QUALITY OF SERVICES, AT INPATIENT DEPARTMENT, AIDING PATIENT SATISFACTION

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in

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by

Sneha Jadon

Under the Supervision and Guidance of

Mr. S.P. Chattopadhyay

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CERTIFICATE

This is to certify that Dr. Sneha Jadon, in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur, has successfully completed her internship at Rungta Hospital during Mar 10 - May 31, 2025.

31/5/25

Place :- Jaipur
Date :-31 May,2025

Authorized Signature
Rungta Hospital , Jaipur

Dr. Dharmendra Dudi
Unit Head
Rungta Hospital, Jaipur
RH. 1370

IIHMR UNIVERSITY

CERIFICATE

This is to certify that the dissertation titled **"Quality of Services, at Inpatient Department Aiding Patient Satisfaction"** is a record of the research work undertaken by Dr. Sneha Jadon in partial fulfillment of the requirements of 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.

S.P. Chattopadhyay
IIHMR University

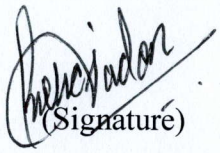
Date

Dr. Sanjay Gupta
IIHMR University

Date

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"Quality of Services, at Inpatient Department Aiding Patient Satisfaction"**is a Bonafide record of my original research work I declare that it has not been submitted to any other university or the institution for the award of any degree or diploma. Information derived from the published or unpublished works of others has been duly acknowledge in the text.



(Signature)

Sneha Jadon

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Dr. Sneha Jadon
MBA-HHM
IIHMR, Jaipur

ABSTRACT

Introduction - Many hospitals, particularly in the business division, usually work in the same way as service companies do. The healthcare industry has started employing HR specialists and management graduates, who are qualified to run a hospital. Third-party payers have also realized that satisfaction of patient is critical to their organizations' success, and they are consistently tracking patient satisfaction levels among their clients because it fosters patient loyalty, improves patient retention, and is important for hospital accreditation, as accreditation agencies place a high value on patient satisfaction.

Rationale: Patient satisfaction has evolved as an important criterion for assessing the efficacy of services provided by healthcare institutions. To evaluate the happiness and awareness of health-care systems, it is critical to quantify patient contentment. There is significant room for improvement in hospitals' basic amenities and services, particularly medication availability, toilets, hand washing, and facilities of water to drink, in IPD, hygiene in wards, the availability of fans and lights, along with clean sheets in wards. Additionally, this has a significant influence on the doctor-patient relationship.

Research question- What are the factors influencing Patient satisfaction in hospitals?

Objectives -

1. To examine the elements that affect the satisfaction levels of the patients admitted to the IPD of a corporate hospital at a tertiary level.
2. To analyse patients' prospects in IPD during critical conditions.
3. To determine the elements that contribute to patient pleasure to put a wonderful doctrine into practice by performing poorly and delivering too much.

Methodology of Research

Design of study- Descriptive Study

Methods of Collection of Data-

Primary Data-

Interviews of patients will be one-on-one, along with surveys, which will be used to collect primary data.

Secondary Data-

Evaluation from patients posted on the hospital's website, along with current literature about the organisation, the Standard Operating Procedures, Quality Manual, and alongside Administrative and Departmental Manuals, will be acting as sources of secondary data.

Additionally, surveys conducted in the past may provide further secondary data.

Patient feedback forms from the hospital, from the prior month, will also be considered.

SAMPLING TECHNIQUES - Sample Random Sampling will be done

SAMPLING SIZE- 271

INCLUSIONS- Attendants + IPD Patients

EXCLUSIONS-

- Elderly patients
- Pediatric patients
- Critical patients
- Patients in the emergency

Duration of Study: Three Months

Analysis of Data -

1. A Likert scale is used to analyze each of the feedback form's parameters.
2. The scores of each response will range from 1 to 5.
3. The classification range is Standard (as per the hospital)
    - 4. Excellent – 5
    - 5. Very Good - 4
    - 6. Good - 3
    - 7. Average - 2
    - 8. Below Average - 1
4. To make the data comparable, the effective percentage score is determined in the final analysis.
    - 10 Excellent - 85-100%
    - 11. Very Good - 70-85%

- 12. Good - 55-70%
- 13. Average - 40-55%
- 14. Below Average - 0-40%

5. Open-ended survey questions will be there.

6. By utilizing the feedback from admitted patients to the inpatient department via the existing questionnaire in the system, the survey is crafted to include patient input on various services and critical moments experienced during their treatment at the hospital.

