A Study on In -patients Satisfaction level at Yatharth Hospital, Greater Noida: A cross-sectional study

Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the

degree of Master of Business Administration

(MBA)

in

Hospital and Health Management

by

Shikha Shah

Under the Supervision and Guidance of

Dr. Kanika Jindal

A Study on In -patients Satisfaction level

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the

degree of Master of Business Administration

(MBA)

in

Hospital and Health Management

by

Shikha Shah

Under the Supervision and Guidance of

Dr. Kanika Jindal

2022

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "A Study on In -patients Satisfaction level at Yatharth Hospital, Greater Noida: A cross-sectional descriptive study **"**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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Shikha Shah

30-06-22

YATHARTH
SUPER SPECIALITY HOSPITALS
GET BETTER

1st July2022

Certificate of Internship

This is to certify that **Ms. Shikha Shah D/o Mr. Arun Shah,** student of IIHMR University, Jaipur completed her Internship in the Department of Operations Management of Yatharth Superspeciality hospital from **1st April 2022 to 30th June 2022.**

She is found to be regular, honest and diligent in her duties and responsibilities during her Internship.

We wish her all the success in her future endeavours.

For **Yatharth Super specialty Hospital, Greater Noida**

Authorized Signatory

Shivani Tyagi
AM – HR

Tathagat Sen Gupta
DGM

CERTIFICATE

This is to certify that dissertation titled "A Study on In -patients Satisfaction level at Yatharth Hospital, Greater Noida: A cross-sectional descriptive study" is a record of the research work undertaken by Shikha Shah 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 his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide
IIHMR University, Jaipur

Date

School Dean
IIHMR University, Jaipur

Date

ACKNOWLEDGEMENT

Internship from Yatharth hospital was a great learning experience for me. I feel obliged to express my grateful thanks to all the people who rendered me all possible help in completion of the project. Foremost appreciation goes to my Institute-IIHMR,Jaipur for providing me the opportunities to understand my capabilities and making me confident enough to work for healthcare organization.

I acknowledge the tremendous contribution of my IIHMR Mentor Dr. Kanika Jindal (Assistant professor, IIHMR University) for her constant support and guidance, without her expertise and encouragement this project has been a distant reality.

I would like to express my special appreciation and gratitude to Doctor Ajay Tyagi Chairman and Whole-time Director of Yatharth Hospital who find the potential in me and give me the opportunity to work and enhance my skills through the internship also I would like to express my heartfelt gratitude to Mr. Thathagat Sen Gupta Deputy General Manager at Yatharth Hospital for devoting his valuable time for me at every point of my dissertation and guided me

I would like to thank my organization mentor Sushmita Singh for providing guidance by managing her busy schedule to facilitate my training.

I would also whole heartedly thank the respondents and entire staff at Hospital for being so supportive and helpful and taking out some time and giving all the required information, without their support and involvement this project would not have been completed.

Lastly, I thank all who have directly or indirectly contributed and help in completion of my report.

Sincerely

Shikha Shah

IIHMR

(2020-22)

ABSTRACT

A STUDY ON PATIENT SATISFACTION

Yatharth Super Speciality Hospital chain is one of the trusted healthcare providers in Delhi NCR region with capacity of more than 400 beds. It was established in 2010 with an objective for most preferred destinations for patient care that is trustworthy and affordable. The hospital provides various services like neurology, neurosurgery, cardiology, nephrology, orthopaedics, and comprehensive childcare including advanced IVF.

BROAD OBJECTIVE: Determination of patient satisfaction level

SPECIFIC OBJECTIVE:

1. To study the level of satisfaction of IPD patients.
2. To identify areas with low satisfaction level.
3. To provide some suggestions for the improvement of patient's satisfaction admitted in hospital.
4. To identify significant factors that can influence patient satisfaction.

METHODOLOGY:

Study design: A Observational Cross- Sectional Study

Study setting: Survey Conducted which consists of a set of structured close ended and open questions in an interview format to the patient in IPD including speciality (Urology, Orthopaedics, General Surgery, Medicine, Gynaecology)

Study population: Patients admitted as in-patient during the month of April 2022 and May 2022.

Study technique: Non- probabilistic Convenience Sampling/Random Sampling

DATA ANALYSIS TOOLS AND TECHNIQUES

Tools: -

- Structured Questionnaire survey
- Questionnaires were administered to each patient and gathered necessary information.
- Informal interviews were conducted.
- Observation techniques were used.

Techniques:

The responses from the questionnaire were collected and analysed with excel.

Data collection:

Primary data was collected from patients through questionnaire and informal interviews, Secondary data was collected from feedback form and official website of hospital.

Implication of Study:

Measuring Patient Satisfaction helps in analysing areas of improvement and guide us to provide better patient care services. Patient-centred care has a variety of positive effects beyond health outcomes. Communication and compassion increase the level of trust between patients and their caregivers, thereby improving their total levels of satisfaction.

Findings:

I was able to collect responses from 103 patients who were admitted in hospital. Most patients aged between 28 and 37 years and 35 belongs to agriculture background. Out of all the quality dimension**,** the least satisfied dimension was the housekeeping services and poor linen services. Majority of the patients are satisfied with the medical services and behaviour of the doctors.

Recommendations:

- Patient counselling and health education cell must be developed nearby the registration Frequencyers where the attendants and patients can solve their queries.
- In case doctors is running late, nursing staff should inform the patients.
- Replacing old linen to new one.
- Hospital formulary should be evaluated and updated on regular basis.
- Recruitment of GDA and nursing staff.
- Separate lifts for patients only.
- Equality of treatment should be given to every patient no matter what background the patient is from.
- Regular clean charts maintenance on regular basis.

LIST OF CONTENT

LIST OF FIGURES

LIST OF TABLES

ABBREVIATION

NABH- National Accreditation Board for Hospitals and Healthcare providers.

TQM- Total Quality Management

GDA- General Duty Assistant

TPA- Third Party Administrators.

ECHS- Ex-Servicemen Contributory Health Scheme

CGHS- Central Government Health Insurance Scheme.

MO- Medical officer.

IPD- In-Patient Department

TITLE- Study on Patient Satisfaction level at Yatharth Hospital, Greater Noida

INTRODUCTION

Patient Satisfaction is defined as expectations or fulfilment of a patient from a product or services. Patient arrives with the present image of the hospital as per the cost evolved and reputation of the hospital. Having knowledge about patients' expectations and the factors affecting them with knowledge of perceived and actual healthcare quality, provides the important information which helps in designing and implementation of programs to satisfy patients.

Whenever a patient visits any hospital there follows a series of events which a patient goes through like, attentiveness, respect decision making, effective information. It begins with welcoming of patient by name and by maintaining a ward and good care which helps in developing the early and initial perception of being genuine and caring staff. It takes a lot of

Patience, persistence and adhering to continuity till the discharge is an important process to come back to the same organization in times of healthcare need. Healthcare managers plays a vital role in achieving high quality hospital services and in implementation of TQM (Total Quality management) and other techniques for quality improvement. The results obtained from the patient satisfaction feedback is helpful in both non-clinical and clinical department of hospital.

When patients visit the hospital they interact with various departments, Factors associated with the different departments are critical to assess the patient satisfaction like, parking facilities, Ease of admission, staff response, behavioural aspect of doctors, food services and so on. The measurement provides insights of various aspects which includes the effectiveness of care and empathy level. It is a multidimensional construct which relies on various aspects like technical, functional, infrastructural, environmental, and inter-personal components of health care services.

Patient satisfaction assessment gives the opportunity to analyse and identify the gaps in existing services provided by the hospital and to rectify these gaps to provide quality care to the patients. Being a multidimensional healthcare construct affected by many variables, quality of care affects patients' satisfaction, which in turn responsible for positive patient behaviour such as loyalty. Though it is difficult to measure, can be operationalized using a multidisciplinary approach that combines patient inputs as well as expert judgement. Over a

period, patient expectation of health care may change dramatically. Some patients may emphasis more on technical competence, while others on comfort, dignity, fulfilment of personal needs and supportive services will be of high importance.

The modern-day patient is more educated and aware with access to information having expectation from the health system. Patient with positive perception towards healthcare services has a greater chance of converting it into positive outcome. Negative perception of patients and dissatisfaction leads to poor compliance and in most cases patients' negative word of mouth discourage other people from seeking healthcare from the system.

In India increasing number of hospitals, face extremely competitive environment and that created an importance in branding. Brand image of hospital leads to increase loyalty of patients and improves patient satisfaction through improving service quality which in turn increase the revisit intention of patients.

National Accreditation board of hospitals and Healthcare providers (NABH) has predetermined and defined quality standards with the significance of testing the services quality, in those pre-set quality indicators is the patient satisfaction index which is helpful in tracking the score of satisfaction of each patient, which helps in setting benchmarks by quality team and marketing teams to commercialize accordingly.

Patient as a consumer

In today's world patients sees themselves as a buyer of healthcare services. Once this concept is accepted, there is need to understand that patients hold certain rights which requires special emphasis on the quality care services delivery. Patient satisfaction benefits in number of ways as seen supported by different studies. Patients' satisfaction leads to patient loyalty.

According to Technical Assistant Research program, if we are successful in satisfying one customer, the related information reaches to other four. If one customer gets alienate, it spreads to 10 patients or more if the problem is serious. If the one customer gets annoyed, we will have to satisfy other three patients just to stay even.

Increases morale of staff will reduce turnover leading to increased productivity.

Service Excellence

It revolves around patient, doctor, and organization.

Doctors few house rules to attain a noncomplaining and satisfying patient by showing courtesy, properly listening, and understanding patients, Informing and explain patients, having emphatic attitude, secure confidentiality, and privacy and by responding quickly.

A patient expectation regarding good services depends on gender, age, nature of illness, hour of the day, attitude towards circumstances and problems. They expect concern, care, and courtesy in addition to professional job. Step into patients' shoes to understand patients better. Try to make problem solving system to be functional.

Waiting time

Waiting time and patient satisfaction have negative correlation. Reducing waiting time leads to improved patient satisfaction and higher willingness to continue the same health care facility.

Determinants of Patient satisfaction –

Measuring patient satisfaction incorporates dimensions of interpersonal, technical, social, and moral aspects of care. In few studies Patients' demographic profiles slightly contributes to patients' satisfaction. Healthcare managers needs to make more efforts towards those attributes which are highly ranked and should initiate some improvement strategies in other areas that are unsatisfactory from patients' perception.

Interpersonal communication skills of doctors and nursing staff, their attitude, level of care, emotional support they provide, respect, maintaining privacy and confidentiality of patients are more influential factors than clinical competence.

