patients and providers may experience frustration due to appointment systems. Lack of timely and convenient appointment times affects patients, particularly in cases where patients have urgent needs. The unpredictability of daily patient appointment volume and the variety of appointments on any given day affects clinicians. Both the pay and job satisfaction of clinicians may be impacted by these variables. Clinicians frequently find that the only way to manage high-priority demand and changes in case mix is to adjust their schedules to accommodate demand variance. Examples of this include cutting back on lunch, delaying supper, and double booking (working faster). (One of the characteristics that sets health care delivery systems apart from industrial, transportation, and logistics systems is the soft nature of provider capacity.) Even with these measures in place, there are situations when it becomes necessary to reschedule some scheduled appointments for non-urgent services in order to meet an urgent demand. Significant direct waiting times are also typical in settings that handle urgent, life-threatening cases. Patients who make

reservations in advance may get dissatisfied with frequent forced modifications to their appointments and lengthy wait times. The ability of appointment schedulers to successfully and efficiently use the time of available providers is influenced by a variety of factors. Examples include patient preferences on a specific day of the week, fluctuations in the inter-arrival and service times, cancellations and no-shows, and timing of 802 Gupta and Denton day and, for certain doctors, the extent of latitude they allow in managing their schedules (for example, some allow double booking in advance if demand is strong during specific hours of the day, while others demand that the scheduler call for approval each time), the right degree of information technology, and a well-functioning call centre to handle patient inquiries. Apart from these problems, we think that The use of Industrial Engineering & Operations Research (IE/OR) models is a major constraint. Similar to their successful implementation in other service industries like airlines, car rental companies, and hotels (see Talluri and Van Ryzin (2004a)), such models have the potential to improve appointment scheduling via algorithmic decision support tools.

We think that IE/OR decision assistance methods can save costs and increase health service accessibility at the same time. This article's goal is to present a critical overview of the state-of-the-art in appointment scheduling problem modelling and optimisation. We take into account patient delays that are both direct and indirect, and we present an overview of preceding studies that have been done on the three scheduling scenarios previously stated. Furthermore, our method sees the scheduling issues that emerge in the three settings as distinct application domains connected by a shared modelling framework. We also talk about how the IE/OR community can contribute significantly in the future to the solution of issues with scheduling medical appointments. Our primary concern is appointment scheduling, which encompasses three aspects: (i) selecting access rules; (ii) experience start timings; and (iii) methods for resolving discrepancies between anticipated and actual supply and demand. We don't take into account things like personnel, equipment, and facility sizes.

PURPOSE OF RESEARCH:-

The purpose of this research is to explore and leverage the potential of scheduling algorithms and operational strategies to optimize hospital operations. This optimization is not simply about increasing efficiency for its own sake; it is a multi-faceted endeavour aimed at achieving a range of significant improvements that benefit patients, staff, and the hospital system as a whole. Firstly, we aim to significantly reduce patient wait times. Traditional scheduling methods can lead to frustrating delays for appointments, procedures, and surgeries. This not only creates a negative experience for patients but can also contribute to anxiety and stress. Streamlined scheduling, informed by data-

driven algorithms and operational strategies, will minimize these wait times. This translates to a more positive patient experience, fostering improved satisfaction and a more efficient healthcare journey.

Secondly, we aim to achieve improved surgeon and staff utilization. Idle time for surgeons and staff represents a missed opportunity to deliver care and can lead to inefficiencies and frustration. Optimized scheduling ensures that these valuable resources are utilized efficiently, minimizing idle periods and maximizing productivity. This translates to cost savings for the hospital as staff time is used effectively. Furthermore, a more efficient schedule can lead to a more fulfilling work environment for staff who are not burdened with unnecessary wait times or gaps between tasks.

Thirdly, we aim to enhance patient care through efficient scheduling. Disruptions and delays caused by inefficient scheduling can have a cascading effect, impacting patient flow and ultimately the quality of care delivered. By minimizing disruptions and delays, efficient scheduling allows for smoother patient flow. This facilitates the timely delivery of high-quality care, ensuring that patients receive the treatment they need when they need it. Improved patient outcomes and a stronger sense of trust in the hospital's capabilities are the natural consequences of this enhanced patient care.

Finally, this research seeks to increase overall hospital throughput. Streamlined scheduling allows the hospital to process a greater number of patients efficiently. This translates to increased hospital throughput and capacity. In a healthcare landscape facing rising demand, this is crucial. By increasing its capacity, the hospital can serve a larger population and contribute to better overall healthcare access. This not only benefits the community but also strengthens the hospital's position within the healthcare system.

In essence, this research seeks to develop data-driven scheduling solutions that go beyond simply balancing efficiency and cost savings. It aims to create a win-win situation for all stakeholders. Patients will experience shorter wait times and improved care. Staff will benefit from a more efficient and potentially more fulfilling work environment. The hospital will see cost savings, increased capacity, and a stronger reputation for delivering high-quality care. By leveraging the power of scheduling algorithms and operational strategies, this research has the potential to significantly optimize hospital operations, ultimately leading to a more efficient, patient-centered healthcare system.