7. Reception

8. Emergency

9. Pharmacy

10. Billing and Cash

11. Wards/ ICU

12. Diagnostics

13. Safety

14. Following the interaction with the study participants (271 inpatients), an analysis will be conducted by calculating the percentage average for all rows related to the services indicated at each stage. Subsequently, a report will be prepared based on the conclusions drawn from these findings, with percentages aligned with the organization's vision.

Key Findings -

1 There are challenges in the pharmacy due to inconsistent availability of medications and high treatment costs.

2 Issues with the waiting room include insufficient chairs and the kitchen and canteen's poor quality and amount of food.

3 Treatment at the emergency room is postponed until the patient or their family pays, which delays the commencement of care.

4 The cash and billing area is located too far from the emergency department.

5 There is insufficient communication during staff shift changes.

Conclusion - Based on the results and the feedback gathered from patients, the hospital is performing well across all service areas, with overall ratings reflecting excellence. However, there are a few minor issues that, while not critical at this time, could negatively impact the hospital's reputation in the future if they are not addressed promptly.

Table of contents

List of Tables-

Chapter 1: INTRODUCTION

The landscape of Healthcare has undergone of profound metamorphosis over the centuries with the recent past witnessing particularly significant developments that have fundamentally received the practice and system of medicine. This transformative period has seen Healthcare Transcend its historical them as solely a Nobel profession. Evolving into a sophisticated and multifaceted service industry. This shift presents both intricate challenges and expensive opportunities for modern Health Care institutions. The key driver of this evolution has been widespread establishment of Corporate hospitals. These institutions operate with the business-oriented approach, introducing new models of Management and Service Delivery that differ significantly from traditional, non profit or government Run Health Care facilities. Parallel to this advent of third party prayers encompassing various insurance companies and government bodies comma has revolutionized the financial architecture of Healthcare. These entities now play a crucial role in mediating because of patient care directly impacting Hospital revenue streams and financial strategies. This financial restructuring has necessitating height and focus on managing the cause while simultaneously delivering high quality services. Concurrently, the proliferation of information through the internet has significantly empowered patients. This access to vast medical knowledge, treatment options and comparative provider performance has directly led to increasingly higher expectations regarding the quality of care they receive. Patience are no longer passive recipients of care they are often active participants seeking comprehensive information and demanding transparency. This Confluence of high tent patient Expectations and the unfortunate increasing tendency of litigation arising from unsatisfactory results places immense pressure on health care providers to not only deliver clinically effective care but also do ensure a consistently positive patient experience. The risk of legal repercussions for perceived failures in care or communication underscores the urgent need for a strategic approach to patient satisfaction.

In direct response to these evolving market dynamics and height and patient demands the hospital industry, particularly within the corporate sector has begun to fundamentally alter its operational structure. Hospitals have started to integrate human resource professionals and management graduates into leadership and strategic roles acknowledging that successful organisational function now requires expedies beyond

traditional clinical administration. This strategic shift signifies a recognition that effective management, human capital development, and service industry principles are integral to navigating the complex cities of modern Healthcare. Within this new operational framework comma patient satisfaction has emerged as an exceptionally vital tool for the success of any Healthcare organisation. It is no longer and insulin but a primary metric comma with hospitals regularly monitoring patients satisfaction levels among their customer base. This continuous assessment reflects a deeper understanding that patient perceptions directly influence and Institutions viability and reputation.

The profound importance of patients satisfaction is evident in its direct correlation with several critical organisational outcomes, most notably enhanced customer loyalty. Hospitals that prioritize patient satisfaction find that their patients are more inclined to return for future services leading to significantly improved patient retention. The impact of this loyalty is not merely linear, it possesses an exponential effect. For instance, if a hospital successfully satisfies a single customer, that positive experience can be communicated to four other individuals, potentially influencing their Healthcare choices and reinforcing loyalty. Conversely the adverse effects of patient dissatisfaction are equally potent, If a single customer is alienated due to a negative experience or an unresolved problem, that dissatisfaction can spread to ten or even more individuals potentially deterring them from seeking care at the Institution. This severity of the problem further amplifies this spread of negative sentiment. Moreover, the power of positive word of mouth is undeniable, a satisfied patient may actively encourage three other potential patients to remain with the hospital, demonstrating the intrinsic value of positive personal testimonies. This ripple effect underscores the strategic imperative for hospitals to meticulously manage every patient interaction and ensure positive experience.