Various Parameter to Judge IPD services

- Ease of getting admission
- Behavioural aspect of doctors
- Attitude of Nursing staff
- Services related to diagnostics services
- Housekeeping services
- Discharge process
- Support services

IMPORTANCE OF STUDY-

- Identification of the potential problem and resolving it before they become serious
- Identification of those procedures and operations that require better explanation to patients.
- Helps in increasing patient loyalty by demonstrating you care about patients' perceptions and are continually striving hard in finding ways to improve.

AIM

The aim of this study is to measure the level of healthcare services in hospital by identifying the factors which contributes to gap in patients' perception and expectations which they enFrequencyer during their hospital stay. This paper also attempts to plan a strategic approach to help the hospital to develop and deliver higher level of quality services which leads to high patient satisfaction.

OBJECTIVES

- To study the level of satisfaction of IPD patients.
- To recognize areas with low satisfaction level in the IPD.
- To provide some suggestions for the improvement of patient's satisfaction admitted in hospital.
- To identify significant factors that can influence patient satisfaction.

Types of Admission in IPD-

OPD — Pre-Planned Admission

EMERGENCY — Un-Planned Admission

Patients goes to emergency nurse station

↓

Admission request form is filled

↓

Information regarding patient complaints, vital signs, allergies, treatment etc. is filled up by CMO and patient face sheet is generated

↓

Patient is sent for billing department

↓

Patient is informed about packages available and stay package is decided.

↓

An overall estimate of the expenditure is mentioned to the patient and an advance of rupees 5,000 is deposited for the admission to the IPD.

↓

Billing Frequencyer informs the nurse station about the patient to be admitted and the type of room required.

↓

Patients returns to emergency nurse station.

↓

GDA takes the patient to IPD with face sheet and admission request form.

↓

GDA hands over the patients to the nurse who then allot the room to the patient and generates an IPD file of the patient and handover it to nurse at the nurse station and informs the consultant.

↓

The investigative procedures, as mentioned in the IPD files are started.

DISCHARGE PROCESS

Consultant visits in the morning and give the discharge intimation to doctor on duty and Nursing staff.

Intimation of Discharge is being updated in Hospital information system.

The discharge summary created by CMO (doctor on duty) and typed by discharge secretary, which is then forwarded to the CMO followed by consultant for his signature.

Remaining medicines are returned to pharmacy and is entered in HIS.

The final activity sheet is taken to the billing department by GDA

The billing department checks this final activity sheet for any due payments and then calls the nursing unit to inform that the final bill is ready.

The nurse informs the patients and the patient's attendant goes and makes the payment in the billing department.

If the patient has any health insurance policy, a copy of documents is sent to the TPA for final approval

When the bill is cleared , the billing department issues a discharge slip to the patient that is taken to the nursing station.

The original documents along with the discharge summary are given to the patients and photocopies of these documents are sent to the MRD.

LITERATURE REVIEW

- According to the article published on PubMed "Patient Satisfaction Survey as a Tool Towards Quality Improvement" by Rashid AL-Abri and Amina AI-Balushi (2014), the healthcare managers that aspire to achieve excellence consider patient perception into acFrequency while designing the quality strategies for improvement of care. Newly, the healthcare managers move towards a market -driven approach by turning and utilizing patient satisfaction surveys into a tool for quality improvement for overall development and organizational performance. The primary aim of this review is to carry out a thorough investigation of many research studies that seriously discuss the relationship of independent and dependent influential attributes to patient satisfaction besides its impact on the process of quality improvement within healthcare organizations. A national survey conducted in various accredited hospitals of Taiwan discovered that patient characteristics such as gender, age and level of education only slightly influenced the satisfaction of patients but t the health status of patients serves as an important predictor of overall satisfaction of patients.

  A remarkable finding of four studies performed in tertiary hospitals in various Frequencyries revealed that the courtesy of the nurses, respect, easy access of care and careful listening was one of the strongest drivers of overall respondents' satisfaction. This review provides an opportunity for policy makers organization managers to yield a better understanding of patient perceptions and views, and their involvement in improving the health care quality and services. Furthermore, mangers can implement effective change in an hospital by unfreezing old behaviours, adding new ones, and freezing them again for better healthcare.

- An article was published in NEJM catalyst, 2018 titled as "Patient satisfaction survey" Patient satisfaction considered as a primary driver in improving quality of the healthcare, Valid criticisms which includes the inadvertent negative consequences on health, misleading coding practices, and gimmicks which leads to resources depletion, associated with an apprehensible resistance to HCAHPS's more visible, comparing of the report cards by consumer-facing hospital, are real challenges for all healthcare administrators.

Having insight into patients' perceptions, satisfaction surveys informed decision makers to build meaningful and effective patient/provider relationships, and constructive communication, by developing care journeys those are grounded in and compassion empathy. Effective treatment most of the time is dependent on the potential of physicians and health care workers to connect with patients on an individual/ personal level. Some hospitals are providing their patients with valet parking and designer gowns after getting influenced by popularization of patient satisfaction

- "A Comprehensive Study on Patient Satisfaction on IPD Patients at Jaipur" by BantiKumar and Sudhinder Singh Chowhan which was published in 2019, revealed that having knowledge about patients' expectations and the factors affecting them with knowledge of perceived and actual healthcare quality, provides the important information which helps in designing and implementation of programs to satisfy patients. Among the 100 respondents, 70% of them are the first-time visitors, 60% are satisfied with hospital location, 60% satisfied with admission following by 70% satisfaction level with cleanliness of the hospital. 80% of patients addressed doctors' behaviour as friendly. Areas with higher satisfaction were the Doctors and nurses' behaviour, Clear Explanation about treatment, Room preparation, Admission Frequencyer staff courtesy. 80% patients are satisfied with overall services received during their stay in hospital. 5% were dissatisfied with the hospital services which needs to be improved to satisfy more patients. More focus should be on improvement of pharmacy and food and nutrition services.

- A Study on "Assessment of patient's satisfaction visiting a tertiary health care institute in north India" by Madhur Verma, Kirtan Rana, Ankita Kankaria, and Ramnika Aggarwal This study was conducted in tertiary care hospital in Haryana to assess the patient's satisfaction. Four satisfaction domains used were namely hospital infrastructure, registration process, availability of medicine and interaction with the doctor.

  Competence of the providers, interpersonal skills along with facility characteristics (like level of facility, infrastructure) were recorded to be strongly associated with satisfaction of inpatients, and characteristics (such as gender, race, age,

socioeconomic status, health status) were found to be weakly associated with the satisfaction level of patients. Patients were selected from each department by using Probability proportional size method. In case of paediatric patients, the parents/adult caretakers were interviewed regarding their experience in the hospital. 77% of the respondents were satisfied with the overall hospital services.

Suggestions received from the patients includes, online registration should be considered to streamline the registration process and to reduce delays and waiting times, Security guards need to behave in a compassionate manner with the sick people, Cleanliness of the wards should improve, Affordable prices with better food quality at hospital canteen.Very few patients were satisfied with the number of times consulting Doctors' visits in the IPD.Poor staff and doctors' behaviour reported as one of the of patient's dissatisfaction.

- According to an article on "How to significantly Reduce Inpatient Admission Times and Improves Patient satisfaction" Long wait hours are linked with decreased patient satisfaction. Three major areas of concern found out in hospital were, the admission process was mostly manual and cumbersome, not patient centric process, many breakdowns in communication and admission pathway.Thibodaux by redesigning it admit process for inpatient has improved family and patient experience, reduced frustration, and staff stress, and enhance communication and transferal at every stage of process. Under the Thibodaux leadership a community hospital embarks 55% reduction in average admission time of inpatients.

  In American hospitals out of 35.4 million 16 million admissions are through Emergency department, more than 19 million are direct admissions**.** Ineffective process of admission leads to staff frustration, long waiting hours and negative patient experience, as well as handoffs problems and communication that can impact quality and patient safety.

- According to Patient Satisfaction survey to improve quality of care at tertiary care Center, South Gujrat, 2018 byNaresh Chauhan and Hiteshree Patel **,**Health professional gets benefits from the satisfaction survey as it gives insights about potential areas of improvement and maximization of health expenditure can be done or optimized through planning and evaluation as guided by patients. The main objective of this study was to evaluate obstacles in receiving health care services.

397 IPD Patients were included in the study. 90% of the IPD Patients were satisfied with overall services of the hospital. 98% were satisfied from the discharge process. General problems include long waiting time for lifts. Some recommendation provides in the study was wating times and patients number should be decreased so that doctors and physicians can give more time and attention to patients they are attending. Infrastructure and human resources needed to get strengthen. Cleanliness's of the toilets should be maintained properly. The limitation of this study was that high patient's satisfaction was due to fear of patients in giving negative evaluation.

- According to a "study on Satisfaction of Patients at a Multi Super Specialty hospital in Delhi**"** by Prahlad R Sodani and Kalpa Sharma published on 2002, With the main objective was to assess the level of satisfaction in relation to various dimensions of quality among patients in hospital located in Delhi. Eight quality dimensions used for technical quality, communication interpersonal manner, financial aspects, convenience and accessibility, time spent with doctor.Total 100 patients were included from medicine gynaecology and surgery department. Both clinical and non-clinical outcomes influence the patient satisfaction. Patient feedback can be used to identify problems and to improve performance of the hospitals.

  Finding of the study shows that 86.3% of inpatient were satisfied with interpersonal Manner followed by 85.4% of patients under the dimension of communication. Least patients (61.6%) satisfied by financial aspects followed by hospital services (65%), times spend with doctor (76.9%) Hence it is clear that physicians time management affect the patient satisfaction. overall, in patient satisfaction were found to be 76% which is better as compared to other studies findings.

- The focus of "Research on patients' views in the evaluation and improvement of quality of care" by M Wensing and G Elwyn publish in 2002, is to know patients views on healthcare mainly on their preferences, reports, and evaluations. Study of priorities of patient in different Frequencyries, shows high correlation between different ways of ranking, rating, and voting for different aspects of practice care. 380 patients report collected through telephonic survey was compared with records of medical which is taken as gold standard. Various method developed to gather

preference data used were multi attribute utility models, expectancy value model, conjoint analysis models. Patients reports shows objective observations of process of care, regardless of patient's evaluations and preferences. In some cases, these reports are the accurate observation method. Qualitative and quantitative approaches should be used in order to measure patients views, reliability and validity of the method should be carefully examined. The efficiency and effectiveness of methods need to be studied in their consequences terms for outcome and process of their health care.

- According to an article on development of inpatient questionnaire by Hao-bin and Tu-bao Yang, Various types of tools are developed and tested to measure the patient satisfaction such as complaints, audits, suggestion box, satisfaction questionnaire. Out of this satisfaction questionnaire is widely used and effective tool to measure patient satisfaction.