Patient satisfaction training on healthcare providers communication abilities and patient satisfaction. Communication is critical in healthcare, particularly in reaching patient satisfaction and certain well-being outcomes. Communication middle from two points healthcare providers and subjects includes conveying facts, giving administrative, and construction relations that support trust and assurance in care. Satisfaction of a patient is a crucial sign for the value of healthcare transfer, and it helps in improving patient outcomes, health outcomes, and reducing the healthcare cost.

Poor communication can lead to mistrust, and dissatisfaction, developing negative consequences and reduced quality of care. Healthy communication, in another way, results in better patient outcomes, increasing satisfaction, shortened anxiety, and helps to understand health status.

The findings of this will help to know importance of effective communication with patients the results will also inform the progression of effective programmes for training in communication for healthcare provider', with the potential to improve patient satisfaction and healthcare outcomes.

Importance of this study is that it helps healthcare providers who are not adequately trained in communication skills and struggling to communicate effectively with patients, leading to increased healthcare costs due to, increased readmission rates, and patient complaints. Therefore, understanding this relationship between these two is essential in developing effective communication training programs for teaching healthcare providers, with the potential to enhance patient satisfaction, healthcare outcomes, and reduce healthcare costs.

ROLE OF COMMUNICATION: -

Effective communication plays an indispensable role throughout this research endeavour aimed at optimizing hospital scheduling through algorithms and strategies. Far from being a peripheral element, communication serves as the vital connective tissue that ensures the research translates from theory to impactful practice within the complex hospital environment.

The research journey begins with a comprehensive literature review and data collection phase. Here, communication becomes the bridge between researchers and the existing body of knowledge. Engaging with researchers who have explored similar avenues in scheduling algorithms and hospital operations allows for a richer understanding of current approaches and methodologies. Conferences, academic journals, and online research databases become the platforms for this exchange of ideas and the collection of relevant data.

Equally important is establishing open communication channels with hospital staff. Understanding the practical challenges and limitations they face in current scheduling practices is paramount. Through in-depth interviews and surveys with nurses, surgeons, scheduling coordinators, and administrators, we gain valuable insights into the everyday realities of hospital scheduling. Clear and honest communication fosters trust and encourages staff to share their perspectives, ensuring the research addresses real-world concerns and avoids solutions that exist only in theory.

As the research progresses to algorithm development and strategy implementation, communication remains a critical guiding force. If the research involves collaborating with computer scientists to create new scheduling

algorithms, clear communication becomes essential. Effectively conveying the specific needs and constraints of the hospital environment allows developers to tailor the algorithms for optimal functionality within this unique setting. Furthermore, successfully implementing any new scheduling strategy hinges on the buy-in of various stakeholders within the hospital. Clear communication regarding the research findings, potential benefits, and any potential disruptions during implementation is crucial. Presentations, meetings, and open discussions foster understanding and address concerns, paving the way for a smooth transition to the optimized scheduling practices.

The research culminates in data analysis and evaluation, and communication remains a vital tool. Effective communication with data analysts ensures they fully grasp the research goals and data collection methods. This clarity allows them to properly interpret and analyse the results, focusing on the most relevant metrics for evaluating the effectiveness of the scheduling algorithms and strategies.

Finally, the research findings must be disseminated effectively to have a lasting impact. Communication through peer-reviewed journals, conferences, and potentially even internal hospital presentations allows other researchers to build upon this work and encourages the adoption of these optimized scheduling practices within the broader healthcare system.

In conclusion, strong communication throughout the entire research process is the linchpin that ensures the successful translation of research findings into real-world improvements. By fostering open communication with researchers, hospital staff, data analysts, and the healthcare community at large, this research on scheduling optimization has the potential to significantly impact patient care, staff efficiency, and overall hospital performance.

AIMS AND OBJECTIVES: -

- **AIM** - The goal is to improve efficiency in ophthalmology centres by using optimised scheduling algorithms and operational techniques.
- **OBJECTIVES**- Evaluate how operational techniques such as appointment overbooking and flexible scheduling affect clinic throughput and patient satisfaction.

CHAPTER - II

CHAPTER 2: REVIEW OF LITERATURE

AUTHORS (YEAR)	STUDY LOCATION	SAMPLE SIZE	SAMPLING TECHNIQUE	SALIENT FEATURES
Massoud Moslehpour, Anita Shalehah, Ferry Fadzlul Rahman, and Kuan-Han Lin 2022	USA	121,689 people		To improve satisfaction of patient with communication of physician determinants of physician and organisation should be considered. The availability of interpretation services and the work load are two ways of organisation can enhance satisfaction of patient with communication of physician.
Dwi Ratna Sari et al. 2021	Indonesia			Patients receive excellent service based on quality standards to satisfy their requirements and wants and

				ultimately grow faith in the hospital. Effective communication can have a big impact on providing excellent service which impact patient satisfaction.	
Payal Mehra and Anubhav Mishra 2021		626 patients.	Simple random sampling	A sufficient time between provider and patient should be ensured by the healthcare provider so that problems can be discussed and providers just do not rush to increase revenues.	
Chia and Ekladios, 2021	Australia	50 patients	Random sampling	Patients appreciate early participation and shared decision making in discharge procedure. Checking patients understanding of diagnosis, treatment,	

