SUMMER TRAINING REPORT

1) STUDY ON ANALYSIS OF THE WAITING TIME OF CENTRAL REGISTRATION COUNTER AT THE 'ALCHEMIST' HOSPITAL

2) ANALYSING EMPLOYEE SATISFACTION AT ALCHEMIST HOSPITAL

In Partial fulfilment of the Requirements for the award of degree of **Masters of Business Administration (HOSPITAL MANAGEMENT)**

(2014-2016)

Submitted by:

DR. JASMEEN BAWA

MBA (Hospital Management)

Summer Training

Institute/Organization –Alchemist Hospital, Panchkula

Mentor – Dr Abhishek Garg

Contact NO. - +91 9780010254

INSTITUTE OF HEALTH MANAGEMENT RESEARCH, JAIPUR

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Dr. Jasmeen Bawa has undergone her summer training in Alchemist Hospital, Panchkula from 6th April 2015 to 6th June 2015.

The candidate herself carried out all studies related to her summer training. Her approach to the study has been scientific and analytical.

The summer training is in partial fulfilment of the course requirement recommended for the award of Master in Business Administration –Hospital &Health Management.

I wish her success in all her future endeavours.

Col. Dr .Ashok Kaushik
Dean (Academic & Students Affairs)
IIHMR University, Jaipur

Dr. Arindam Das
Associate Professor
IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

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Ref: AHL/HRD/SI-001

Date: 08th June 2015

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Jasmeen Bawa** has undergone summer training in this hospital from 06th April 2015 to 06th June 2015. She has submitted two project reports and upon successful completion of her training was relieved.

Her conduct and performance during the training period has been good.

For Alchemist Hospitals Ltd.

Harleen Kaur
Head - HR & Admin

ALCHEMIST HOSPITAL LTD.
Sector-21, Panchkula (Haryana)

Regd. Off.: Sector 21, Panchkula-134 112 (Hry.) Tel. 0172-4500000, Fax:0172-4500045, e-mail: hospital@alchemist.co.in
www.alchemisthospitals.com

DECLARATION BY CANDIDATE

I, Dr. Jasmeen Bawa hereby declare that the research Projects undertaken by us at Alchemist Hospital is an original research work and will be used only for research and academic purposes only.

Dr. Jasmeen Bawa

ACKNOWLEGEMENT

I, Dr.Jasmeen Bawa would like to express our sincere thanks to Alchemist Hospital, for giving us an opportunity for working on the project and for extending all the possible support and guidance required for the successful completion of the project and the valuable learning which came along with the entire process.

All this would not have been fruitful without contribution of various people to whom I would like to express our gratitude.

First of all, I would like to thank **Dr.Abhishek Garg**, DMS, at, Alchemist Hospital our guide and mentor at Alchemist Hospital whose guidance and constructive feedback helped us improve quality of work to great extent.

I express our sincere gratitude to **Mrs.Harleen Kaur**, HR Manager who gave us the chance to pursue our summer internship here and for their loving support throughout internship.

I extend our heartfelt gratitude to D**r.Arindam Das**, Professor, Institute of Health Management Research, Jaipur for mentoring us and guiding us through this study. We are thankful to them for their invaluable assistance and co operation.

Finally, a special thanks to all the supporting departments and faculty members of Alchemist Hospital for their assistance and for providing us all the relevant information that assisted us to accomplish successful completion of our project.

Dr.Jasmeen Bawa

MBA (Hospital Management)

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LIST OF TABLES

ABBREVIATIONS

CCU	Coronary care Unit
CTVS ICU	Cardio Thoracic Vascular Surgery Intensive Care Unit
SICU	Surgical Intensive Care Unit
NICU	Neonatal Intensive Care Unit
PICU	Pediatric Intensive Care Unit
JRSU	Joint Replacement Surgical Unit
HDU	High Dependency Unit

HOSPITAL PROFILE

The Alchemist Philosophy of 'Care , not just cure 'attained a more humane form with the setting up of Alchemist Multi –Specialty hospital , offering the best in health care. Alchemist group forayed into provision of healthcare with the acquisition of 114 – bed hospital at Panchkula. This hospital is a part of multi-product Alchemist group of companies.

The Alchemist hospital, managed by a corporate body, along with distinguished panel of health experts. The hospital is complete with latest technology and state-of –the-art facilities that include monitored beds, digital cardiac cath lab as well as major operation theatres equipped with HEPA filters and MAC laminar vents with its various surgical and medical departments. The hospital also has on its board Dr.Venugopal, world-renowned cardiac surgeon and former director of AIIMS.

VISION:

Alchemist, as a company, envisages being an organization revered for its commitment and creating value for its internal and external customers by continuously setting high standards and developing world-class systems and processes.

MISSION:

Alchemist intends to be a platform for people, whose lives it touches in many ways, to break new grounds in their personal as well as professional lives. It wants to make each individual associated with it believe that there is no limit to human endeavor.

The Alchemist hospital offers services 24 hours a day. Critical surgeries and in-depth investigations can be carried out at the hospital with minimum risk of infection. It is focused on lifestyle management and programs for geriatrics, women and children, endocrinology and vocational based care for elderly people.