  The broad objective of this study is to develop questionnaire for Chinese population, to check the validity, reliability and accessibility of the questionnaire which is self-administered on a cross sectional large sample. The final version of questionaries was having 28 questionaries was finalized for the survey. Descriptive statistics used for data analysis, for continuous variables mean and standard deviation was used and for categorical variables the number and frequency distribution were used. The satisfaction rate in this study was calculated with the help of established formulae from previous studies, SPSS 17.0 software was used for the data analysis. A P value which is less than 0.05 was considered as statistically significant. Multiple regression was used to identify significant associated of background variables like, gender, age, occupation associated with overall satisfaction oof inpatients as the dependent variable. The overall satisfaction rate of this study was 89.6 %. The highest satisfaction was recorded with doctors' quality care, and least satisfaction was found with environment and facilities present in the hospital. Therefore, focus should be given on these areas to improve patient satisfaction and effectiveness of the hospital. The limitation of this study was limitation of the communication methos as most of the participants are from rural areas. Demographic details of some patients were not complete as some of them were not having job and few of them were too young to be educated, so their basic information was not recorded.

- A study on Assessment of Patient satisfaction with inpatient services at secondary level seting by, Saravankumari , A.D, D.Thamaraval Selvi and Rajesh Kumar R. was conducted to assess the level of satisfaction in patients admitted in allopathic government hospital with regards to services provided in the hospital. The major driven force to visits the government hospital is the better treatment in fewer expenses as compared to private hospitals, as the treatment is costly and out of the reach of many patients. The response collected from patients depends on the socio-economic perception and profile of the respondents. Major dissatisfaction was from poor utilities like, linen quality, cleanliness of toilets, lights etc.

  Hospital staff and managers need to be motivated in using the patients survey in enhancing the quality of healthcare services only as using it as tool for audits in evaluating the performance of the hospital and staff.

- An article by Harry N. Boone, Jr. and Deborah A. Boone, 2010, provides information on the correct analysis of Likert data. There is a difference between Likert type scale and Likert types of items. Likert types of items are identified as single questions that use few aspects of original alternative of Likert response. Likert scale on other side composed of series of 4 or more Likert type items combined in a single variable/composite scale during the process of data analysis. Combined, the items are utilized to provide a quantitative measure of personality trait or character. Steve scale of measurement helps in understanding the options of data analysis. Likert scale falls into the ordinal measurement. For Likert scale descriptive statistics is recommended. Additional analysis options include chi-square measure, Kendall Tau C and Kendall Tau B.

METHOLOGY

RESEARCH QUESTIONS

1. What is the level of satisfaction of IPD patient at Yatharth Hospital?

OBJECTIVES

1. To study the level of satisfaction of IPD patients.
2. To recognize areas with low satisfaction level in the IPD.
3. To provide some suggestions for the improvement of patient's satisfaction admitted in hospital.
4. To identify significant factors that can influence patient satisfaction.

MATERIALS AND METHODS

STUDY DESIGN: A Descriptive Cross- Sectional Study

STUDY SETTING: Survey Conducted which consists of a set of structured close ended and open-ended questions in an interview format to the patient in IPD including speciality (Urology, Orthopaedics, General Surgery, Medicine, Gynaecology)

STUDY POPULATION: Patients admitted as in-patient during the month of April 2022 and May 2022.

- **Inclusion Criteria** – Patients over 18 years of age and those willing to participate, at least 24 hours of Hospital stay, stable emotional state and satisfactory level of consciousness.
- **Exclusion Criteria** – Patients under 18 years and over 75 years of age, those who are not willing to participate and are mentally challenged or under the influence of drug, alcohol or disabled to be part of the study were excluded. Patients who were referred to other hospital and who left against LAMA (Leaving Against Medical Advice). All the critically ill patient from ICUs, NICU, PICU, ICU, HDU were also excluded.

  STUDY TOOLS –

  - Structured Questionnaire survey
  - Questionnaires were administered to each patient and gathered necessary information.
  - Informal interviews were conducted.
  - Observation techniques were used.

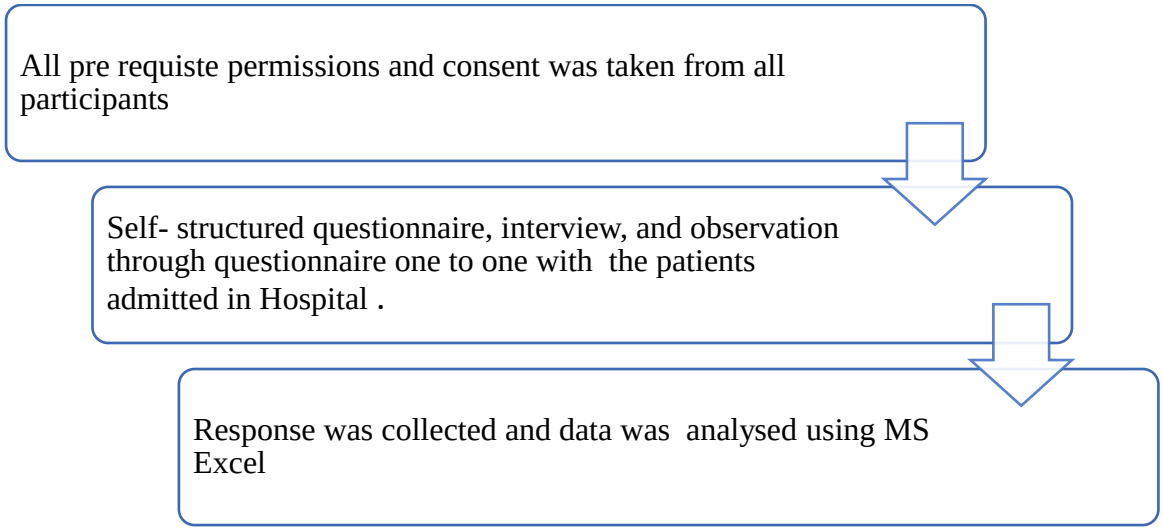
The Questionnaire consisted of five Likert Scale item.

STUDY DURATION: 03 Months

STUDY TECHNIQUE: Non- probabilistic Convenience Sampling/Random Sampling

SAMPLE SIZE: 103

DATA COLLECTION PROCEDURE



OPERATIONAL DEFINATION

Patient satisfaction is a patient's emotions, their perception of delivered healthcare services or it is a degree of congruency between patient expectations of ideal care and patients' perception of the care they received**.**

Quality of care- It is a degree to which health services for the population and individuals increases the likelihood of desired outcomes related to health. Quality health services should be effective safe and Patient centric.

Patient feedback- Patient feedback provides important and valuable information about what patients think about the healthcare services offered to them.

DATA ANALYSIS PLAN

The responses from the questionnaire were collected and analysed with excel. Frequency and percentage analysis was done, and findings will then be tabulated in MS Word. Correlation between Overall Satisfaction with Promptness of nurses, timely medication and waiting time was calculated.

ETHICAL CONSIDERATION

An informed verbal consent was taken from all patients. All patients were given chance to ask questions before starting to respond to the Questionnaire. Confidentiality of the data will be maintained, and the data is only taken for purpose of study and no information about various hospital services would be disclosed elsewhere other than for academic purpose**.** Supporting staff and doctors were largely kept unaware of this survey except in circumstances which are unavoidable, this step was taken to avoid any bias in their behaviour with patients.

CHAPTER-4

Data Analysis

Responses Collected- 103

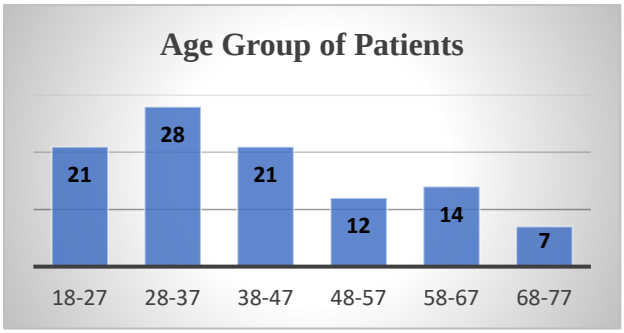
Urology	Gynecology	General Surgery	Orthopedics	Medicine
30	22	20	20	11

SECTION 1:DEMOGRAHIC PROFILE- TABLE 1

Age	**Frequency**	**Percentage**
18-27	21	20
28-37	28	27
38-47	21	20
48-57	12	12
58-67	14	14
68-77	7	7
Gender	**Frequency**	**Percentage**
F	54	52
M	49	48
Mode of payment	**Frequency**	**Percentage**
Cash	19	18
CGHS	9	9

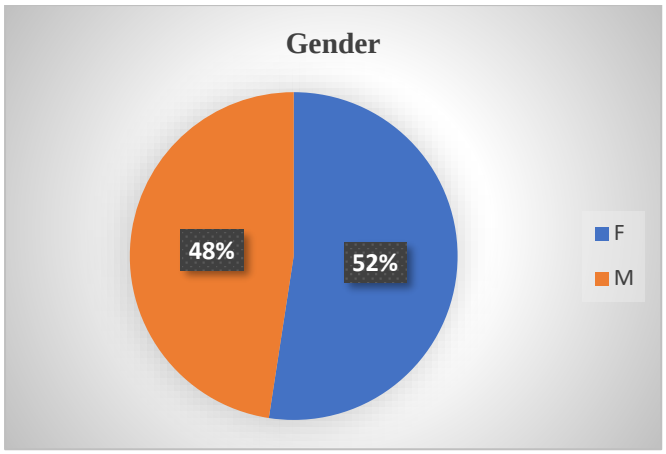
ECHS	25	27
TPA	50	49
No Of Days Stay	**Frequency**	**Percentage**
1-2	28	27
3-4	43	42
5-6	17	16
7-8	6	6
9-10	4	4
13-14	1	1
17-18	1	1
19-20	2	2
21-22	1	1
Occupation	**Frequency**	**Percentage**
Students	10	10
Agriculture	35	34
Housewife	20	19
Business	8	8
Service	20	19
Other	10	10
Background	**Frequency**	**Percentage**
Rural	60	42
Urban	43	58

Graph 1: Age Group of Patients-



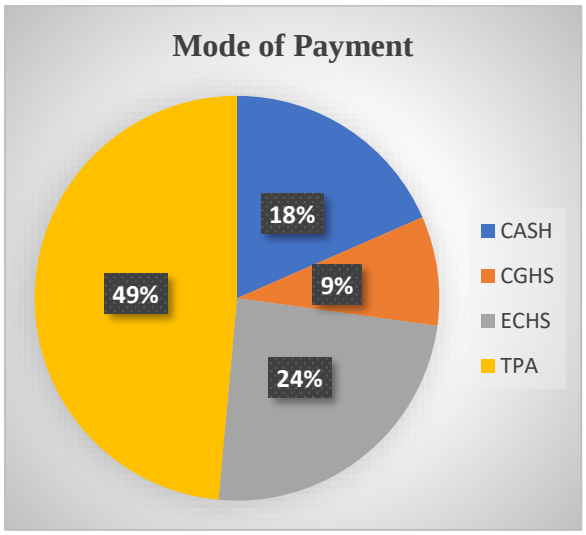
Out of 103 patients, 28(27%) are from age group 28-37, 21(20%) are from age group 18-27 and 48-12, 7 (6%) are from age group 68-77.