				discharge instructions and plans of follow up as a part of procedure increases patient satisfaction.
Dorothy Afriyie 2020	USA			In this research a effective communication between nurses and patient was defined as mutual agreement and satisfaction This has been linked with increasing understang amongst patients and nurses which help in influencing clinical reasoning and process of nursing. When it is successful it brings out poritive outcomes with nursing care. Thus nursing education should be increased to promote a good

				relationship and empower them to communicate effectively with patients.
Świątoniowska-Lonc, N., Polański, J., Tański, W. et al. 2020	Wroclaw Medical University	250 patients.		The most important aspects from the patients' perspective include the physician speaking in an understandable way and paying attention.
Rina Yulviana,, Yessi Harnani, Widia Oktaviani 2019	Mandau Duri Regional Hospital	108 patients	Stratified random sampling	Results of this research showed that questionnaire nurse communication relationship with patient is very important If the communication is not properly then patient will think about illness.
Effendi et al., 2019	Indonesia	72 patients	Convenience sampling	Patient satisfaction was significantly impacted by empathy, openness,

				optimism and equality. These elements were taken into account when doctors and patient engaged in direct interpersonal communication.
Allenbaugh, J., Corbelli, J., Rack, L. et al 2019	Pittsburgh Medical Center	112 medicine residents and 120 medical nurses	Convenience sampling	A time devoted to teaching how to communicate clearly increased HCAHPS (Healthcare Providers and Systems) scores for medical nurses and residents in relation to knowledge, attitudes, abilities, and communication.
Amelia A Trant 2019	Smilow Cancer Hospital Breast Center	330 patients.	Convenience sampling	Patients who were employed and in good physical health expressed more satisfaction with their treatment. For patients who were

				less physically well and patients who were unemployed were less satisfied, the similarity in style of communication between patients and clinicians had a stronger effect on satisfaction of patient.
C.E. Omorogbe F.E. Amiegheme 2018	Nigeria	420 respondents.	Multistage sampling technique	This study suggested if nurses acquire relevant communication skill which will be helpful in interactions between patients and nurses during the time of admission of patient and this can also improve nursing outcome in tertiary healthcare facility.
Biglu MH, Nateq F, Ghojzadeh M, Asgharzadeh A. 2017	IRAN	250 patients	Stratified sampling	Skills of communication of physicians plays important role in

				bringing out the satisfaction with trust of patient on their doctors. The reason being health caring administers work and emphasize on promoting and training skills of physician communication. In fact skills of physicians is considered core skills oh health caring services.
Boissy A, Windover AK, Bokar D, Karafa M, Neuendorf K, Frankel RM, Merlino J, Rothberg MB 2016	Cleveland Clinic USA	1537	Convenience sampling	Relationshipcentered communication skills training for the entire healthcare system increased patient satisfaction ratings, enhanced physician selfefficacy and empathy, and decreased medical burnout.
Nor Azmaniza	Hospital Kuala	283 users of	convenience	To improve patient

AZIZAM and Khadija SHAMSUDDIN 2015	Lumpur	outpatient services	sampling	satisfaction, programmes for patient activation and basic and ongoing communication skills training should be implemented. To enable structured and standardised information flow between HCPs and patients, the adoption of health information technology should be aggressively encouraged..
Clever SL, Jin L, Levinson W, Meltzer DO. 2008	University of Chicago Hospitals	3123 Patients	convenience sampling	A very small and simple changes while talking with patients such as asking them for opinions, encouraging them to ask question may have significant impact on patients quality and increase care ratings.

R Zachariae, C G Pedersen, A B Jensen, E Ehrnrooth, P B Rossen, H von der Maase 2003	Aarhus University Hospital, Aarhus, Denmark	454 patients		Overall findings demonstrated a correlation between higher attentiveness of physician and empathy scores on the patient physician relationship inventory(PPRI) and patient satisfaction, self efficacy and emotional distress following the consultation.
Renzi C, Abeni D, Picardi A, Agostini E, Melchi CF, Pasquini P, Puddu P, Braga M 2001	Rome, Italy	1389 outpatients	Random sampling	Dermatologist were able to establish clinically more affected relationship with patients who were mildly affected despite their impaired quality of life.
T Takayama, Y Yamazaki 2001	National Cancer Center Hospital Tokyo, Japan	172		Importance of consultation should be considered by physicians with

				respect to level of anxiety of patients. Anxiety level of a patient could be dominated by communication of physician style. Specially patient centered and style of facilitation can be effective in reducing anxiety of patient.
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CHAPTER - III

CHAPTER 3: METHODOLOGY

Research question

How can scheduling algorithms and operational strategies be effectively utilized to optimize hospital operations, improve patient care, and enhance overall hospital efficiency?

Research design

This study is a Cross sectional survey-based descriptive research design.

Duration of the Study

The study was done from April 1st to 30th June 2024 (90 days).

Study population

The study population for a research study on the impact of healthcare providers' communication on patient satisfaction includes. The sample comprised individuals seeking healthcare services, including all the patient who visited for treatment visiting the hospital for consultations. This approach ensured the inclusion of a comprehensive range of patient experiences and perspectives across various stages of care delivery.