Beyond direct retention and referral,high customer loyalty offers substantial competitive advantages, allowing organisations to maintain command over their profit or market share even in the face of potential price competition. This suggests that a strong base of loyal patients provides a buffer against aggressive pricing strategies from competitors as patients are willing to prioritize established relationships and perceived quality. An interesting example of this attitude may be seen in a study conducted at the American Voluntary Hospital, where a sizable portion of patients—70–80%—said they would be ready to pay more to see the doctors of their choice. This finding powerfully underscores that patients are prepared to invest more for what they perceive as superior care and trusted medical relationships, reinforcing the notion that value, driven by

quality and trust, can outway purely cost- based considerations.
The ramification of patients satisfaction extend deeply into crucial operational aspects including risk management and overall organisation efficiency. There is a documented inverse correlation between high patient satisfaction rate and incidence of medical Mal practice suits. This suggest that patients who feel well cared for, respected, and whose concerns are adequately addressed I significantly less prone to initiate legal proceedings even when an adverse outcome occurs full stop this production in male practice risk offers substantial financial and reputational benefits to hospitals, mitigating costly legal battles and preserving public trust. Further more fastering a culture that prioritizes and achieves high patient satisfaction has a direct positive impact on staff moral full stop when Health Care professionals receive positive feedback and observe the beneficial outcomes of the patient centric efforts their moral improves which intern leads to increase productivity across various Hospital department and functions. Motivated and satisfied workforce is often more engaged leading to better quality of care and a Virtuous cycle of positive patient experience is.

The Global Healthcare landscape has also seen the universal adoption of various accreditation agencies signifying a collective commitment to elevating service quality. The primary focus of organizations like the Joint Commission on Accreditation of Healthcare Organizations, the National Accreditation Board for Hospitals (NABH), and the International Organization for Standardization (ISO) is on quality service issues. These accreditations serve as rigorous external validation of a hospitals adherence to best practices in Patient Safety, clinical protocols, and overall service deliveries there by indirectly yet powerfully contributing to patient satisfaction by instilling confidence and trust in the quality of care provided. Ultimately, the profound connection between personalized and professional patient care and patient will be cannot be overstated. The intrinsic logic posits that the more content and engaged the health care professional is, the more positive and satisfied the patient will be. This symbiotic relationship highlights that investment in staff will be and professional development also translates into tangible benefits for patience.
Against this backdrop, this dessertation is designed to undertake a comprehensive exploration of the pivotel interplay between the quality of services rendered within the impatient department and the nature of the doctor patient relationship full stop the central aim is to matriculationly analyse how these two fundamental components collaborately and profoundly contribute to patient satisfaction specifically within the

impatient department and room Hospital. This study will systematically investigate the various touch points of the patient journey within the impatient settings from the initial moment of admission through the complex cities of treatment and finally to the critical phase of discharge. By bisecting specific elements of both service quality and doctor patient interaction, this research 6 to 10 point presised leave which factors most significantly influence patient contentment full stop the insights derived from this in depth analysis are intended to furnish actionable recommendations and strategic guidance to room the hospital, there by enabling the institution to systematically enhance it's in patient care delivery, cultivate stronger and more enduring patient loyalty and ultimately solidify its position as a leading Healthcare provider deeply committed to delivering patient Centre excellence. This research holds the potential to not only provide tailor benefits for Rungta hospital but also to enrich the broader Academy understanding of the determinants of patients satisfaction within contemporary corporate hospital environments.

Chapter 2: Literature review

Patient satisfaction is widely established as a critical yardstick to measure the success and gauge the responsiveness of healthcare systems. It represents more than just clinical outcomes; non-clinical aspects of care profoundly influence patient contentment. Satisfaction itself is recognized as a concept of psychology, which can be explained in various forms, often reflecting an individual's judgment regarding whether the primary goal of a tertiary care hospital—to provide the best possible healthcare—has been met. Few studies have routinely measured patient satisfaction with hospital services in India. However, assessment of satisfaction is considered a cost-effective method for evaluation of services of hospital services and improving their performance. Monitoring customer perception is not only a simple strategy but also a strategy for assessing, improving performance.

The quality of clinical care, medication availability, physician and other staff behavior, service costs, hospital facilities, patient comfort, emotional support, and consideration are just a few of the many variables that affect patient satisfaction.