Graph 2:Gender Distribution of Patients



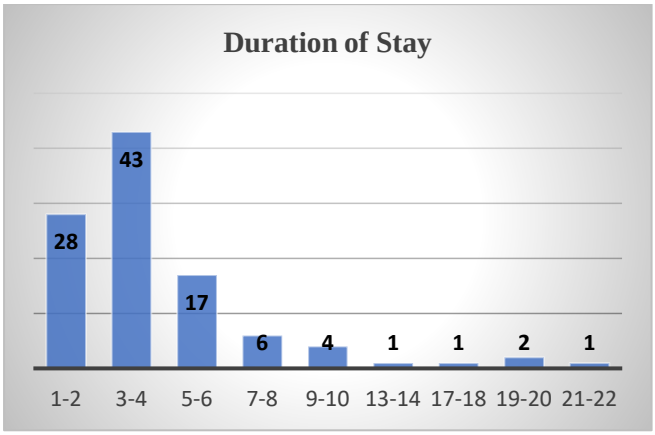
Out of 103 patients, 49(48%) are male and 54(52%) are female.

Graph 3:Mode of Payment



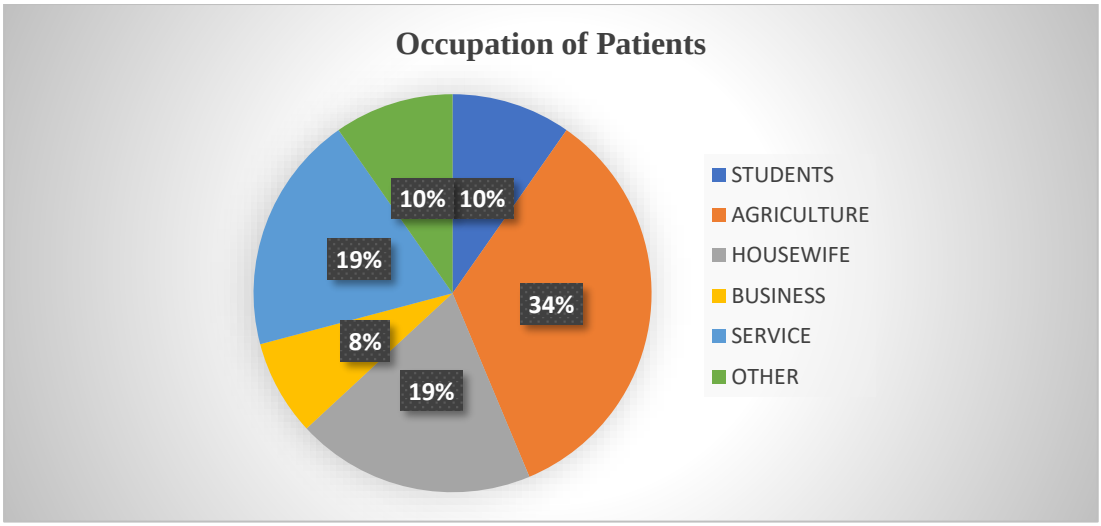
Out of 103 patients, 50(49%) used TPA as their mode of payment, 19(18%) used cash followed by 25(24%) ECHS and 9(9%) paid as cash.

Graph 4:No of Days Stay



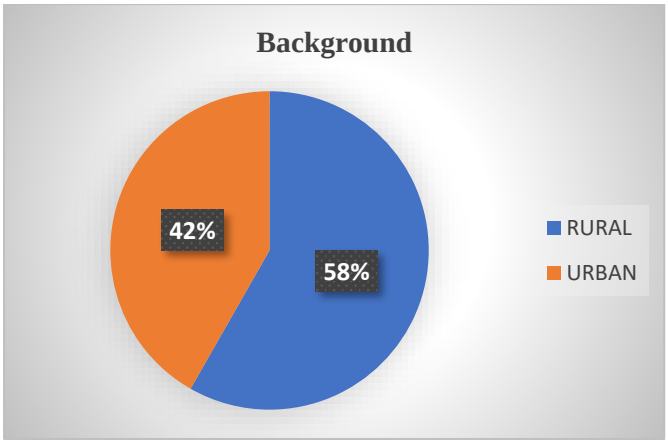
Out of 103 respondents, 43(42%) stayed for duration of 4 days, 28(27%) patients stayed for 1-2 days, followed by 6(6%) patients for 7-8 days, only 5(5%) patients stayed for more than 10 days.

Graph 5 :Occupation of Patients



Out of 103 respondents, majority 35(34%) comes from agriculture backgrounds, 20(19%) are housewives, 10(10%) are students, 8(8%) patients have their business, 20(19%) are from services background, 10(10%) patients responded as others.

Graph 6: Background of Patients

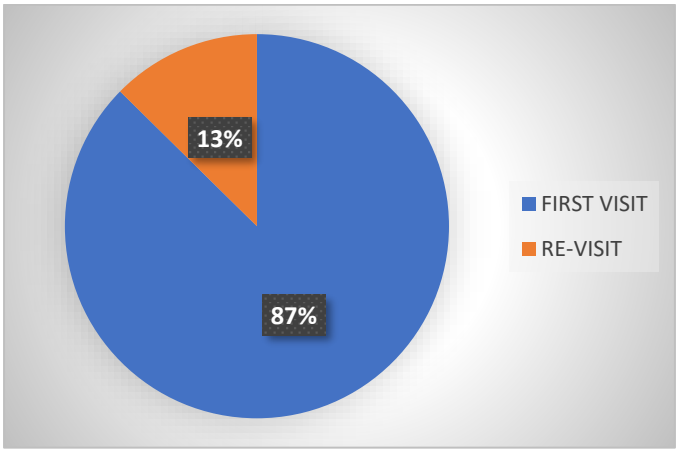


Out of 103 patients, 60(58%) comes from rural background and 43 (42%) comes from urban background.

SECTION B. Determinants of Hospital Selection

TABLE 2 :Number of visits by Patients at Yatharth hospital

Visit to Hospital	Frequency
First visit	90
Re-visit	13

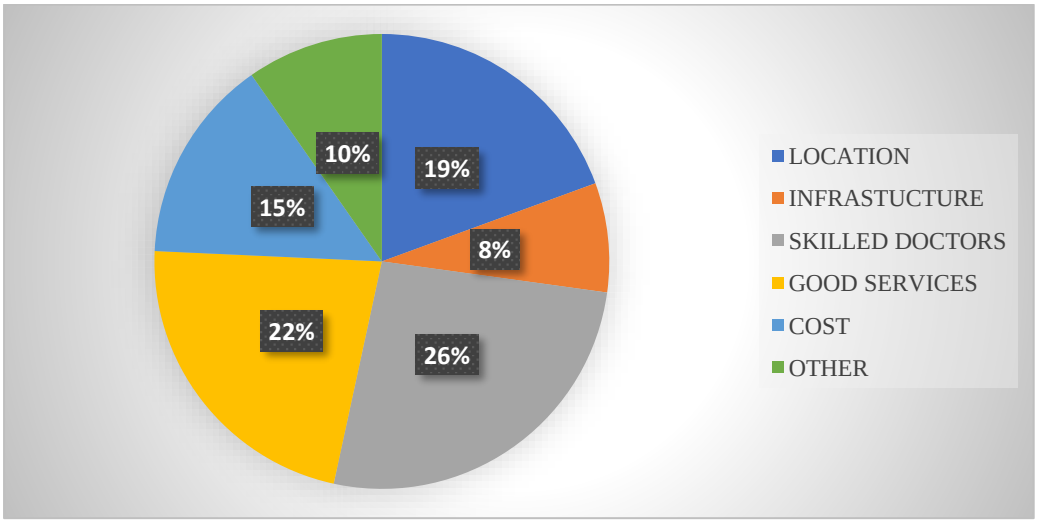


Graph 7 : Pie representing visit to hospital

Out of 103 patients, 90(87%) visited the hospital for the first time so it is important that patients should satisfied with the quality of healthcare services and 13(13%) patients re-visited the hospital.

Table 3:Reasons for selecting Yatharth hospital

Reason for selecting Yatharth	Frequency
Location	20
Infrastructure	8
Skilled Doctors	27
Good Services	23
Cost	15
Other	10



Graph 8: Pie representing reason for selecting Yatharth Hospital

Out of 103 patients, 27(26%) of the patients selected Yatharth because of skilled doctors so it is very important to have experienced and highly skilled doctors, followed by good quality of services23(22%) to create a hospital loyalty which will result in more fame, name, and reputation of the hospital which in turn leads to good perception about the hospital. 20(19%) of patients chose this hospital as it is nearer to their place, and it is easy to access the location.

Patient Satisfaction Survey Analysis

Significance	
1	**Poor**
2	**Very Poor**
3	**Average**
4	**Good**
5	**Excellent**

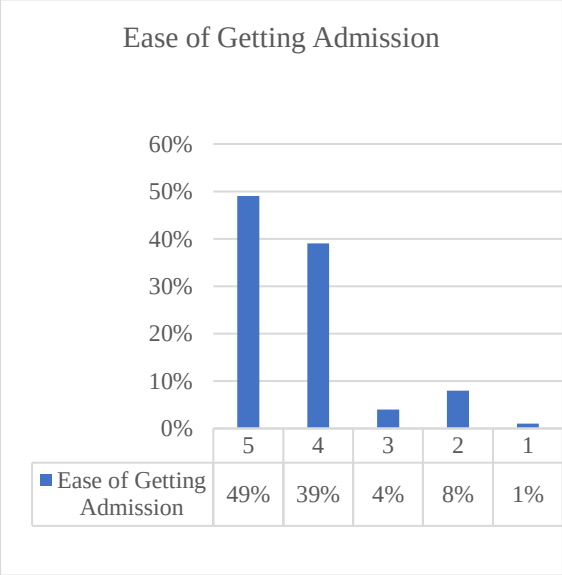
This survey included the following quality dimension-

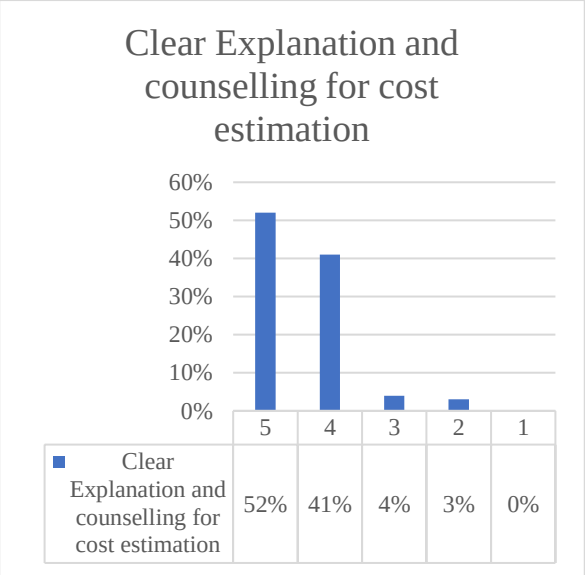
- **Admission Services**
- **Medical Services**
- **Nursing services**
- **Diagnostics**
- **F&B**
- **Housekeeping**
- **Discharge Process**
- **Support Services**
- **Overall experience**

SECTION C:RESULTS OF THE SURVEY

Table 4 :Admission Services

	5	**4**	**3**	**2**	**1**
Ease of Getting Admission	49%	39%	4%	8%	1%
Clear Explanation and counselling for cost estimation	52%	41%	4%	3%	0%





Graph 9: Ease of getting Admission

Graph 10:Clear Explanation ,counselling for cost.