The hospital also introduces concept of all medical needs of a family. Its services follow the unitary pricing model that means the charges for the hospital remain uniform for 24 hours for all

365 days without any emergency charges. The hospital is one-stop provider for all services, both diagnostic and therapeutic under a single roof.

Alchemist hospital also holds the unique distinction of being one of the 51 hospitals in the country whose ICU is recognized by the college of critical medicine, for having world class critical facilities and doctors.

Today, the Alchemist multi-specialty hospital enjoys a preference over other leading hospitals, even among the NRIs. Besides speaking volumes about the treatment meted out, it is also a fair reflection of the faith people have in it and also the spirit of benevolence behind it.

Following is the list of the departments of hospital. Few of the departments are discussed in detail.

Medical department:

- Anesthesiology and Pain Management
- Cardiology
- Clinical Dermatology and Cosmetology
- Critical Care
- Dental Medicine
- Dialectology
- Emergency(Casualty)
- ENT
- Gastroenterology
- General Medicine
- Gynecology and Obstetrics
- Nephrology and Dialysis
- Neurology
- Ophthalmology
- Pain Management

- Pediatrics (Neonatal and Child care)
- Urology and stone
- Pulmonology and Chest medicine
- Psychiatry and Psychology

Administration Departments:

- Administrator/CEO office
- Finance
- Human Resources
- Marketing
- Nursing Superintendant
- Operations
- Purchase/store

Paramedical Services:

- Blood Bank
- Radiology
- Pharmacy
- Histology
- Pathology
- Immunology
- Hematology

Support Services:

- Billing
- CSSD
- Biomedical
- Dieticians

- Front Office
- Housekeeping
- Information Technology
- Maintenance and Engineering
- Medical Records
- Security and Transport
- Telephones

Wards:

- CCU
- ICU
- NICU
- PICU
- SICU
- MICU
- CATH Lab
- Operation Theatre
- Post Operative
- AC General Ward
- Recovery Room
- Deluxe Rooms
- Nursing Station
- Male General Ward
- Female General Ward
- OPD Waiting Area
- Sample Collection

HOUSEKEEPING:

Types of manpower: Junior and senior housekeeping

Number of manpower: 42 + 4 Supervisors

Out of 42 = 9 Females + 33Males

4 Supervisors = male: 3 shifts; Female: 2 shifts (Morning, Evening)

Timings of Shifts: Morning: 7am to 4pm

Evening: 12:30to 10pm

Night: 10pm to 7am

Outsourced: Contractual Basis 1year (by Ultimate utilities)

BIOMEDICAL WASTE MANAGEMENT:

Waste: 3000Kg/month (except general waste)

Storage area: 2 Rooms for biomedical waste + general waste

Outsourcing company: ESS KAY Hygiene

(Comes 1time per day to collect waste)

Policy: color coding is followed for segregation of waste products

RED	YELLOW	BLUE	BLACK
Catheter	Dressing	Bottles	General waste
Tubing	Bandages	Medicine	
Gloves	Cotton contaminated with blood Blood related things		

Sharp Container: Needles + Syringes

Date/Time/Area: Labels on Waste from Different Departments

Maximum Waste: Blue 10 Kg/day

Red and Yellow 60Kg/day

Records:

Daily Placement Record: Time In and Time Out

Grooming Checklist (dress, name, card)

Area Service Checklist (cleaning done in an area)

Washroom Checklist: (Supervisor fills after 1hr excluding patient washroom)

- 4 Services provided in patient washroom i.e. 4times/day, then at night available on call
- 2 Supervisors : 1 on basement and 1st floor

  1 on 2, 3, 4 floor
- Personal Record File (1D proof, adhaar card)
- Incident Form (in case of misbehave and for history of staff

LAUNDRY:

Different entry and exit areas for dirty and clean linen.

STEPS:

- Dirty linen comes
- Weightage of linen done
- Linen put in washing machines
- Washed clothes put in tumblers for drying
- After drying linen undergoes pressing

SECTIONS:

- Weighing section
- Sink section
- Washing section
- Drying section
- Pressing section
- Chemical section

MEDICAL RECORD DEPARTMENT (MRD):

It maintains and analyzes patients medical records.

Medical records of patients start building the day he is admitted in the hospital. It consists of his case sheets, physical condition, investigation, operation/procedure details, daily progress and discharge information. All these papers are deposited in this section after the discharge/death of the patient and are arranged according to the MR number.

Medical records of in-patient and out-patient are maintained separately. These are confidential documents and its handing over to the patients or doctors should be against the signature of the person/officer concerned.

Medico-legal cases are maintained separately and the medical records officer is responsible for providing assistance to police officers in the form of requirement of injury report, MLC investigation report.

TYPES OF MEDICAL RECORD: 1) Death

2) Normal cases

RETENTION PERIOD:

The medical records are retained for 5 years but in case of MLC, retention period is 10 years

IPD Record: Maintain for 10 years

OPD Record: Maintain for 5 years

Police Case/Accidents: Maintain for 15 years + till case continues.