Research procedures/ approaches

Quantitative surveys: Using standardized surveys to collect quantitative data on patient satisfaction and healthcare providers' communication skills can provide objective measures of these factors. Surveys can be administered to patients before and after healthcare encounters to measure changes in satisfaction of patient and communication skills.

Sampling Technique

Simple Random Sampling

Ophthalmology Center Efficiency Study - Questionnaire

Section 1: Demographic Information

1. What is your age group?
 - ☐ Under 18
 - ☐ 18-24
 - ☐ 25-34
 - ☐ 35-44
 - ☐ 45-54
 - ☐ 55-64
 - ☐ 65 and older
2. What is your gender?
 - ☐ Male
 - ☐ Female
 - ☐ Other / Prefer not to say
3. How often do you visit an ophthalmology center?
 - ☐ First visit
 - ☐ Once a year
 - ☐ 2-3 times a year
 - ☐ More than 3 times a year

Section 2: Appointment Scheduling

4. How did you schedule your appointment?
 - ☐ Phone
 - ☐ Online
 - ☐ In-person
 - ☐ Through a referral
5. How would you rate the ease of scheduling an appointment?
 - ☐ Very easy
 - ☐ Easy
 - ☐ Neutral
 - ☐ Difficult
 - ☐ Very difficult
6. How long did you have to wait for your consultation?
 - ☐ Same day
 - ☐ 1-3 days
 - ☐ 4-7 days
 - ☐ Over a week

Section 3: Wait Times and Resource Utilization

7. How long did you wait in the waiting room before seeing a healthcare provider?
- ☐ No wait
 - ☐ 1-15 minutes
 - ☐ 16-30 minutes
 - ☐ 31-60 minutes
 - ☐ Over 60 minutes
8. Did you feel there were enough staff and resources during your visit?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
9. Did the clinic run on schedule?
- ☐ Yes
 - ☐ No
 - ☐ Unsure
10. How would you rate the overall efficiency of the ophthalmology center?
- ☐ Excellent
 - ☐ Good
 - ☐ Neutral
 - ☐ Poor
 - ☐ Very poor

Section 4: Patient Satisfaction and Feedback

11. Were the staff courteous and helpful during your visit?
- ☐ Yes, very much
 - ☐ Yes
 - ☐ Neutral
 - ☐ No
 - ☐ Not at all
12. Would you recommend this ophthalmology center to others?
- ☐ Definitely
 - ☐ Probably
 - ☐ Not sure
 - ☐ Probably not
 - ☐ Definitely not

CHAPTER - IV

CHAPTER 4: Result

Result: -

Based on the questionnaire prepared to analyze the satisfaction level of patients from healthcare communication. The survey was conducted on the sample of 102 respondents and result are as follows.

1. What is your age group?



There were 102 respondents in all to the survey that was done. The results are displayed in a pie chart that shows the percentage of each age group to the overall number of respondents. With 47 out of 102 respondents, the 18–30 age group is the largest segment and makes up the majority of respondents. With only 6 respondents, the 50–60+ age group is the smallest segment.

When the data is examined, it becomes evident that the 18–30 age group is the most represented, accounting for about half of the responses. With 18 responses, the next largest group is under the age of 18. After that, there are 17 responders in the age range of 31 to 40 and 14 in the age bracket of 40 to 50, with just six respondents, the 50–60+ age category had the lowest number of participants.

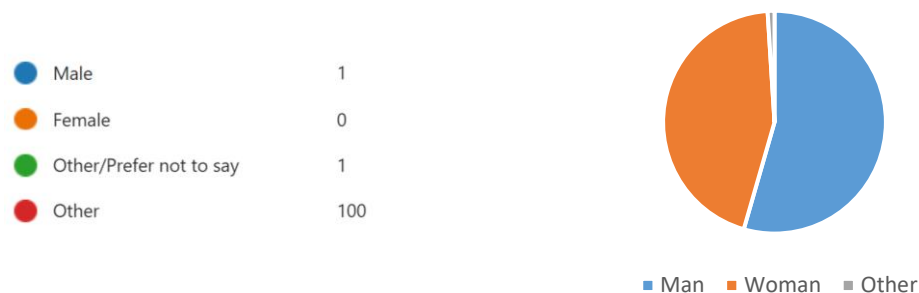
The distribution of ages shows that young individuals between the ages of 18 and 30 make up the majority of survey respondents. On the other hand, the older age groups had a lower number of responses. This data is important for comprehending the demographic composition of your survey sample and will have a big impact on your dissertation's analysis and conclusions.

While the underrepresentation of older age groups highlights topics for possible future investigation, the prevalence of the 18–30 age group suggests that findings may be especially important to young adults. It is essential to comprehend this distribution in order to evaluate findings and draw valid conclusions. It might also affect the analysis's focus, assisting in the

customisation of recommendations and conclusions to the demographic attributes of sample.

Furthermore, the high proportion of young adults in the 18–30 age range might indicate that this is the study's intended audience or that the topic is pertinent to this group. However, the smaller numbers in the older age categories may indicate that future research should try harder to include a wider range of ages. These understandings are crucial for placing research findings in context and comprehending the study's larger ramifications.