POINTS OBSERVED - Out of 103 respondents, 8% faced difficulty in getting admitted which leads to dissatisfaction, this is due to non-trained staff, their rude behavior and high workload whereas 49% of patients were satisfied with the promptness of admission process.

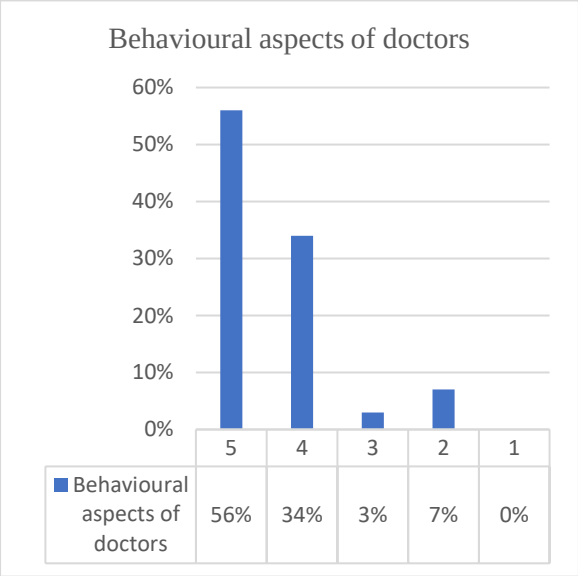
52 % of patients were highly satisfied and 41% are satisfied with the counselling for cost estimation and 3 % were dissatisfied by the counselling process, this is because patients were not explained about alternate treatment option and actual cost was higher than explained during counselling process.

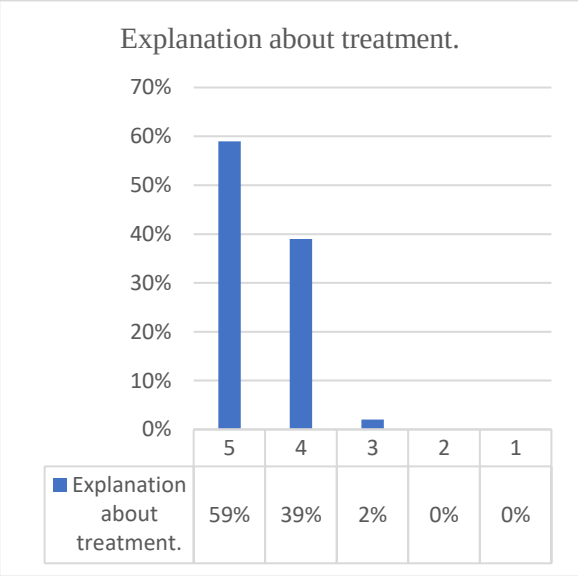
Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

- Promptness of emergency staff in attending patients.
- Treatment with respect and dignity.
- Proper coordination among all people in same and different department.
- Implement Strong work ethics
- Quietness of the hospital environment

TABLE 5: Medical Services

	5	4	3	2	1
Behavioural aspects of doctors	56%	34%	3%	7%	0%
Explanation about treatment.	59%	39%	2%	0%	0%





Graph 11: **Behavioural aspects of doctors** **Graph 12: Explanation about treatment**

POINTS OBSERVED

Out of 103 respondents, 56% patients were highly satisfied with the doctor's behavior, whereas 7% of patients were dissatisfied with the behavioral attitude of doctors, and reason found out to be doctors were not having sufficient time to listen the patient complaints as they have either planned O.T or have rounds in another floor also.

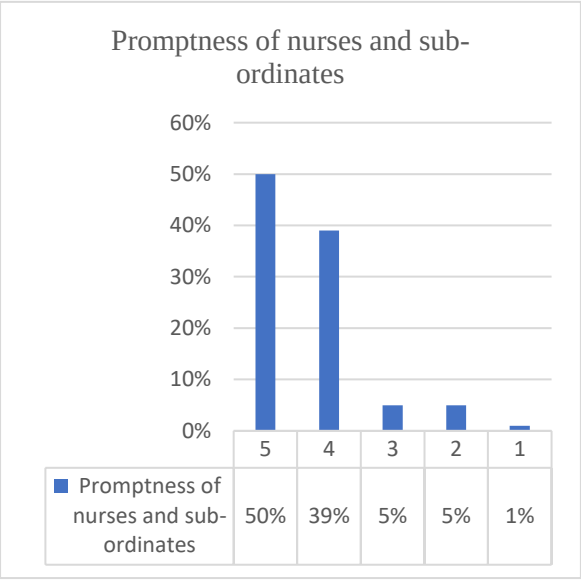
59% patients were highly satisfied with the explanation about treatment and no patient was found to be dissatisfied.

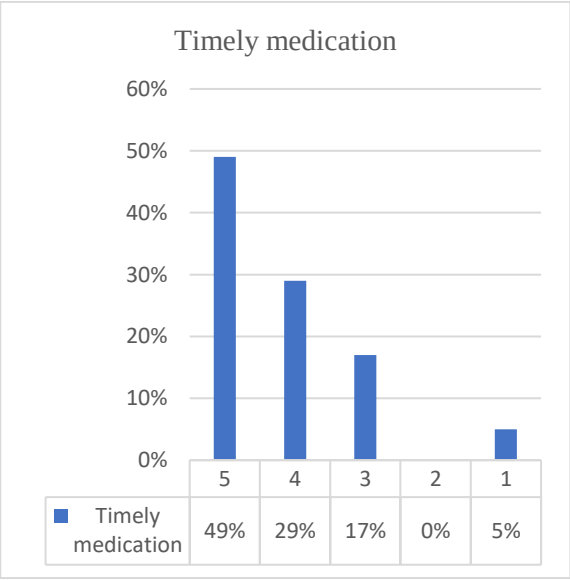
Recommendation and suggestions for improvements (as per responses collected from the questionnaire)

- Timely visit/rounds of doctors.
- Empathize with Patient.
- Give required time to patients, to describe their symptoms.
- Provide culturally responsive patient care.

TABLE 6: Nursing Services

	5	4	3	2	1
Promptness of nurses and sub-ordinates	50%	39%	5%	5%	1%
Timely medication	49%	29%	17%	0%	5%





Graph 13 : Promptness of nurses and sub-ordinates **Graph 14: Timely medication**

POINTS OBSERVED

Out of 103 patients, 59% were highly satisfied with the promptness of nurses and sub-ordinates, 5% were dissatisfied with the promptness of nurses, this is due to untrained and new staff.

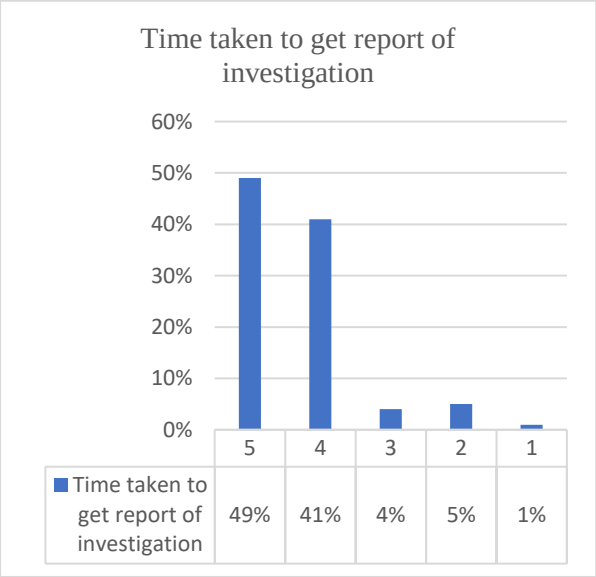
49% patients were highly satisfied with the medication process, 5% were found to be dissatisfied, this is due newly recruited staff have less clinical knowledge and high workload.

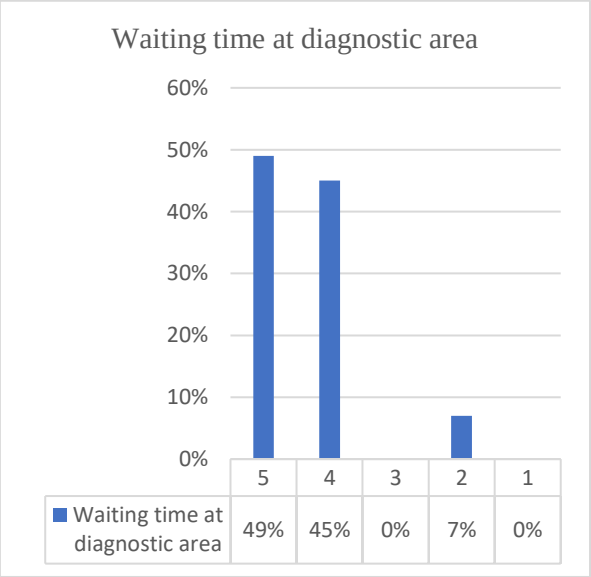
Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

- Hiring of more nursing staff to have high nurse to bed ratio.
- Staff should response promptly on bed call.
- Nursing staff should continuously monitor the level of drip to avoid any injury.
- Carefully attach the reports in correct patient's file.
- Nursing staff should have good command on Hindi as majority patients are from rural background and they face difficulty in understanding English

TABLE 7: Diagnostic Services

	5	4	3	2	1
Time taken to get report of investigation	49%	41%	4%	5%	1%
Waiting time at diagnostic area	49%	45%	0%	7%	0%





Graph 15: Time taken to get report of investigation **Graph 16: Waiting time at diagnostic area**

POINTS OBSERVED

Out of 103 patient's majority of the patients are satisfied with the short waiting hours at diagnostic area, 7% are dissatisfied with the long waiting hours(>25min) ,the major reason for this was improper coordination among various departments and insufficient staff, long que, and high patient load.