STAFF: The department has the following persons:

- Medical records officer (1)
- Senior records technician (1)
- Junior records technician (2)
- GDA/Helpers (2)

TIMINGS: MR Officer: 8am to 6:30 pm

Technician: 9am to 5:30 pm

Normal Duty Roster: 8:30 hrs

CODING: ICD and ICPM

SURVELLIANCE REPORTS: Reports to District health officer, Sector 6 IDSP and AFP

IMAGING/ RADIOLOGY

Radiology describes the area of medicine that utilizes X-ray ultrasonic waves and magnetic resonance properties of cell in order to detect, diagnose and guide treatment of numerous diseases and injuries. Currently, the dynamic images that radiology provides are essential to both physicians and patients. The realistic depiction of the anatomy, functions and abnormalities within the body, radiologists can interpret imaging studies, act as consultants to other specialists, and perform interventional procedures.

- **General radiography**: X-rays are a form of radiation like light or radio waves that can be focused into a beam. Once carefully aimed at the part of the body being examined, an X-ray machine produces a small burst of radiation that passes through the body, recording an image on photographic film or a special image recording plate.

- **Mobile radiography**: Mobile unit to X-ray bed ridden patients and sometimes used to X-ray during operative procedures in the operating room.

- **C-arm:** C-arms are radiology and fluoroscopic systems in which the image receptor and X-ray tube housing assembly is positioned by the c-shaped support that give the equipment its name. Mainly used during operative procedures and assisting special procedures in department.

- **Ultrasound scanner:** Ultrasound or sonography uses high frequency sound waves to see inside the body. As the sound waves pass through the body, echoes can help doctors determine the location of a structure or abnormality, as well as information about its makeup. Ultrasound is sensitive way to examine internal organs.

- **Digital Subtraction Angiography (DSA) Scan:** This is a super specialized type of imaging technology with wide usage in both diagnostic and interventional radiology and finds its usage here in neuro surgical scan.

- **Computerized tomography:** This is a specialized form of tomography which gives a cut section at any level

No. of X-Ray machines: 3 (1 fluoroscopy)

No. of CT scan machine: 1

MRI: Out sourced – SSMRD (Dr. Shamer Singh Memorial Radio-diagnostic Centre) SCF 13-14, Sector 16-D, Chandigarh

OPERATION THEATRE:

Alchemist Hospital has five operation theatres that are equipped with anesthesia machines of international standards, cold operating lights, advanced air filtering system, central gases and suction, image intensifier, electrosurgical units and endoscopic equipments.

The theatres are staffed by an experienced team of anesthesiologists, technicians and nurses and follow strict protocols for infection control.

These ensure high standards of patient safety during and after surgery by following pre-operative and operative checklists.

Number of OTs: 5

Types of OTs: 1) Cardiac

2) Orthopedic

3) Neurosurgery

4) Multispecialty

EMERGENCY DEPARTMENT:

Care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma.

The emergency department of the hospital is 6 bedded and located on the ground floor with separate entrance and guided assistance for parking. The diagnostic facilities e.g. CT scan, MRI are located close to the department. Portable X-ray machine is also available.

Timely emergency care is continuously available 24 hours/day, seven days a week.

There are 3 ambulances outfitted with advanced life support available round the clock, accompanied with a specialized nurse. A doctor accompanies the ambulances if the medical condition of the patient demands.

The department uses a triage system of screening and classifying clients to determine priority needs for the most efficient use of available personnel and equipments.

The department is equipped with a defibrillator, cardiac monitors, gas pipes, ambubags, vital drugs and other resuscitation equipments. There is an isolation room and a plaster room in the emergency department.

The most common emergency encountered is cardiac cases. There are 30-40 medico-legal cases per month and 4-5 brought dead in a month.

PHARMACY:

Alchemist hospital has its own pharmacy i.e. Alchemist pharmacy. There is a Central Pharmacy further divided into OPD and IPD pharmacy. The OPD pharmacy is located on the ground floor and the IPD and central pharmacy in the basement. The services are 24x7 available.

The OPD pharmacy is utilized to obtain prescribed and over-the-counter medications.

Central pharmacy accepts requests for medications from emergency, OT, ICU through indents being put up by doctors.

IP pharmacy accepts requests for medications, through indents, being put up by IPD patients.

Narcotic drugs are stored separately, issued on special request from doctors.

INVENTORY MANAGEMENT: methods

- ABC ANALYSIS (categories on basis of value or amount of items)
- REORDER LEVEL (on basis of amount of stock present)

LOOK ALIKE AND SOUND ALIKE DRUGS are kept on separate racks.

CSSD (central sterile supply department):

- One of the most sophisticated, technically advanced world class departments in the area.
- Receives stores, sterilizes and distributes supplies to all departments including the wards, outpatient department and other special units such as operating theatre (OT), Cath lab and ICU.
- Location- it is located in the basement of alchemist hospital building and connected to OT by dumb waiter (elevator).
- Planning – it is in accordance with the principal of zoning having four zones:

- ZONE 1 – **Dirty area** where receiving counter is there and decontamination and disinfection is done.
- ZONE 2 – **Clean area** for assembling and packing. supplies are received through double door washer placed in zone 1; 3Autoclaves and ETO machine; record registers
- ZONE 3 **– Sterile area** with two double door autoclaves opening; storage and distribution is done here. A double door issuing counter is present.
- Validation of sterilization is done regularly by use of physical, chemical and biological markers.