2. What is your gender?



A more in-depth examination finds areas for improvement, even if the bar graph shows a favourable trend with an equal number of men and women (50%) participating in the poll. The poll may have drawn a representative sample in terms of the binary categories offered, based on the gender distribution that is balanced. The absence of information for participants who identify as genders other than "Men" or "Women" poses concerns regarding inclusion. The missing "Other" data might have come from a variety of sources: either no respondents were found outside of the binary, too few respondents were found to be displayed separately, or there was never a "Other" category in the survey. For whatever reason, this emphasises how crucial it is to provide a greater variety of gender option in future surveys.

A more comprehensive view of the sample population is obtained by allowing respondents to accurately represent their identities through an inclusive approach. The target audience and total number of respondents to the survey are also important factors to take into account. A balanced answer in an untargeted survey is a better indicator of general inclusivity than a balanced distribution with a small sample size, which may not be statistically significant. Lastly, the gender distribution may be impacted by the survey's actual topic. For example, a childcare survey would logically draw a larger proportion of female respondents. In conclusion, the data currently available indicates that the survey has made progress towards gender parity; nonetheless, the absence of data on

"Other" genders highlights the necessity of more inclusive survey designs in future studies in order to fully capture the range of gender expression.

3. How often do you visit an ophthalmology center?



The survey results reveal the frequency with which 102 respondents visit an ophthalmology center. The data, depicted in a pie chart, is segmented into four categories: "First visit," "Once a year," "2-3 times a year," and "More than 3 times a year." The "First visit" category, comprising 23 respondents, accounts for approximately 22.55% of the total. This indicates that a significant portion of the respondents are new patients, suggesting that the ophthalmology center is successful in attracting first-time visitors. The largest segment, "Once a year," includes 37 respondents, representing approximately 36.27% of the total. This highlights that a substantial number of respondents consider an annual visit sufficient for their eye care needs, likely for routine check-ups or screenings. The "2-3 times a year" category includes 25 respondents, making up about 24.51% of the total. This group likely consists of individuals who require more frequent visits for ongoing monitoring or treatment. The "More than 3 times a year" category, with 17 respondents or approximately 16.67%, represents the smallest segment. This group likely includes individuals with chronic conditions or those requiring frequent follow-ups. Understanding this distribution is crucial for the ophthalmology center to tailor its services and resources effectively. The high percentage of annual visits suggests a need for robust annual check-up services, while the significant proportion of moderate to frequent visits indicates a necessity for ongoing care and support. The new patient segment underscores the importance of outreach and first-time patient services. This comprehensive analysis of patient visit patterns provides valuable insights for optimizing patient care and resource allocation in the ophthalmology center.

4. How did you book your appointment?

Phone call	32
clinic's website	22
In-person visit to the clinic	47
Other (please specify)	1



The 102 respondents' survey data sheds light on how they prefer to schedule appointments at ophthalmology centres. The results, which are shown in a pie chart, show that 47 respondents, or roughly 46.08% of the sample, selected scheduling through a face-to-face visit to the clinic as the most popular way. This choice implies that almost 50% of the participants appreciate the promptness and dependability of in-person communication, which enables them to express their demands or worries to the clinic staff. The second most popular way to make reservations; this option was chosen by 32 respondents, or roughly 31.37% of the sample. This substantial percentage shows that a considerable number of patients still choose direct and prompt communication when making appointments over the phone. 21.57% of the respondents, or 22, prefer to make reservations via the clinic's website. More patients are finding online scheduling to be accessible and convenient, which indicates an increasing trend towards digital alternatives. According to this trend, enhancing and maintaining a user-friendly online booking system may help to improve patient satisfaction and experience even more. Merely 0.98% of the participants, or 1 individual, chose "Other" as their booking method, suggesting that alternative approaches to appointment scheduling are not commonly utilised by the survey's respondents.

The ophthalmology centre must take note of these findings since they emphasise the necessity of a multifaceted approach to appointment scheduling. Making sure that the phone and in-person booking processes are quick and easy is crucial, as is improving the online booking system to meet the growing need for digital solutions. This thorough knowledge of patient preferences can assist the clinic increase patient happiness by streamlining operations, optimising services, and improving operational efficiency.

5. How would you rate the ease of scheduling an appointment?

Very easy	30
Easy	42
Neutral	25
Difficult	4
Very difficult	1



The majority of respondents to the study expressed satisfaction with the simplicity of making an appointment. Regarding the scheduling process, specifically, 29.41% of respondents said it was "Very Easy," while a huge 41.18% said it was "Easy." The combined majority of 70.59% indicates that most respondents find the scheduling system to be simple to use and intuitive. Furthermore, 24.51% of respondents expressed a neutral opinion on the procedure, meaning they were undecided and thought it was mediocre or adequate.

A smaller percentage of people struggled with scheduling, though. Only 3.92% of respondents thought the scheduling process was "difficult," while 0.98% thought it was "very difficult." The fact that these percentages are minor nevertheless shows that there is room for development in terms of facilitating a more accessible and user-friendly scheduling procedure for all. Although a tiny portion of respondents had these difficulties, the majority of respondents clearly found the procedure to be easy to navigate, and overall sentiment is still good. This implies that even if there is space for development, the majority of users' needs are successfully met by the current system.