49% were satisfied with the timely receival of reports and 5% patients were dissatisfied due to long turn around time in delivery of the reports. The reason for this is due to less staff, less competence and high workload.

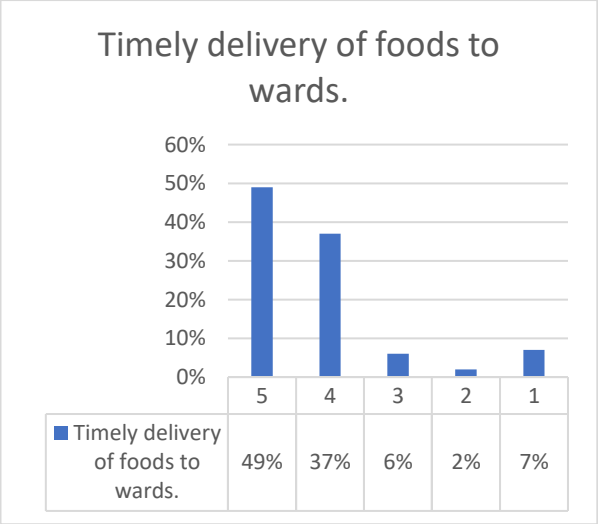
Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

- Timely clearance for test should be obtained.
- Proper coordination between managers and staff of different departments.
- Availability of specific resources for a patient with special requirement
- Increase number of Professional for Diagnostic services
- Timely collection of reports from diagnostic reception.

TABLE 8: F &B services

	5	4	3	2	1
Quality of food	44%	48%	8%	0%	1%
Timely delivery of foods to wards.	49%	37%	6%	2%	7%

Graph 17: Quality of food



Graph 18: Timely delivery of foods to wards

POINTS OBSERVED

Majority of the patients are satisfied with the timely delivery of foods in wards and with the quality of food.

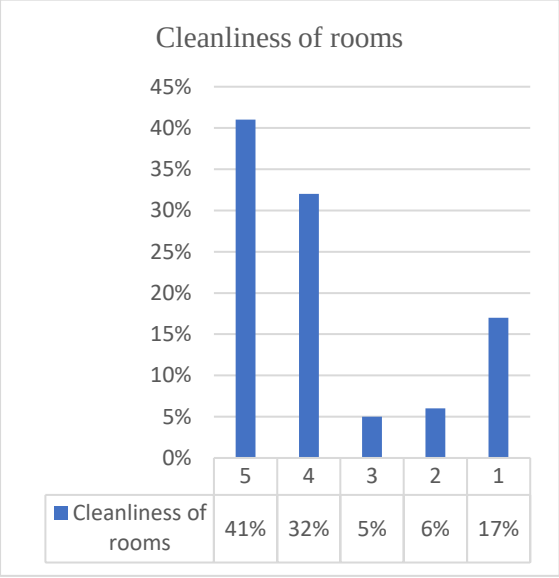
7% patients are dissatisfied, and the main reason was found to be no timely delivery of food despite of complaining many times, there were no proper timing for breakfast and lunch.

Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

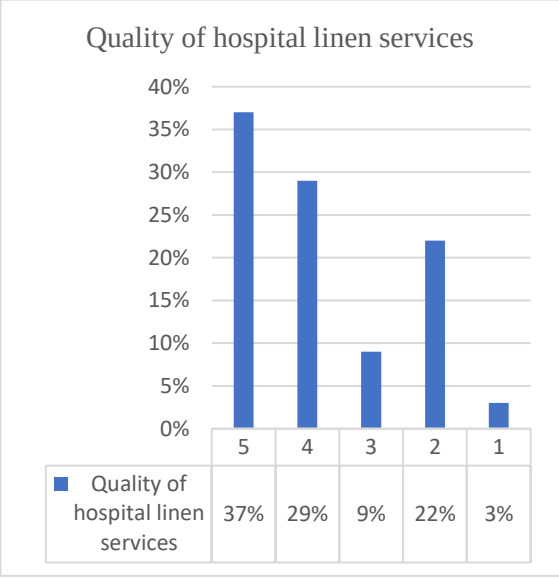
- Patient preference of food should be asked to save food wastages.
- Diet chart to be explained at length.
- Develop recipes that younger patients at hospital can enjoy healthy versions of their loved foods.
- Update hospital food service policies.
- Know your patient well, before preparing diet chart.

TABLE 9 :Housekeeping services

	5	4	3	2	1
Cleanliness of rooms	41%	32%	5%	6%	17%
Quality of hospital linen services	37%	29%	9%	22%	3%



Graph 19: **Cleanliness of rooms**



Graph 20: Quality of hospital linen services

POINTS OBSERVED

Out of 103 patients 41% are highly satisfied with the cleanliness of wards and rooms, 17% patients are highly dissatisfied with the housekeeping services , patients revealed that the staff ignored their complaints and didn't clean properly, stains can be clearly visible on floors and improper mopping is usually done which can result in accidental injuries.

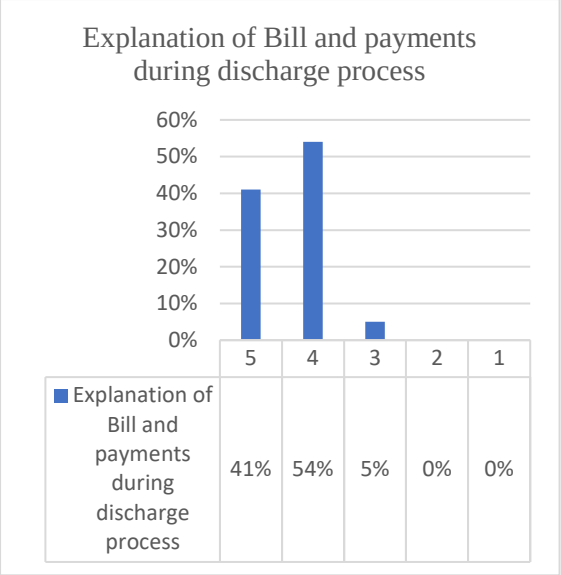
Majority of the complains were found to be associated with linen quality, 22 % are dissatisfied with the laundry services and the quality of gown, they found them uncomfortable to wear and ill fitted.

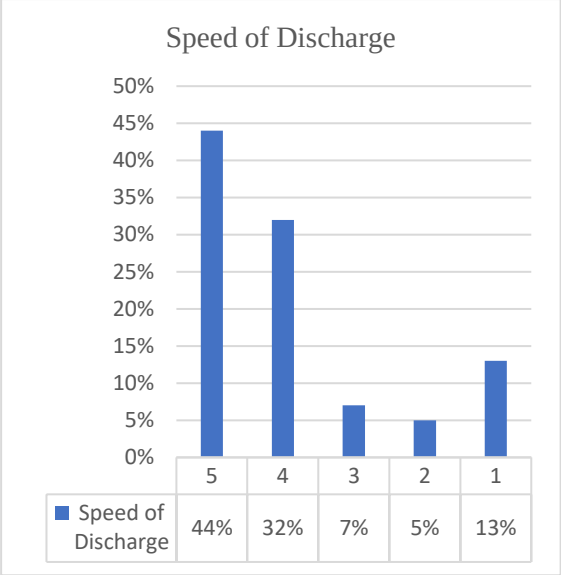
Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

- Soft, comfortable, and clean linen should be provided to patients.
- Laundry services should improve.
- Housekeeping staff should be more polite.
- No strong cleaners too be used while cleaning rooms.
- More housekeeping staff is required as workload is high in IPD
- Promptness response to service call.
- The floor area is kept dry.
- Signage for wet floor to be used
- Rooms toilets needs to be cleaned regularly

TABLE 10: Discharge Process

	5	**4**	**3**	**2**	**1**
Explanation of Bill and payments during discharge process	41%	54%	5%	0%	0%
Speed of Discharge	44%	32%	7%	5%	13%





Graph 21: Explanation of Bill and payments during discharge process

Graph 22: Speed of Discharge

POINTS OBSERVED

Majority of the patients are satisfied with the discharge process and explanation of bill and payments, no patient found to be dissatisfied.

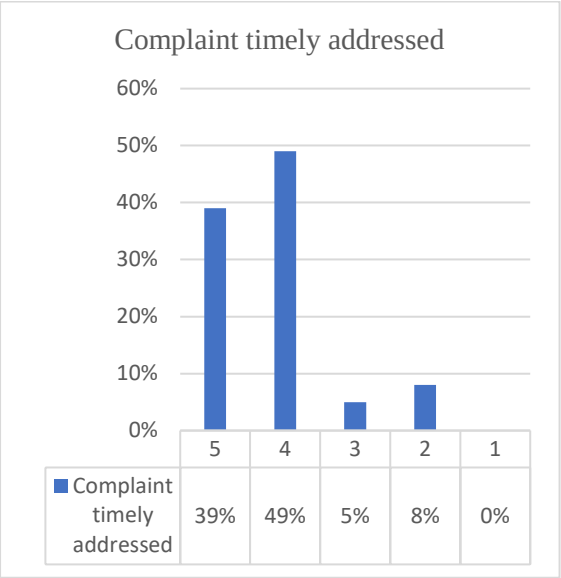
Only 44% rated the speed of the discharge process as excellent whereas 13% revealed that discharge process is slow, and reason observed for delay in discharge process found out to be issues in billing process, missing of entry procedures in activity sheet by nursing staff, incomplete files, billing software issues, Insurance claim rejection, Delay in summary preparation, test reports not received.

Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

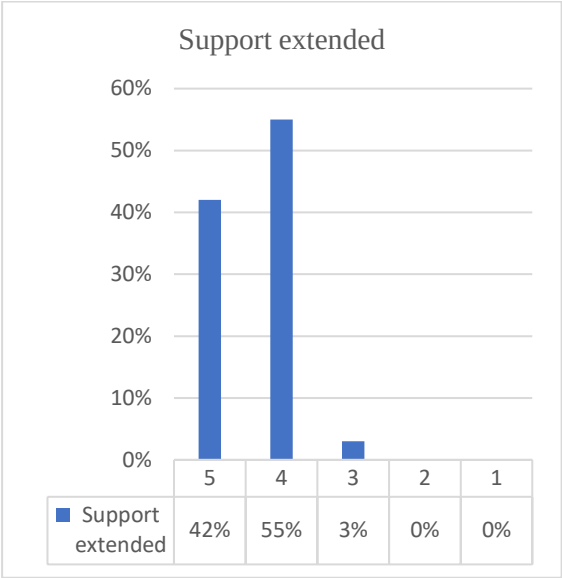
- Efficient billing system
- Planned discharge.
- Daily review of delayed patients.
- Effective communication between doctors and nursing staff.
- Timely summary preparation.
- Timely medication return.
- Cross checking files before sending it to bill.
- Ensuring all the test reports of the patients have been collected.