  Physical validation – temperature, humidity and other sterilization cycle details are attached with every cycle run.

  Chemical – chemical dye tapes and indicators are present in every pack to be sterilized and as label on packs. Bowie – Dick test is done daily.

  Biological – microbiological organism cultures are kept and tested in lab for any growth every week.

Carbonization of the department was done daily in morning.

DIETARY:

It includes Dietician, diet and nutrition, Kitchen, a separate dining area in basement for doctors and visitors/other staff and Cafeteria on ground floor for patients, staff and visitors.

IN-PATIENT :

The hospital is supported by 5 operation theatres, with 2 general OTs, 1 cardiac, 1 Neuro and 1 for joint replacement, all located on the first floor. It also has NICU, Cath lab, CCU, Labour room, Nursery and PICU.

HDU, JRSU, SICU, dialysis and endoscopy are located on the second floor.

General wards are on the second floor, twin sharing, private and deluxe rooms are on the third and fourth floor. Suites are located on the fourth floor.

Medical record department and store is on the fifth floor.

Table 1.1: Distribution of beds

Department	Distribution of beds
Ground floor	
Triage	7
First floor	
CTVS-ICU	4
CCU	8
NICU	5
ICU-1	9
ICU-2	7
PICU	4
Second floor	
SICU	4
ICU	9
JRSU	6
Dialysis	9
Third floor	
Twin-sharing	6
Private room	6
Deluxe	2
Fourth floor	
Twin-sharing	6
Private	6
Deluxe	1
Suite	2

Project 1: To Analyse The Waiting Time of Central Registration Counter at The 'ALCHEMIST' Hospital

INTRODUCTION

Registration process is the first process that patients interact with hospitals. The quality of experience in registration will form the perceptions for hospitals. Waiting time is an important performance metric for the registration process. A rigorous Fish Bone approach is used to analyze an existing registration process and the root causes for the long average waiting time are identified. The waiting time is the time period between the moment the patient arrives at the registration desk and the moment this patient is being served by the registration clerk. Sometimes, a patient needs to fill some forms and paperwork before seeing the clerk. In this case, the time period to fill the paperwork is considered as waiting time and is considered in the waiting time calculation. Clearly, long waiting time will cause patients dissatisfaction and tarnish the image of the Alchemist Hospital.

Literature Review

One of the important elements in improving efficiency in the healthcare services is managing the patient flow. The patient flow represents the ability of healthcare system to serve patients quickly and efficiently throughout the treatment period. When the flow of the system operates properly, then the flow of patients becomes smoother and all the processes involved can be resolved with minimum delay. A good patient flow indicates that a patient queuing can be reduced or minimized, while the inefficient patient flow contribute to the problem of long and outstanding queue.

Waiting for service is defined as “the time from which a customer is ready to receive the service until the time the service commences” (Taylor, 1994, p. 56). Three types of wait can be distinguished in function of the point of time at which the wait is situated (Taylor, 1994). Customers can wait before, during, or after a service, called ‘pre-process’, ‘in-process’, and ‘post-process’ respectively (Dube-Rioux et al., 1988). Pre-process and post-process waits are considered more unpleasant than in-process waits (Dellaert and Kahn, 1999). Pre-process waits appear longer, because customers waiting for the first human contact with a service organization are more impatient (Maister, 1985). These customers experience feelings of anxiety and fear of being forgotten. However, when waits take place at expected times and places, it does not matter whether they occur before, during or after the service (Dellaert and Kahn, 1999).

Waiting for service is a negative experience. Service providers worry about the transfer of these negative feelings to service evaluations (Taylor, 1995). Several studies investigated effects of the *actual* waiting duration on service evaluation. Katz et al. (1991) and Clemmer and Schneider (1993) conducted experiments with queues of different lengths. Both studies found a negative relationship between how long patients had to wait in line, and their satisfaction with the received service.

As society becomes increasingly dynamic, time seems to be the factor most critical to patients experiences (Peritz, 1993). Waiting is therefore often perceived as a time consuming experience not highly valued by patients. It seems common sense that the more an experience is disliked or found to be unpleasant, the more negative will be its impact on the evaluation of the service of which the disliked experience is a part. Hui et al. (1997) showed that the more positive the evaluation of the service environment was, the stronger the approach behavior of patients

towards a hospital. Patients experiences of waiting can influence perceptions of service quality and satisfaction (Larson, 1987).

“Cues in an organized environment may suggest competence, efficiency, care, and other Positive attributes. In a disorganized environment the physical cue may suggest incompetence, inefficiency and poor service” (Bitner. 1990). The relationship between hospital environment and its image has been studied before (Baker et al., 1994). Layout and cleanliness of the wait area can therefore be expected to affect the hospital image as well as service quality and overall satisfaction.

Need of Study

Nowadays registration/front desk services of the majority of hospitals are having queuing and waiting time problem. Since the numbers of patients are large and the treatment should be given within a day the bottlenecks occurred with respect to the constraints can be solved by an effective management design.