Practical challenges impacting satisfaction are highlighted by findings such as 21% of patients reporting the toilets unavailability and hand-wash facilities in the wards. Additionally, 62%, 40% of patients expressed dissatisfaction with the cleanliness of toilet facilities and wards. Services and amenities that contribute to patient satisfaction include a comprehensive scope of improvements in the timely, medicine availability, water to drink, and effective toilet/hand-washing facilities in the IPD wards. It also notes, importance of cleanliness in toilets and wards, as well as the provision of fans, lights in beds, and clean bedsheets. A study on a medical college at a tertiary care facility in Punjab, North India, claims that, patients were less content with the wards' and restrooms' cleanliness but more pleased with the way the doctors behaved. This underscores the critical importance of both the human element and the physical environment in shaping patient experience. Human satisfaction is a complicated concept itself, influenced by factors such as lifestyle, past experiences, future expectations, and individual and societal values.

Patient trust emerges as a foundational element in fostering satisfaction within healthcare environments, exhibiting a strong positive correlation with higher levels of

patient contentment. This relationship is complex, influenced by a spectrum of factors ranging from broad systemic policies and healthcare structures to individual choices regarding physicians and the nature of interpersonal communications. A significant investigation within China's hospital framework, utilizing logistic regression analysis, specifically identified a profound sense of patient trust as the predominant positive driver of patient satisfaction, indicating that highly trusting patients were almost 15 times more likely to report satisfaction. Beyond trust, other positive contributors to satisfaction included reduced hospital medical costs (when compared to higher expenditure brackets), favorable staff conduct, and a pleasant physical environment in wards. Conversely, certain medical insurance plans, such as those for urban residents versus urban employees, were linked to lower satisfaction, suggesting potential inequities in financial safeguards and healthcare accessibility. This research concluded that a fundamental deficit in trust is a primary cause of patient discontent, underscoring the necessity for systemic overhauls designed to build accountability among all involved parties, moving beyond a narrow focus on individual doctor-patient interactions. The development of trust, according to the study, is nurtured by perceptions of excellent service quality, compassionate and attentive interactions, and an insurance framework that offers robust financial protection and fair access to care.
The concept of patient choice, particularly in primary care settings, represents another vital dimension impacting trust and satisfaction. Research findings illustrate that a patient's contentment with their autonomy in selecting a Primary Care Physician (PCP) serves as a powerful indicator of their trust in that healthcare professional. The perceived efficacy of the PCP's medical care demonstrated a strong link with both satisfaction in PCP selection and overall confidence in the provider. An intriguing observation was that patients who had pursued second opinions generally exhibited lower trust levels, which may suggest that seeking an alternative opinion could itself reflect diminished initial trust in their primary provider. Furthermore, elements such as informal dialogue with the PCP outside of clinical consultations, satisfaction with the insurance provider, and insurance policies that offer financial advantages for utilizing networked PCPs were all associated with a patient's satisfaction concerning their PCP choice.
An earlier experimental study directly compared outcomes between patients given the liberty to choose their PCP and those to whom a PCP was assigned. The results were striking: participants in the group that selected their PCP were notably more inclined to acknowledge that they had made the choice (78% compared to 22%), demonstrated a

higher likelihood of staying with their chosen PCP after one year (93% versus 69%), and expressed greater overall contentment with their physician (67% as opposed to 57%). While this cohort initially reported more positive trust indicators for their PCP across several metrics, these variations did not remain statistically significant after adjustments for factors like patient age, gender, ethnic background, educational level, and health condition. Despite this, the study inferred that enabling patients to choose their PCP can foster advantageous outcomes for both the patient and the provider, particularly concerning satisfaction levels and the durability of their professional relationship. These findings collectively highlight that patient autonomy in choosing their care provider can positively shape their perception of care and strengthen the therapeutic relationship.