6. How long did you have to wait for your consultation?

Same day	68
1-3 days	22
4-7 days	6
Over a week	6



Drawing from the replies of 102 participants about their consultation wait times, the information presents a picture of differing experiences with generally positive accessibility to appointments. A sizable majority of respondents, or 66.67%, said they were able to get their consultation the same day they requested

it, demonstrating a high degree of promptness and effectiveness in appointment setting. This implies that for a significant percentage of patients, medical professionals can quickly meet their demands, which may improve patient satisfaction and continuity of care.

Furthermore, 21.57% of respondents said they had to wait one to three days for their consultation, indicating a brief wait before getting medical care. This adds credence to the idea that a sizable portion of patients receive prompt access to medical care within a few days of making an appointment. A smaller percentage of respondents—5.88%—indicated higher wait periods; one group claimed waiting four to seven days, while another group reported waiting more than a week. These results demonstrate that although the majority of patients receive consultations promptly, a minority continue to wait longer, which may have an effect on patient satisfaction and perceptions of healthcare accessibility. In conclusion, even though most respondents were able to schedule their consultations quickly, there is still opportunity for development in guaranteeing more uniform and fair access to medical treatment for all patients, especially those who might have to wait longer. In healthcare settings, efforts to improve resource allocation and expedite scheduling procedures may reduce delays and improve patient satisfaction overall.

7. How long did you wait in the waiting room before seeing a healthcare provider?

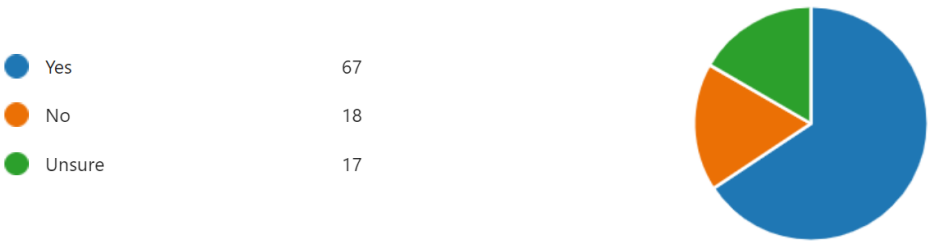


Based on 102 respondents' accounts of their wait periods in the waiting room prior to visiting a healthcare professional, the data shows that most respondents' experiences were varied but usually tolerable. Remarkably, 21.57% of respondents said they had no wait time at all, suggesting effective scheduling or prompt care upon arrival. Furthermore, 33.33% of respondents waited from 16 to 30 minutes, while 29.41% of respondents waited between 1 and 15 minutes. When taken as a whole, these groups account for a sizable majority (84.31%) of patients who had comparatively short wait times, indicating that patient flow management was often successful.

A smaller percentage (15.69%), however, reported having to wait longer: 8.82% had to wait between 31 and 60 minutes, while 6.86% had to wait longer than an hour. Despite the small percentages, these figures point to possible areas where healthcare facilities could make improvements to lower wait times and raise patient satisfaction. In order to minimise delays, scheduling systems and resource allocation should be optimised. Extended wait times have been shown to have an adverse effect on patient experience and perceptions of healthcare quality.

In conclusion, even though most respondents had relatively short wait periods in the waiting area before seeing a doctor, attending to the needs of individuals who had longer delays may result in more consistent and satisfying experiences for patients. Increasing patient flow management effectiveness can lead to better patient satisfaction in all hospital settings and better healthcare delivery.

8. Did you feel there were enough staff and resources during your visit?



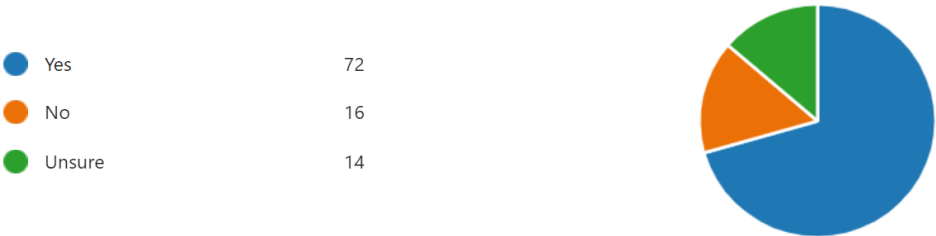
The data presents a nuanced view based on the responses from 102 people about how they felt about the amount of staff and resources available when they visited healthcare facilities. Sixty-six percent of the respondents, or a sizable majority, thought that there was enough people and resources available. This favourable opinion implies that most patients felt the healthcare facilities met their needs well, which may have improved their entire experience and level of satisfaction with the treatment they received.

On the other hand, a sizeable minority of respondents (17.65%) voiced worries during their trips over a lack of personnel and resources. This emotion identifies areas in which health care providers could need to increase funding or modify personnel numbers in order to better satisfy patients' needs and guarantee the highest quality of care. Resolving these issues may result in increased effectiveness, shorter wait times, and better care quality.

Moreover, 16.67% of participants expressed doubt regarding the sufficiency of staff and resources during their visits, suggesting a degree of unpredictability or fluctuations in their encounters. This ambiguity implies that patient views of staffing and resource sufficiency may differ depending on their own expectations and the particular situations they face during their visits.