There is an increasing concern to improve the quality of administration in the hospitals to meet the rising expectations of people.

The main feelings and image carried by patients about hospital mainly depends on human aspect and the concern, sympathy and understanding shown by hospital staff especially at the front desk.

This study will help in improving the system, pinpointing the bottlenecks and reducing the waiting time.

RESEARCH QUESTION:

- What are the bottlenecks in the efficient functioning of Central Registration Counter?

AIM OF THE STUDY:

To study the patient flow in central registration counter and to calculate the patients waiting time at the counter

OBJECTIVES:

To identify the average time spent by the patient at Central Registration Counter**.**

- If the waiting time is high, then identify the factors those are responsible for high waiting time at the Central Registration Counter.
- To recommend appropriate suggestions to optimize the waiting time at the Central Registration Counter.

METHODOLOGY:

- **Study Design and Approach**

This study was performed prospectively in the central registration counter of a multispecialty hospital. The approach followed is Direct observational study.

- **Study Period**

This study was conducted for a period of two months(April 2015 to May 2015)

- **Sample Size and Type**

160 sample

Simple Random Sampling

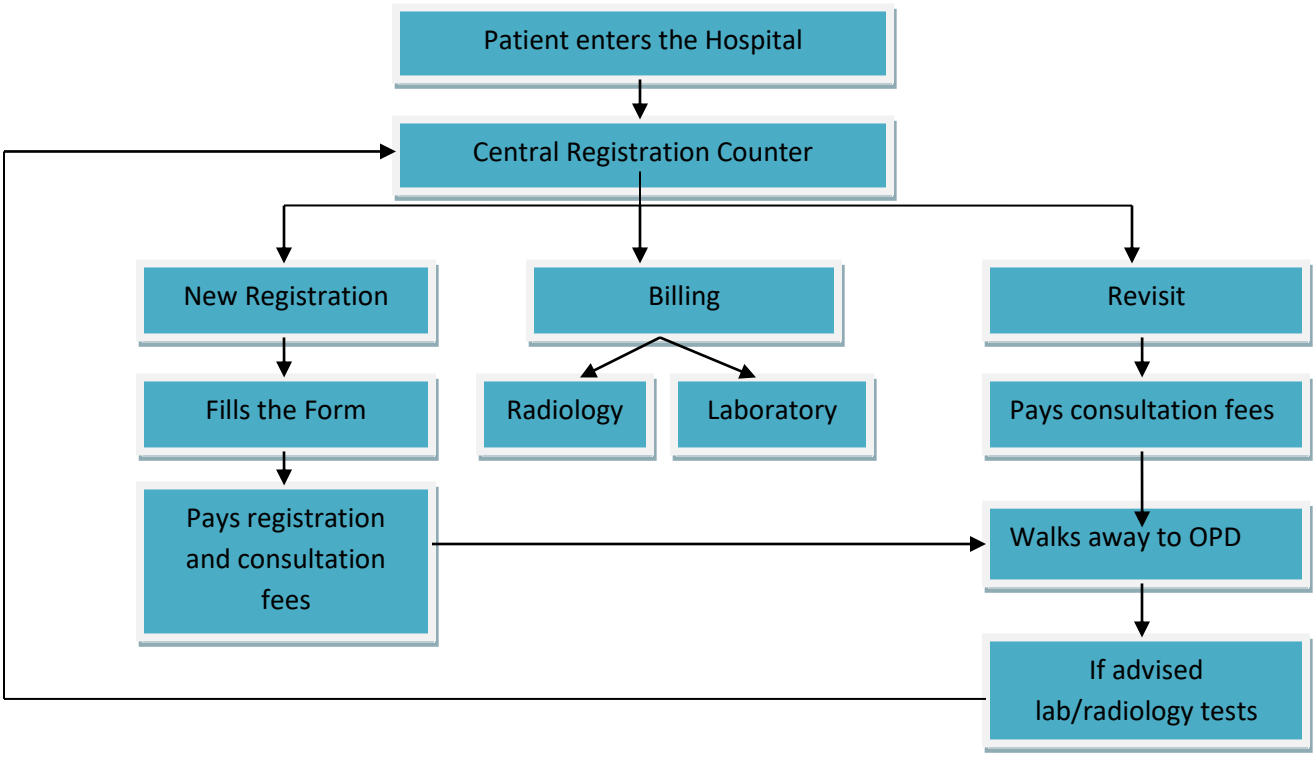
Method of Data Collection

The method of data collection was collection of primary data by directly observing the patient from entry to exit of the registration counter and collection of the secondary data from the staff at the registration counter. This study also includes the informal conversation with other staff of the hospital. It was conducted to gain insight into the services that are designed and delivered at the registration counter.

INCLUSION AND EXCLUSION CRITERIA

- patients visiting registration counter for the period of April 2015-May 2015 are included
- patients coming for new registration, consultation and OPD billing are included
- IPD patients coming for registration, billing are excluded
- patients visiting after 1.30 p.m are excluded

PROCESS FLOW:



DATA ANALYSIS:

In the present study, attempt has been made to determine the flow of patient and the average time spent by the patients in the Central Registration Counter.

$$\text{Average Time} = \frac{\text{total time spent by patients at central registration counter(minutes)}}{\text{total number of patients(sample)}}$$

As the first point of contact with the hospital is central registration counter, study shows that 38.75% patients wait for approximately more than 6 minutes at the registration counter and it was observed that longest queue were seen during 10.30 am to 11.30 am at the counter. During this peak time, the waiting time increased to 10 minutes.