In synthesis, these academic contributions collectively reveal the intricate and interwoven dynamics of patient trust and satisfaction within the broader healthcare ecosystem. They consistently emphasize that while the caliber of personal interactions with healthcare professionals and the perceived standard of service delivery are undeniably important, more extensive systemic considerations are equally pivotal. These broader factors encompass healthcare funding mechanisms, the architecture of insurance schemes, and the empowerment of patients through choice. Therefore, initiatives aimed at improving patient experiences should pursue an integrated strategy that holistically considers these varied and impactful components. The studies underscore that a deficiency in patient trust is a primary driver of dissatisfaction, pointing towards the need for systemic reforms that build accountability among all stakeholders, rather than solely focusing on the doctor-patient interaction. The cultivation of trust, as emphasized, is fostered by perceptions of excellent service quality, compassionate and attentive interactions, and an insurance framework that ensures robust financial protection and fair access to care. Given that human satisfaction is a complicated concept influenced by lifestyle, past experiences, future expectations, and individual and societal values, continuous supervision of patient satisfaction levels is recommended to deduce methods for improving hospital services. This comprehensive understanding will be crucial for enhancing the overall patient experience and fostering lasting loyalty within the in-patient setting at Rungta Hospital

Chapter 3: ABOUT THE HOSPITAL

Rungta Hospital, founded in 1990, is a leading 100-bedded multi-specialty tertiary care facility located in Malviya Nagar, Jaipur, Rajasthan. Over its 30-plus years of service, the hospital has catered to more than 1,060,000 patients and has successfully conducted over 77,000 surgical procedures.

As a trailblazer in patient care within the private healthcare sector in Rajasthan, Rungta Hospital earned the distinction of being the first private institution in the region to establish a Neonatal Intensive Care Unit (NICU). Additionally, it was the first private facility in Rajasthan to create an advanced Intensive Care Unit (ICU). In line with its dedication to emergency medical services, Rungta Hospital launched Rajasthan's inaugural "ICU on Wheels" in 2003. Its innovative strategies include being the first to perform total transfusion in neonates.

The hospital is celebrated for conducting more than 500 bypass surgeries each year. Rungta Hospital provides a wide array of medical specialties, such as cardiology, neurology, urology, gastroenterology, and orthopedics. These services are backed by modern infrastructure and delivered by a dedicated team of healthcare professionals.

Mission

To improve individualized clinical care in order to transform healthcare. In order to build a healthy future for everybody, we are dedicated to providing cutting-edge diagnostic and treatment services.

Continue to Look After Patients

Giving Patients the Best Service Possible

Vision-

To serve as the state center of excellence in medicine, providing communities around the world with the best services available at reasonable prices.

Policy of Quality

Rungta Hospital is dedicated to providing top-notch patient care by utilizing the newest technology in conjunction with superior medical care, guaranteeing patient safety during their stay, encouraging a culture of ongoing quality improvement, and abiding by

legal requirements.

Chapter 4: Research Methodology

Both primary and secondary data form the basis of the study. In order to get first-hand information related to the research topic, semi-structured interviews will be held in addition to the core data collection process using a questionnaire. However, hospital periodicals, journals, and reports from the past year will be the sources of secondary data.

Numerous aspects, like as waiting times, amenities, staff performance perceptions, and logistical arrangements in both the inpatient and outpatient departments, are common in promoting patient happiness. scheduling system, employee conduct, assistance, and any additional recommendations made by patients. For my study, I will evaluate the following aspects out of the numerous that influence the degree of patient satisfaction.

Service Quality

The conduct of physicians and other medical personnel

The price of the services

Methodology Of the Study

Design of study- Descriptive Study

1. Data Collection
    1.1 Primary data
        1.1.1 Questionnaires and in-person patient interviews will be used to gather primary data.

    2.1 Secondary information
        2.1.1 Patient evaluations found on the hospital's website and in the organization's current documentation, including the Quality Manual and Standard Operating Procedures.
        2.1.2 Secondary data will come from administrative and departmental manuals.
        2.1.3 Secondary data may also be obtained from earlier surveys conducted in this area. Additionally, the hospital's prior month's patient feedback forms will be taken into account.

Sampling Technique used is Simple Random sampling

Sampling Size:

$$Sample\ size = \frac{Z^2 * (p) * (1-p)}{c^2}$$

Where

Z = Z value (for example, 1.96 at a 95% confidence level)

p is the proportion of choices made, represented as a decimal (.5 is used for the required sample size).

c = confidence interval, represented as a decimal (.05±5, for example).

Rate of non-response: 10% (19.6)

IPD patients and attendants are included.