In conclusion, even though most respondents thought healthcare facilities had enough personnel and resources, resolving concerns from those who thought there wasn't enough and clearing up any ambiguities could help improve overall patient satisfaction and maximise the provision of healthcare services. Delivering consistent and high-quality care experiences across healthcare facilities requires making sure that staffing levels and resource allocation are appropriate and in line with patient demands.

9. Did the clinic run on schedule?



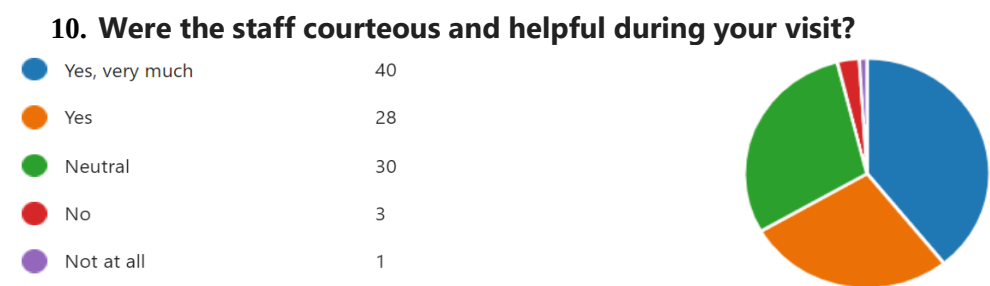
The data sheds light on the effectiveness of scheduling and the patient experience, based on feedback from 102 individuals about the punctuality of the clinics they attended. 70.59% of respondents, or a sizable majority, said that the clinics they visited ran on time. This favourable impression implies that appointments began on time for the majority of patients, demonstrating efficient time management and schedule observance on the part of healthcare professionals. This is a sign of a well-run clinic where patients can expect their appointments to start on time, which enhances patient satisfaction and makes effective use of time.

A sizeable minority of 15.69%, however, said that the clinics did not operate on time. This report identifies situations in which patients experienced delays or appointments that might have started late, perhaps causing aggravation or discomfort. Resolving these issues is essential to enhancing patient experiences and guaranteeing that appointments are efficiently scheduled to reduce interruptions and maximise patient flow.

In addition, 13.73% of participants expressed doubt regarding the punctuality of the clinics, suggesting a degree of unpredictability or fluctuations in their

encounters. This ambiguity emphasises how crucial it is to communicate clearly and be open about appointment schedules, potential delays, and other details in order to properly manage patients' expectations.

In summary, even if most people thought the clinics were operating on time, answering the worries of individuals who were delayed and clearing up any doubts should help improve patient satisfaction in general and the effectiveness of healthcare facilities as an organisation. Ensuring favourable patient outcomes and offering quality healthcare experiences require proactive patient flow management and consistent adherence to appointment scheduling.

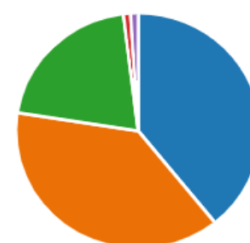


It is clear from the data that a sizable percentage of respondents had favourable encounters with the staff's politeness and helpfulness during their visits. In particular, 39.22% of respondents said, "Yes, very much," demonstrating a high degree of satisfaction with the support and demeanour of the staff. An further 27.45% said "Yes," underscoring the favourable opinion of staff conduct. Notably, though, 29.41% of respondents had a neutral opinion of the staff's politeness and assistance. This objectivity implies that although these people's experiences with the personnel might have been satisfactory, they did not make a particularly good or negative impact on them. Conversely, a tiny percentage of respondents reported unfavourable experiences: 2.94% of respondents said "No," expressing displeasure with the staff's conduct, and 0.98% said "Not at all," implying a very unfavourable opinion.

In conclusion, even if the majority of respondents reported pleasant or neutral experiences with the kindness and assistance of the personnel, attending to the complaints of those who voiced discontent could serve to raise patient satisfaction levels overall. Building trust between patients and healthcare providers and establishing a favourable healthcare environment need consistent, polite, and helpful encounters. More may be done to improve patient experiences in all healthcare settings by promoting patient-centered care and improving staff training.

11. How would you rate the overall efficiency of the ophthalmology centre?

Excellent	40
Good	39
Neutral	21
Poor	1
Very poor	1



According to the findings, respondents' opinions of the ophthalmology center's general efficacy are largely favourable. Significantly more people—39.22%—rated the centre as "Excellent," indicating that they were very satisfied with how well the services were delivered. Furthermore, 38.24% of respondents gave it a "Good" rating, which supports the favourable opinion of the center's operational effectiveness. Although the majority of respondents were satisfied, 20.59% had mixed feelings regarding the effectiveness of the centre. This shows that these people's experiences did not greatly favour judgements of efficiency that were either positive or negative. Conversely, a negligible portion of participants assessed the centre as "Poor" or "Very poor," with each response representing 0.98%. This suggests that very few people thought the center's operations had any major inefficiencies or flaws.