Average Time = 938(minutes) = **5.86** or **6 minutes (**approx.)

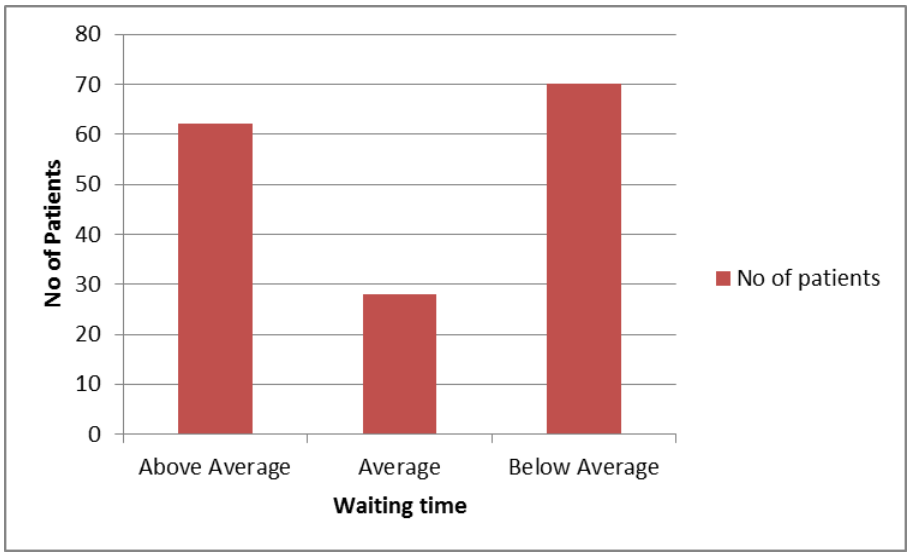
160(sample)

Table 2.1

Waiting Time	Number Of Patients(out of 160)	Percentage (%)
Above Average	62	38.75
Average	28	17.50
Below Average	70	43.75

Table 2.1 shows the division of 160 patients into categories: Above Average, Average and Below Average, based on the waiting time.

Chart Depicting the Division of Patients based on waiting time

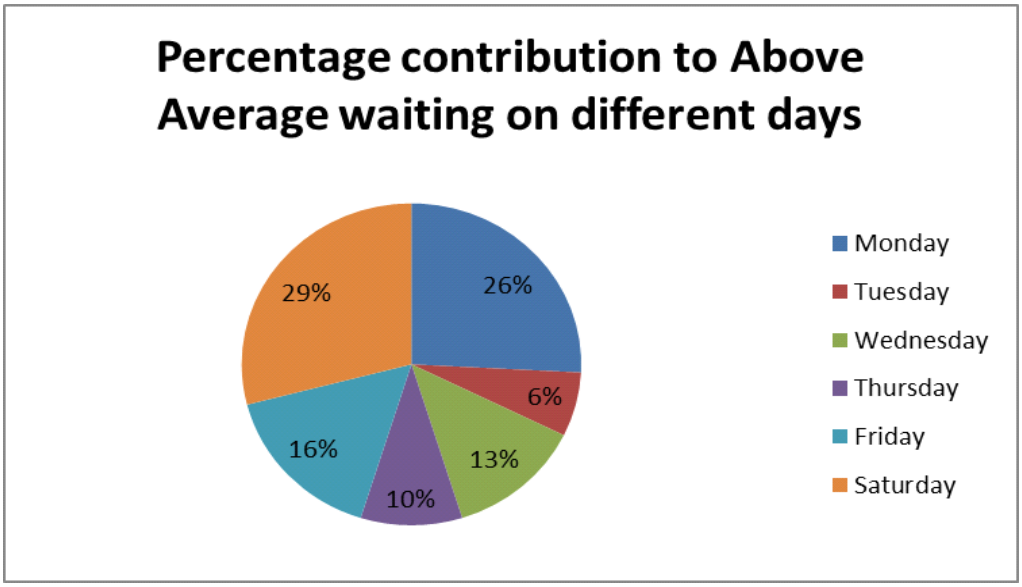


Observation: Among the 62 patients (above average-waiting time), maximum were those who visited the hospital on Mondays and Saturdays as compared to other weekdays.