TABLE 11: Support Services

	5	4	3	2	1
Complaint timely addressed	39%	49%	5%	8%	0%
Support extended	42%	55%	3%	0%	0%



Graph 23: Complaint timely addressed



Graph 24: Support extended

POINTS OBSERVED

Majority of the patients are satisfied(88%)with the timely addressal of their complains, whereas 8% responded that their complains are not addressed properly. Patients complains regarding non-availability of Wi-Fi services, quality of food , doctors' rounds were not addressed on time which leads to dissatisfaction in patients.

Almost every patient is highly satisfied with the support provided during their stay at hospital, Patients praises positive attitude and problem-solving skills of floor manager.

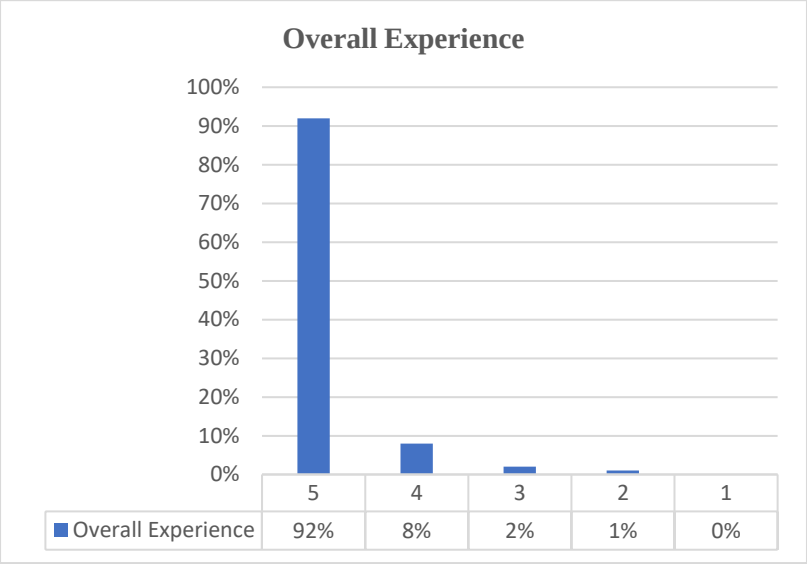
Recommendation and suggestions for improvements (as per responses collected from the questionnaire)-

- Hospital should develop process for addressing complaints of patients and their grievances to comply with accreditation standards and federal regulations.
- Implement procedures, policies and processes for resolution and investigation of patients complains.
- Effective communication skills to listen effectively.
- Proactive approach to solve problem.
- Track complains and implement initiatives for improvement.

- Empower the frontline staff so that they can act as first line of defense against complaints.

TABLE 12 :Overall experience-

Ratings	Overall satisfaction
5	92
4	8
3	2
2	1
1	0



Graph 25: Overall experience

The Graph shows the satisfaction level of the patients for overall experience in their accommodation in the hospital, 92% said they overall experience as excellent . There are high chances that a satisfied patient will choose the same healthcare services in future and will also suggest the hospital to his known ones and friend for any treatment.

Therefore, it is necessary to ensure patient satisfaction at hospital and there are ways to ensure by-

- Educating the staff
- Collecting patient feedback
- Take necessary action on feedback.
- Follow up with the patients.
- Ensuring best practice by improving services

Graph 26: Correlation Between Waiting time at diagnostic area and Overall Experience-

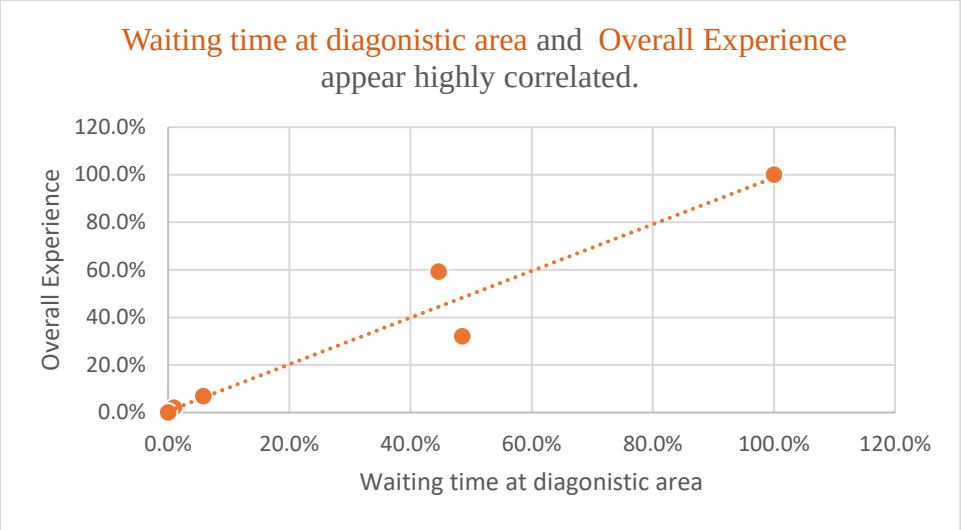


TABLE 13: PEARSON'S Correlation Between Promptness of nurses and Overall Experience

	Overall Experience	*Waiting time at diagnostic area*
Overall Experience	1	
Waiting time at diagnostic area	0.372018992	1

Graph 27:Correlation Between Promptness of nurses and Overall Experience

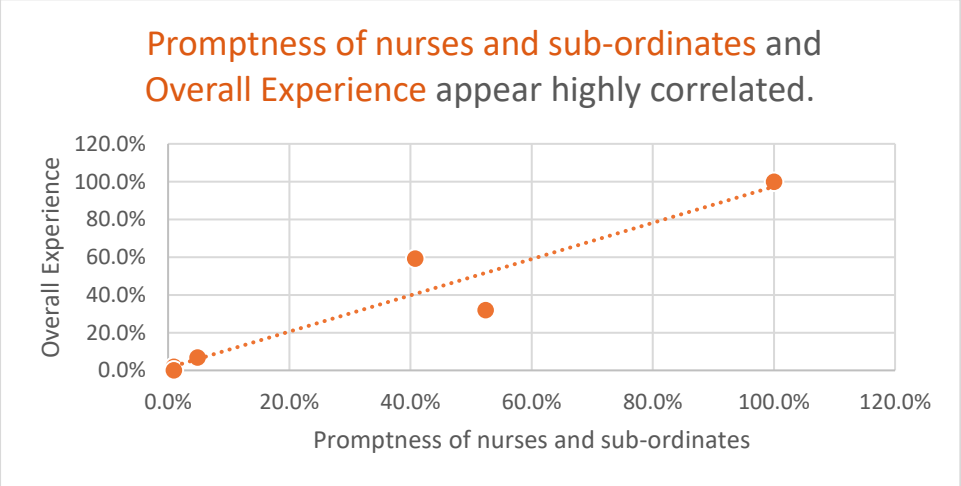


TABLE 14 : PEARSON'S Correlation Between Promptness of nurses and Overall Experience

	Promptness of nurses and sub-ordinates	*Overall Experience*
Promptness of nurses and sub-ordinates	1	
Overall Experience	0.325055986	1

RESULTS

Out of 103 patients, 27% are from age group 28 and 37 and 48% are male and 52% patients are female. Majority 49% used TPA as their mode of payment. 42% stayed for duration of 4 days, 27% patients stayed for 1-2 days .Out of 103 respondents, 34% comes from agriculture backgrounds,58% comes from rural background and 42% comes from urban background, 87% visited the hospital for the first time so it is important that patients should satisfied with the quality of healthcare services and 13% patients re-visited the hospital. Out of 103 patients, 27(26%) of the patients selected Yatharth because of skilled doctors so it is very important to have experienced and highly skilled doctors, followed by good quality of services23(22%) to create a hospital loyalty which will result in more fame, name, and reputation of the hospital which in turn leads to good perception about the hospital. ,19% of patients chose this hospital as it is nearer to their place, and it is easy to access the location.

Out of 103 patients 8% faced difficulty in getting admitted and 3 % were dissatisfied by the counselling process. 56% patients were highly satisfied with the doctor's behavior, whereas 7% of patients were dissatisfied with the behavioral attitude of doctors. 89% were satisfied with the promptness of nurses and sub-ordinates and 5% were found to be dissatisfied with the medication process. 7% are dissatisfied with the long waiting hours at diagnostic services. 49% were satisfied with the timely receival of reports and 5% patients were dissatisfied due to long turnaround time in delivery of the reports. 7% patients are dissatisfied with the food quality and the main reason was found to be no timely delivery of food despite of complaining many times, there were no proper timing for breakfast and lunch. Out of 103 patients 41% are highly satisfied with the cleanliness of wards and rooms, 17% patients are highly dissatisfied with the housekeeping services. Only 44% rated the speed of the discharge process as excellent whereas 13% revealed that discharge process is slow. Majority of the complains were found to be associated with linen quality, 22 % are dissatisfied with the laundry services and the quality of gown. Majority of the patients are satisfied(88%)with the timely addressal of their complains, whereas 8% responded that their complains are not addressed properly. Timely medication, waiting area at diagnostic services and promptness of nurses are found out to be highly correlated with the overall experience of patients during stay at hospital.

92% said they overall experience as excellent, 4% responded as good whereas, 2% patients experience was found out to be poor .

DISCUSSION

Patient Satisfaction is one of the important domains of the healthcare system research and this was conducted as an attempt to get an insight on the patient's satisfaction level with the hospital services in IPD Department of Yatharth Super Specialty Hospital, Greater Noida. Patients had satisfactory level with most of the services, but for medical services, the highest satisfaction was noted which is like the reported results in the study Conducted in Jaipur by BantiKumar and Sudhinder Singh Chowhan, 2019 where the Patient satisfaction with medical services was 80%. However, results in present study are much higher as compared to results obtained in Kuma et, where they reported 66.8% patient satisfaction.

Regarding residence place, it was observed that 42% are from the rural background which indicates services utilization by rural people is high which is like study by Sodani et al in Madhya Pradesh which was (53.9%). Regarding Housekeeping services of the hospital present hospital found to be low 66% as compared to study done by Chandana Deka, in North Est India(80%).

In the present study, mostly patient was dissatisfied with the Quality of and timely delivery of food to wards which is lower (81%) than study by Saravanakumari A.D, at secondary level setting. Admission services(8%) results lower to the study conducted in Jaipur which states that 20% patients are dissatisfied with the admission services. A better result was obtained for diagnostics services as compared to 15% dissatisfaction level obtained from the results by Bantikumar and Sudhinder Singh Chowhan in Jaipur. Overall satisfaction is 93% which is higher than study conducted in tertiary care hospital in North India which was 80%.