- Pediatric patients are excluded.
- Patients in emergencies a
  Patients in critical condition
  Senior citizens

The duration of the study is three months

Data Analysis

1. A Likert scale is used to examine each parameter in the feedback form.

2. Each response is assigned a score between 1 and 4.

Table 5.1- Score Table

Excellent	5
Very Good	4
Good	3
Average	2
Below Average	1

Table 5.2- Percentage Scoring Table

Excellent	85- 100%
Very Good	70- 85%
Good	55- 70%
Average	40- 55%

Below Average	00-40%

1. Open-ended survey questions will be there.
2. Using the feedback from patients admitted to IPD via the system's existing questionnaire, the questionnaire is made to include patient input regarding the following services or "moments of truth" that patients experienced while receiving hospital treatment.

2.1. Reception
2.2. Emergency
2.3. Pharmacy
2.4. Billing and Cash
2.5. Wards/ICU
2.6. Diagnostics
2.7. Safety

3. Following interaction with the study participants (271 inpatients), the average percentage of each row related to the services mentioned at each stage would be derived. The results would then be used to create a report that would reflect the assumptions made in percentages that align with the organization's mission.

Chapter 6:

Analysis of the patient satisfaction survey on March '25

Table 6.3- March analysis table

The moment of truth of patience in the hospital		Patient Satisfaction	Remark
Overall Hospital Visit	Overall quality of healthcare services provided to you during your stay	87	Excellent
Admission	Helpfulness of front desk staff	76	Very Good
	Helpfulness of financial counselling	52	Average
	Earlyness to navigate through our facility	65	Good
	Time taken for the admission procedure	71	Very Good
Doctor	Doctor visit within 24 hours of admission	92	Excellent
	Information about risk/ while taking consent	85	Very Good
Nursing	Sample collection and medical administration of time	70	Good
	Response with a dietician and counselling	82	Very Good
Food and Beverages	Experience with a dietician and counselling	38	Below Average
	Food provided at the right time	63	Good
Cleanliness	Cleanliness of the ICU/ward and lobby	89	Excellent
	Hygienic washrooms	54	Average
discharge	Time taken for the discharge process	33	Below Average
	Information about discharge medication	78	Very Good

	by nursing staff		
others	Respect and concern towards Patient Safety and privacy	76	Very Good

Analysis of the patient satisfaction survey on April 25

Table 6.3- April analysis table

The moment of truth of patience in the hospital		Patient Satisfaction	Remark
Overall Hospital Visit	Overall quality of healthcare services provided to you during your stay	86	Excellent
Admission	Helpfulness of front desk staff	78	Very Good
	Helpfulness of financial counselling	49	Average
	Earlyness to navigate through our facility	68	Good
	Time taken for the admission procedure	74	Very Good
Doctor	Doctor visit within 24 hours of admission	93	Excellent
	Information about risk/ while taking consent	84	Very Good
Nursing	Sample collection and medical administration of time	69	Good
	Response with a dietician and counselling	80	Very Good
Food and Beverages	Experience with a dietician and counselling	40	Average
	Food provided at the right time	59	Good
Cleanliness	Cleanliness of the ICU/ward and lobby	89	Excellent
	Hygienic washrooms	56	Good
discharge	Time taken for the discharge process	31	Below Average
	Information about discharge medication by	77	Very Good

	nursing staff		
others	Respect and concern towards Patient Safety and privacy	83	Very Good

Analysis of the patient satisfaction survey on May 25

Table 6.3- May analysis table

The moment of truth of patience in the hospital		Patient Satisfaction	Remark
Overall Hospital Visit	Overall quality of healthcare services provided to you during your stay	90	Excellent
Admission	Helpfulness of front desk staff	77	Very Good
	Helpfulness of financial counselling	51	Average
	Earlyness to navigate through our facility	69	Good
	Time taken for the admission procedure	71	Very Good
Doctor	Doctor visit within 24 hours of admission	92	Excellent
	Information about risk/ while taking consent	82	Very Good
Nursing	Sample collection and medical administration of time	66	Good
	Response with a dietician and counselling	80	Very Good
Food and Beverages	Experience with a dietician and counselling	40	Average
	Food provided at the right time	61	Good
Cleanliness	Cleanliness of the ICU/ward and lobby	89	Excellent
	Hygienic washrooms	56	Good

discharge	Time taken for the discharge process Information about discharge medication by nursing staff	33 76	Below Average Very Good
others	Respect and concern towards Patient Safety and privacy	73	Very Good