Table 2.2

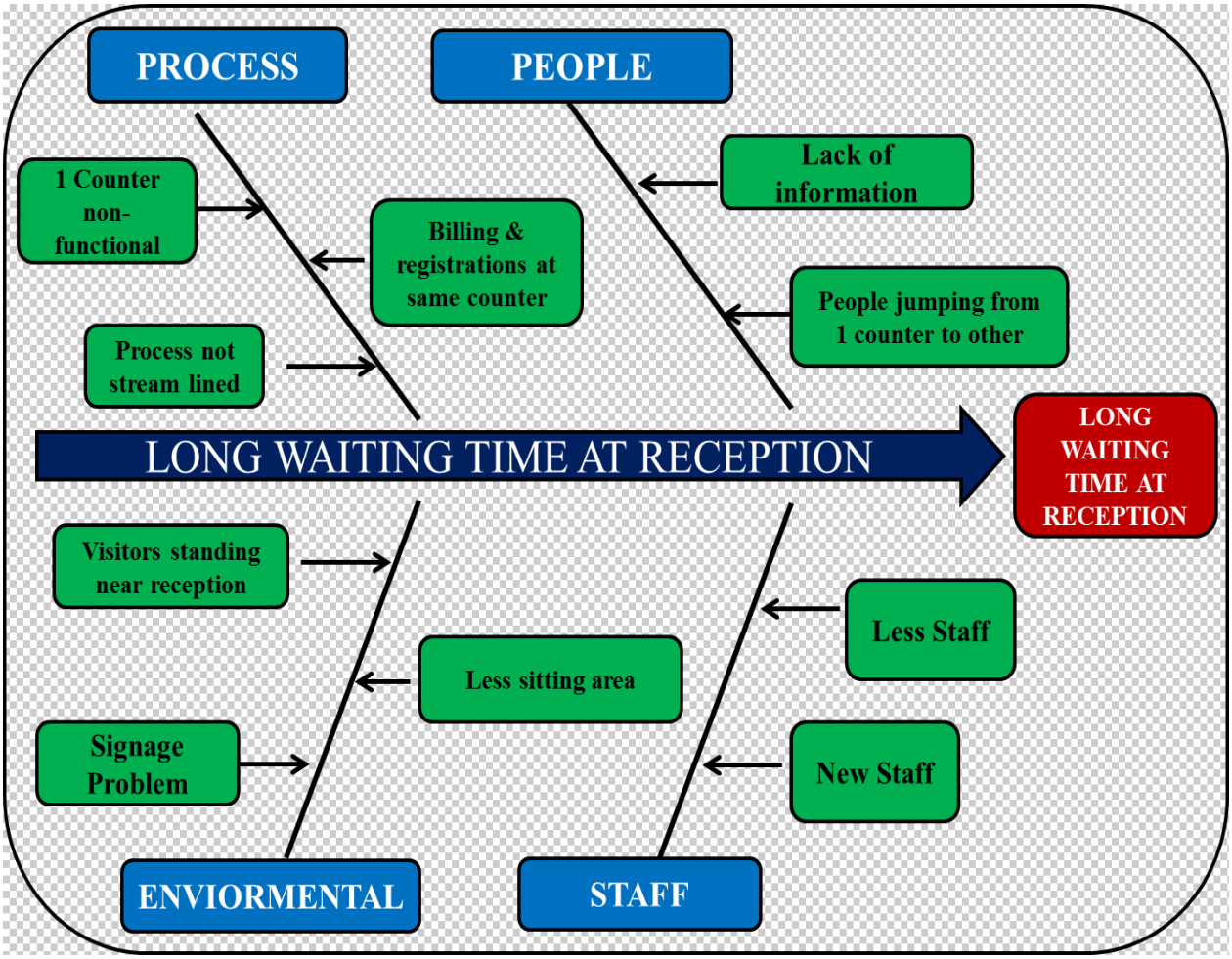
Day	No. Of Patients
Monday	16
Tuesday	4
Wednesday	8
Thursday	6
Friday	10
Saturday	18

Table 2.2 shows the further division of 62 patients (above average-waiting time), based on different days



The above figure clearly shows that the maximum no.of patients with above average waiting time was on Saturdays(29%), followed by Mondays(26%) and then Fridays(16%), Wednesdays(13%), Thursdays(10%), Tuesdays(6%). There are many reasons for this increased waiting time.

Reasons for Increased Waiting Time



RECOMMENDATIONS:

1. Colour Coded token system:
    - Different coloured tokens for patients with new registration, billing and revisit patients so as to streamline the que by having separate lines.
2. Security staff around the registration counter should guide the patients regarding the counters and must be trained for the same.
3. Signage/sign boards with dark colour.
4. MAY I HELP YOU/ HELP DESK near registration counter:
    - For any information required, any queries, guiding patients etc.
5. IEC material for different OPD's.
6. During the peak days (mondays and saturdays), cash for laboratory investigation can be collected at the laboratory registration counter itself. Cash of radiology investigation can also be collected at radiology registration counter which will reduce the waiting time definitely.

Conclusion

As society is becoming more and more time-pressed, patients are less willing to spend time waiting in lines. Previous research has shown that patients do not only find waits and delays very frustrating and unpleasant, but that these waits also affect their overall satisfaction levels with the received service. Que waits/ Pre-service delays have a negative, forward carry-over effect on the evaluation of the service that follows the wait, unless the wait is well managed.