It is under stable that Covid Patient Isolation services can results in inconvenience not only to healthcare providers and patients, the process of how this isolation affects patients' satisfaction is less studied. During the study, there were 2 confirmed cases of COVID-19 in our hospital which resulted in fear of infection and anxiety in few other patients. In absence of tool for measuring patient satisfaction in COVID-19 Patients, there is need to develop new tools for objective assessment for COVID-19 hospitalized patients.

LIMITATIONS

- One of the limitations of the Likert scale is that the respondents can either lean towards selecting the most extreme or express no option at all. This may cause clustering of results at each scale end.
- Time constraints.
- High level of satisfaction with high level of ceiling effect due to patients "fear of proving negative evaluation"
- Though the selection of patient was done using random sampling, they were interviewed through their will, resulting in self-selection bias.
- Communication Barrier.

RECOMMENDATION

- Patient counselling and health education cell must be developed nearby the registration Frequencies where the attendants and patients can solve their queries
- Charges should be reduced" was a very common suggestion given by most of the patients.
- Proper signages system for use of drinking water and toilets should be there.
- Recruitment of more GDA staff is needed .
- Nursing staff should be educated through on the job training program.
- More of privacy can be provided to patients at the time of examination by putting curtailing and unnecessary staff movement in and outside the chamber.
- Behavior of front office can be further improved by educating them towards a more polite attitude with patients and their attendants as front office is the first point of contact the customers come into.
- Efforts are required to strengthen the hospital infrastructure and resources.
- Waiting area should be less crowded with proper sitting arrangements.
- The hospital manager should regularly assess the patient satisfaction and provide on the job
- Training to hospital professionals in the facility to enhance their skill and to improve patient satisfaction.
- Periodic assessment should be done for health services and more study in various dimensions of patient's satisfaction for example facility design dimension is recommended as important ant initiative in the performance improvement of health care delivery system.

- Improvement in basic amenities like cleanliness of toilets and quality of gowns.
- Hospital should develop process for addressing complaints of patients and their grievances to comply with accreditation standards and federal regulations.
- Implement procedures, policies and processes for resolution and investigation of patients complains.
- Improve employee engagement and adopt latest innovative technology.
- Extend the time with the IPD Patients, can improve the satisfaction of patients and helps in building physician Patient relationship.

CONCLUSION

This study shows that patients in IPD wards of hospital were satisfied with medical services by doctors, nursing staff. Inpatient department considered as important part of the hospital. Patient satisfaction is important for any hospital whether it is Private, Government or corporate.

Five major quality dimensions were-

- Ease of getting admission.
- Explanation about treatment by doctors
- Behavior of nurses
- Support extended by floor managers.
- Quality of food.

The services provided by the hospital are satisfactory to major extent, which is motivating but efforts should be made to improve the existing policies to achieve the satisfaction to 100%. It is seen that satisfied patients promote referrals. Effectiveness of the health system can be seen from the level of satisfaction of patients by pointing towards the poor services area, assisting in improvement of healthcare services. So, the continuous assessment of patient's satisfaction level needs to be done on regular interval to continuously improve the quality of hospital services. To solve the queries of patients and attendants , a patient counselling and health education cell should be developed.

Perception of the patients with IPD services where 97% patients were satisfied with the overall services of the hospital. Patients found to be least satisfied with the housekeeping service like cleanliness of toilets and rooms, and speed of discharge process. Obstacles observed in availing services are patients' overload, insufficient staff, more waiting time at diagnostic services and less skilled staff. The findings of the study can be used to improve services. The hospital must respond timely to significant complaints and take necessary actions without penalizing patient for complaining. Make use of feedback given by patient to improve and analyze the work of physician, staff, and the system. The personal characteristic of patient is found to be associated

" Each Hospital should strive to provide good quality of healthcare services and soar above every and each patients expectation".

A satisfied and happy patient is a practice builder.

REFERENCES

- Al-Abri R, Al-Balushi A. Patient Satisfaction Survey as a Tool Towards Quality Improvement. Oman Medical Journal. 2014;29(1):3-7.
- Singh B, Chowhan S. A Comprehensive study on patient satisfaction on IPD Patients at Jaipur. International Journal pf Recent Soieatifio Research. 2019;10(10.24327/IJRSR).
- Rajguru D. Patient Satisfaction: An Informative Tool towards Improvement of Quality Health Care in a Tertiary Care Hospital. Journal of Medical Science and Clinical Research. 2018;6(2).
- Inpatient Admission Process Improves Patient Experience [Internet]. Health Catalyst. 2016 [cited 30 June 2022]. Available from: https://www.healthcatalyst.com/success_stories/inpatient-admission-process-thibodaux
- Chauhan N, Patel H. Patient Satisfaction Survey: To Improve Quality of Care at Tertiary Care Center, South Gujarat. Research Gate. 2018;.
- Assessment of patient satisfaction with inpatient services at secondary level setting. Public Health Review -International Journal of Public Health Review. 2022; volume 7(10.17511/ijphr.2020.i06.03).
- Sodani P, Sharma K. A Study on Patient Satisfaction at a Multi Super Specialty Hospital in Delhi [Internet]. Recentscientific.com. 2014 [cited 30 June 2022]. Available from: http://recentscientific.com/sites/default/files/13101-A-2019.pdf
- Manzoli L. Analyzing Likert Data [Internet]. The Journal of Extension (JOE). 2015 [cited 30 June 2022]. Available from: https://archives.joe.org/joe/2012april/tt2.php
- Wensing M. Research on patients' views in the evaluation and improvement of quality of care. Quality and Safety in Health Care. 2002;11(2):153-157.
- Verma M, Rana K, Kankaria A, Aggarwal R. Assessment of patient's satisfaction visiting a tertiary health care institute in north India. PubMed. 2020;(10.4103/jpbs.JPBS_168_20).
- Singh D, Jain D. Satisfaction level of IPD Patients with Medical Services. International Journal of Management. 2014.

ANNEXURES

IPD PATIENT SATISFACTION-

LIKERT SCALE 1-----2------3-----4-----5.

5(Excellent) 4(Good) 3(Average) 2(Poor) 1(Very Poor).

A.DEMOGRAPHIC PROFILE

Name ----------

Age ----------

Gender ----------

Mode of Payment----------

Duration of stay ----------

Occupation----------

Background of Patients----------

B. Determinants of Hospital Selection

a. Number of visits by Patients at Yatharth hospital

b. Reason for selecting Yatharth hospital

C. Quality Dimensions

ADMISSION PROCESS

1. Ease of getting admission
2. Clear explanation and counselling for cost estimation-

DOCTORS

3. Behavioral aspects of doctors
4. Explanation about treatment

NURSING

5. Promptness of nurses and sub-ordinates

6. Timely medication

DIAGNOSTIC SERVICES

7. Time taken to get report of investigation (day)
8. Waiting time at diagnostic area

F&B SERVICES

9. Quality of food
10. Timely delivery of food to wards

HOUSEKEEPING

11. Cleanliness of the rooms
12. Quality of hospital linen services

DISCHARGE PROCESS

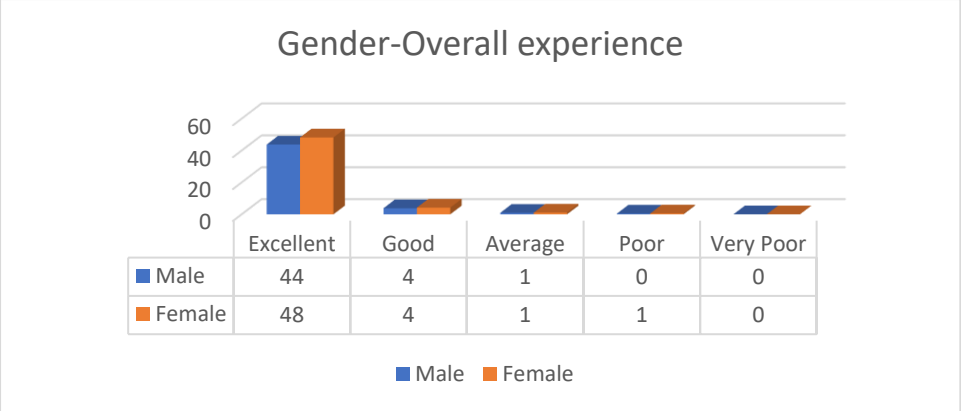
13. Explanation of Bill and payments during discharge process.
14. Speed of Discharge

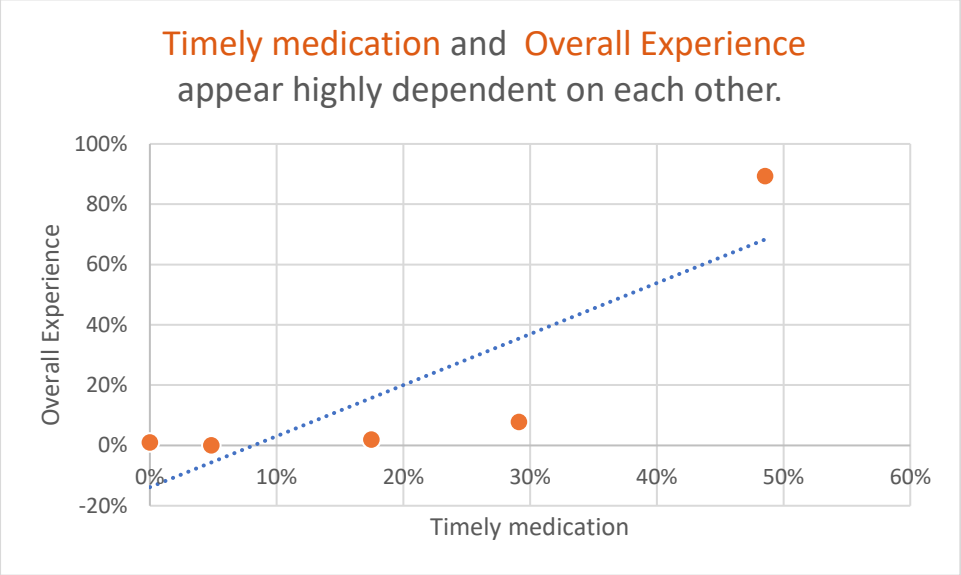
PATIENT CARE-COORDINATOR

15. Complaint timely addressed
16. Support extended.
17. **Overall experience**

General problems you observed----------

Suggestions for improvement----------


Gender-Overall experience
60
40
20
0
Excellent
Good
Average
Poor
Very Poor
Male 44 4 1 0 0
Female 48 4 1 1 0
Male
Female


Timely medication and Overall Experience
appear highly dependent on each other.
100%
80%
60%
40%
20%
0%
-20%
Overall Experience
0%
10%
20%
30%
40%
50%
60%
Timely medication