SYNOPSIS FOR DISSERTATION

The IIHMR University, Jaipur

For the partial fulfilment for the award of the degree of
Master of Business Administration (MBA)

In

Hospital and Health Management

BY

Dr. Sneha Jadon

MBA HOSPITAL AND HEALTH MANAGEMENT

ROLL NO-1845

GUIDE: Mr. S.P. Chattopadhyay

2025

INTRODUCTION

The healthcare industry has evolved significantly over the past century, with corporate hospitals and third-party organizations revolutionizing management and service delivery. This shift has led to a focus on delivering high-quality services and ensuring patient satisfaction. Hospitals are now integrating human resource professionals and management graduates into leadership roles, recognizing the importance of effective management and human capital development. Patient satisfaction is a vital metric for the success of any healthcare organization, as it directly correlates with customer loyalty, competitive advantages, risk management, and overall organizational efficiency. High patient satisfaction also has a direct positive impact on staff morale, leading to increased productivity and a positive patient experience. Accreditation agencies like ISO, NABH, and the Joint Commission on Accreditation of Healthcare Organizations have also emphasized the importance of quality service in the healthcare industry. This study aims to explore the interplay between the quality of services in the impatient department and the nature of doctor-patient relationships, focusing on the various touch points of the patient journey from admission to discharge.

Literature review

Patient satisfaction is a crucial measure of healthcare system success, affecting not only clinical outcomes but also non-clinical aspects of care. It is often overlooked in developing countries, such as India, where few studies have been conducted. Factors affecting patient satisfaction include the quality of clinical services, availability of medicine, staff behavior, cost of services, hospital infrastructure, physical comfort, emotional support, and patient preferences. Trust is a foundational element in fostering satisfaction, with a strong positive correlation with higher levels of patient contentment. Trust is nurtured by perceptions of excellent service quality, compassionate interactions, and an insurance framework that offers financial protection and fair access to care. Patient choice, particularly in primary care settings, also impacts trust and satisfaction. The quality of personal interactions with healthcare professionals and the perceived standard of service delivery are important, but more extensive systemic considerations are equally pivotal. Initiatives aimed at improving patient experiences should pursue an integrated strategy that holistically considers these factors.

Research Question:

What elements affect hospital patients' satisfaction?

Goals:

To investigate the factors that influence patients' satisfaction when they are admitted to a tertiary care corporate hospital's in-patient department.

To examine the expectations of patients in the in-patient department at different pivotal times.

In order to use a wonderful doctrine by performing below expectations and beyond them, it is necessary to determine the elements that contribute to patient pleasure.

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.

Research Methodology

The study is basically based on both primary and secondary data. The primary data will be collated through questionaire and semi-structured interviews will be conducted to elicit first hand information with the theme of the research work. However, secondary data will be collected from hospital records, hospital magazines, journals, reports of previous 1 year.

Methodology Of the Study

Study design-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.

   1.2 Secondary Data
      1.2.1 Patient evaluation found on the hospital website and in the organization's current documentation, including the Quality Manual and Standard Operating Procedures.
      1.2.2 Also, the patients' feedback forms available with the hospital of the previous month will be taken into consideration

Sampling Technique - Simple Random sampling will be done

Sampling Size:

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

Where

Z = Z value (e.g., 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as a decimal

(.5 used for sample size needed)

c = confidence interval, expressed as a decimal

(e.g., .05±5)

Non-response rate: 10% (19.6)

Inclusions-IPD Patients + Attendants

Exclusions-Pediatric patients

Emergency patients

Critical patients

Elderly patients

Study duration - Three months

Analysis Plan –

Data Analysis

1. Each parameter in the feedback form is analyzed with the help of a Likert scale

2. Scores from 1 to 4 are given to each response.

Analysis

The monthly reports provide tabular information on patient satisfaction ratings (percentages) and comments regarding different factors, such as Overall Hospital Experience, Admission, Physician, Nursing Care, Food and Beverages, Cleanliness, Discharge, and Additional Aspects (Privacy/Safety) for the months of March, April, and May 2025.

Results Findings

The cumulative percentage scores for each variable over the three-month period include Overall Hospital Visit, Admission, Doctor, Nursing, Food and Beverages, Cleanliness, Discharge, and Others.

Root Cause Analysis of the issues encountered in some areas-

Issues include challenges in managing workloads at reception, resulting in hurried interactions. In the nursing sector, there is a lack of focus on standardized procedures for handovers. The discharge procedure is hindered by poor coordination between departments and delays in receiving final approvals. Cleanliness problems arise from insufficient staffing or resources dedicated to maintaining hygiene in busy areas, highlighting that overall cleanliness in restrooms and wards is a basic necessity. The diagnostics department encounters difficulties with sample collection methods and the efficiency of the recall process, frequently dealing with inappropriate samples. Areas affecting satisfaction include communication between doctors and families, nurse interaction, and the exchange of information during shift transitions. The sluggishness of housekeeping staff and the inadequacy of security personnel have also been pointed out.

Recommendations

Establishing uniform communication protocols and providing ongoing training for nursing personnel; investigating methods for individualized food feedback and assessing menus/preparation in Food and Beverage Services; performing routine audits of cleanliness in washrooms and wards; enhancing staff training for sample collection and optimizing recall processes in Diagnostics; managing the workload of housekeeping staff to prevent delays; and reviewing admission processes for potential bottlenecks while offering training on empathetic interactions during high workload situations for Admission.