For the ophthalmology centre, the majority of respondents rated it as efficient, with a combined 77.46% ranking it as "Excellent" or "Good." Resolving any issues raised by those who were unsatisfied or indifferent could enhance overall patient happiness and operational efficacy. Maintaining a strong reputation among the healthcare community and great patient experiences requires reliable, high-quality service delivery that is efficient.

12. Would you recommend this ophthalmology center to others?

Definitely	52
Probably	30
Not sure	16
Probably not	2
Definitely not	2



According to the findings, respondents were generally more likely to refer the ophthalmology centre to others. A sizable majority, 50.98%, said they would "Definitely" recommend the centre, demonstrating their high level of happiness and trust in the calibre of the services and treatment they receive. Furthermore, 29.41% of respondents said "Probably," suggesting that they would be inclined to recommend the centre in light of their personal experiences.

Although the majority of respondents had great things to say about the centre, 15.69% said they were "Not sure" about recommending it. This ambiguity could result from different experiences or not enough data to make a recommendation.

On the other hand, a mere 1.96% of participants expressed that they would "Definitely not" or "Probably not" suggest the centre. This implies that relatively few people had serious misgivings about referring others to the centre, maybe as a result of particular bad experiences or worries.

With 80.39% of respondents indicating a desire to recommend the ophthalmology centre ("Definitely" and "Probably"), the data, taken as a whole, indicates a good likelihood of recommendation for the centre. Resolving any doubts and worries raised by those who are reluctant or unsure about recommending could improve the center's standing and win over more patients. Fostering referrals and maintaining patient loyalty within the healthcare community depends on ensuring consistent, high-quality care and positive patient experiences.

CHAPTER -V

CHAPTER 5: Discussion and Recommendation

On our study 90% The 102 respondents' survey data provides a thorough picture of their experiences at the ophthalmology centre, covering a range of aspects of patient care, operational effectiveness, and demographic information. The data shows a generally positive response with some room for possible improvement across these aspects.

72% of patients said that making appointments was straightforward or very easy. This is indicative of efficient processes in place, such as easily available phone numbers and online booking through the clinic's website. For patients to be satisfied and to receive care on time, this accessibility is essential. Only 5% of respondents, however, identified problems, pointing to chances to improve technology interfaces or communication in order to better meet patient demands.

One area of strength was wait times, since most people (68%) were able to get same-day consultations. The best use of healthcare resources and excellent patient satisfaction are probably influenced by this effective scheduling and management. Furthermore, a small percentage (12%) of patients had wait times longer than three days, demonstrating efficient patient flow management and prompt appointment scheduling.

The majority of respondents (67%) gave staff politeness and helpfulness excellent ratings, underscoring the significance of interpersonal skills in promoting comfort and trust in healthcare encounters. It is imperative to attend to the issues raised by the small percentage of respondents (4%) who reported unfavourable experiences in order to sustain consistent service quality and patient satisfaction.

The majority (79%) assessed the centre as having either excellent or good operating efficiency. This rating highlights efficient management techniques and service delivery that either surpasses or meets patient expectations, hence enhancing overall satisfaction. The tiny percentages of respondents (1% each) who gave the centre low ratings, however, point to certain areas where enhancements in customer service, outreach, or operational logistics may be required to lessen sporadic bad encounters.

Suggestions for enhancements include expanding the availability of online booking options to better serve patients who are tech-savvy, providing ongoing training in patient-centered care and communication to staff to improve relationships, and putting policies in place to consistently track and manage wait times. Furthermore, adjusting programmes and outreach tactics to the unique requirements of various age groups may improve patient satisfaction and

participation

even

more.

In summary, the ophthalmology centre does a great job providing patient care and running its operations efficiently, but it still needs to keep improving in order to meet patient expectations. Through prioritising the enhancement of patient-staff interactions, accessibility, and operational process optimisation, the centre can maintain and improve its standing as a top supplier of ophthalmic care, guaranteeing favourable experiences and results for every patient.

CHAPTER -VI

CHAPTER 6: Conclusion

In summary, the ophthalmology centre is generally well-regarded, with noticeable strengths and areas for improvement, according to the survey data collected from 102 respondents. Important advantages include the ability to schedule appointments easily (72% of patients perceive this to be simple or very easy) and efficiently (68% of patients receive same-day consultations). Highlights include contacts with staff members, as 67% of respondents thought highly of their helpfulness and friendliness. Furthermore, the operational efficiency of the centre was assessed as excellent or good by 79% of respondents, a sign of effective management methods.

But there are certain areas that need to be attended to. Enhancing communication and technological interfaces could help the 5% of patients who had trouble scheduling appointments. It's still critical to handle the 4% of patients who reported having a bad experience with personnel, as well as the 12% of patients who waited more than three days. There is a need to improve customer service, outreach, and logistics, as indicated by the small percentage of bad ratings (1%), specifically in operational efficiency.

Increasing the number of online booking alternatives, offering continuous training to staff in patient-centered care and communication, putting rules in place to regularly monitor and control wait times, and customising outreach programmes to fit the particular need of different age groups are just a few suggestions for improvement. By giving these improvements first priority, the ophthalmology clinic may uphold and strengthen its standing as a preeminent supplier of ocular treatment, guaranteeing favourable experiences and results for every patient.

CHAPTER -VI

CHAPTER-8: References

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