Chapter 7: Results Findings

Table 7.1- Month-wise comparison table

Different Variables	Score (March)	Score (April)	Score (May)
Overall Hospital Visit	87%	86%	90%
Admission	66%	67.25%	67%
Doctor	88.5%	88.5%	87%
Nursing	76%	74.5%	73%
Food and Beverages	50.5%	49.5%	50%
Cleanliness	71.5%	72.5%	71.5%
discharge	55.5%	54%	54.5%
others	76%	83%	73%

Chapter 8: Comments for different variables captured in the hospital

Table 8.1- Comments Table

Different Variables	Comments

Overall Hospital Visit	Observations indicated that front desk personnel were at times operating under significant strain, contributing to extended wait times for service and an experience that felt somewhat detached. Addressing staffing requirements during peak operational hours and implementing further development programs in customer service excellence and empathetic interaction could be beneficial.
Admission	The initial patient experience highlighted several areas needing attention for a smoother start. Front desk interactions sometimes felt rushed and lacked a personal touch due to staff pressures, while the financial explanations regarding billing and insurance were clear
Doctor	The doctor's promptness in visiting patients post-admission and providing clear, comprehensive explanations of risks and benefits, crucial for informed consent. Such strong doctor-patient communication and timely medical attention are pivotal contributors to a positive inpatient experience.
Nursing	The nursing care is generally very competent, with procedures and medication schedules handled professionally. The staff are skilled and manage their core responsibilities effectively throughout their shifts. However, communication regarding patient updates and shift handovers could

	see some improvement for better continuity.
aFood and Beverages	The quantity and quality of food are consistently checked for every patient by the dietitian daily. Such direct oversight significantly contributes to patient comfort and their overall well-being.
Cleanliness	Overall cleanliness in toilets and wards is a fundamental requirement. Challenges in consistently maintaining hygiene are observed, particularly in washrooms and wards. Therefore, rigorous adherence to cleaning protocols throughout the premises is essential for upholding operational standards.
discharge	Nurses effectively provide clear medication information during this phase, however, the overall duration of the discharge procedure often warrants thorough review.
others	Occasionally, samples are deemed unsuitable for testing, either due to insufficient quantity or coagulation. The procedure for recalling patients for a new sample collection needs to be swift to prevent any inconvenience or disruption for them. Otherwise, all other aspects within the Diagnostics department operate effectively. Security personnel are appropriately deployed at various points throughout the

	hospital premises. They consistently uphold the established hospital protocols, which apply to all staff members, including every professional cadre, as well as to patients and their relatives.

Chapter 11: Discussion

Hospital

It frequently occurs that even with a skilled physician and a cooperative patient, issues continue due to the hospital's work culture, policies, and attitude. Hospitals have historically offered distinct functional services, including housekeeping, nutrition, pharmacy, lab, etc. Unfortunately, increasing fragmentation, expensive care, and subpar customer service have resulted from this specialization. The management tactics are changing in a number of ways in an effort to provide better and higher-quality services.

Services being offered in the hospital are fairly managed so as to meet the expectations of patients and enhance the quality too. The departments have seen exponential growth in three months, with increased service quality.

Chapter 10: Recommendations

Nursing Department

- Develop and implement standardized communication protocols for patient updates and shift handovers.
- Conduct regular training sessions for nursing staff on effective and comprehensive handover techniques.

Food and Beverage Services

- Explore mechanisms for more personalized feedback on food quantity and quality directly from patients.
- Review existing menus and food preparation processes to ensure optimal patient satisfaction regarding nutritional value and taste.

Cleanliness

- Conduct regular audits of washroom and ward cleanliness to identify and address specific areas of concern.

Diagnostics Department

- Implement additional staff training involved in sample collection to minimize inadequacies or clotting issues.
- Streamline the recall procedure for re-sampling to ensure quick patient notification and avoid inconvenience.

Housekeeping

- The housekeeping staff's work should be regulated properly so as to avoid delays

Admission Department

- Evaluate existing admission procedures to identify bottlenecks contributing to staff pressure.
- Provide targeted training to staff on maintaining a personalized and empathetic approach even under a high workload.

Chapter 12: Conclusion

Happy patients have a mentality. Although it does not ensure patient revisitation with a particular doctor, therefore, patient satisfaction proves to be an indirect indicator of how effectively a physician or hospital is doing their job. However, we must always deliver care in a certain way, not just sometimes or often, ensuring high standards. As patient needs to be involved at all times.

It must always be ascending and linear. One should make an effort to surpass each patient's expectations and deliver superior care.

"A satisfied patient is a practice builder".

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