References

- Allard C.R. van Riel, Janjaap Semeijn, Dina Ribbink, Yvette Peters. 2006. Managing the Waiting Experience at Checkout
- Anderson, E. W. Mittal, V. 2000. Strengthening the Satisfaction-Profit Chain. Journal of Service Research **3**(2) 107-120.
- Bennett, R. 1998. Queues, Customer Characteristics, and Policies for Managing Waiting-Lines in Supermarkets. International Journal of Retail and Distribution Management **26**(2) 78-87.
- Clemmer, E. C., Schneider, B. 1993. Managing Customer Dissatisfaction with Waiting: Applying Social-Psychological Theory in a Service Setting. Advances in Services Marketing and Management **2** 213-229.
- PaiPragna. Hospital Administration and Management. The National Book Depot; Second Edition 2007.

Project 2

ANALYSING EMPLOYEE SATISFACTION AT ALCHEMIST HOSPITAL

INTRODUCTION

Satisfaction is fulfillment of a need or desire and the pleasure obtained by such a fulfillment. Satisfaction is a good measure to evaluate personal attitude to the professional activity of enterprises.

It also expresses a level of happiness of a person in his professional environment connected with interpersonal relations with colleagues and superiors.
Employee satisfaction is a key part of successful business.
Knowing the employee needs and achieving satisfaction are the basis for successful business activities the employee feedback is most important source of information for improving product and services.

Satisfied and convinced employees ensure the company's success in the long term. Research has shown that companies that encourage or engage their employees to provide ideas or suggestions have a consistently higher employee retention rates, productivity and job – satisfaction.

LITERATURE REVIEW:

Employers that are untrustworthy are a burden to their employees and may cause stress.
Distrust can result from a variety of situations. Harassment, in any form,may cause a new level of stress for the employee. It becomes increasingly difficult to do a respectable job at work when one is consistently faced with an uncomfortable working environment. This anxiety is caused by trying to avoid troublesome confrontations and situations. Workers may agonize about the consequences they would face if the harassment were to be reported, as well as the repercussions of not reporting it.

Dissatisfaction with the job may come from sources other than stress Dissatisfaction may also arise, with the same result in turnover, when the work environment fails to have any flexibility or any source of amusement for the employees; the tone of the business will become stressful or tedious.

Lack of communication in the workforce is a major contributor to dissatisfaction. This is usually the result of managerial staff that is isolated and does not know how to relate to their employees on a personal or professional level. Often companies become more focused on production and revenues, rather than with their own employees, or even their customers.

In the case of employees, the employees may rarely be praised for the quality of their performance. If a company does performance appraisals, the results may be given in such a harsh tone that, rather than motivating an employee, it intimidates and an employee may feel uncomfortable in the workplace, rather than encouraged to achieve more.
It may be common for upper management in some workplaces, to take the ideas of lower level employees lightly, which leaves these employees feeling neglected and worthless. It becomes difficult for workers to see a bright future while working for the company.

Those employees who do work well to support the company may not be compensated for their efforts. Employers that choose to under-compensate know that these employees will work hard for minimal pay, and these employers will compensate accordingly. At the same time, the same employers will pay more to other employees who are not willing to work for minimal compensation. This compensation disparity leads to dissatisfaction because eventually the hard worker will notice that he or she is not being compensated fairly for the amount of work they are doing, and will begin searching for another company that will appreciate his or her labor. Employers should prepare for the interview by doing a job assessment to see what skills are necessary for the position, then testing applicants to see if they have the ability to be trained to the position and have the skills and knowledge that correspond with the job description. It is critical that during this phase, the employer give an accurate description of the job to candidates so they can prepare for the challenges ahead.

NEED FOR THE STUDY:

There is a definite link between employee attitudes and patient satisfaction. If employees are unhappy or dissatisfied, despite their best efforts, it is difficult for them to conceal this factor when interacting with patients and other staff members. One of the primary reasons for evaluating employee satisfaction is to identify problems and try to resolve them before they impact on patient care and treatment.

Not only is it important in terms of quality of patient care, assessing employee satisfaction is a critical component in retaining qualified health professionals. It appears imminent, if not already realized, the demand for health care professionals will soon exceed the supply. Retaining qualified health care professionals will become even more important given these realities. If you know what your employees think about their workplace environment, you'll be more able to design an environment that is too attractive to leave.

RESEARCH QUESTION:

What are the employee views about working with the hospital and potential sources of dissatisfaction?

How to create happier, challenging & exciting workplace for all?

AIM OF THE STUDY

The scope of the study consists of data collection from the employees of Alchemist Hospital through the questionnaire regarding the facilities provided to motivate employees and to know the benefits they are getting and the study also covered the suggestions given by the employees to motivate them.

OBJECTIVES

- To analyses overall job satisfaction, their satisfaction with the work, their satisfaction with pay and benefits.
- Their perceptions on coworker/supervisor performance or cooperation.
- Their understanding of the mission and goals of the facility, their perceived need for additional training and development.
- Their perceptions about their physical working conditions, and any suggestions for improving the workplace.

RESEARCH METHODOLOGY

The project is based on primary and second data.
Primary data:-The primary data is collected through proper questionnaire distributed to the employees of the Alchemist Hospital.
Secondary data:-The secondary data is collected through books, journals & Internet.

PERIOD OF THE STUDY

The period taken for the study is 1month

SIZE OF THE SAMPLE

The sample size taken for the study is 100

TOOLS APPLIED FOR THE STUDY

Questionnaire- Both open and closed ended

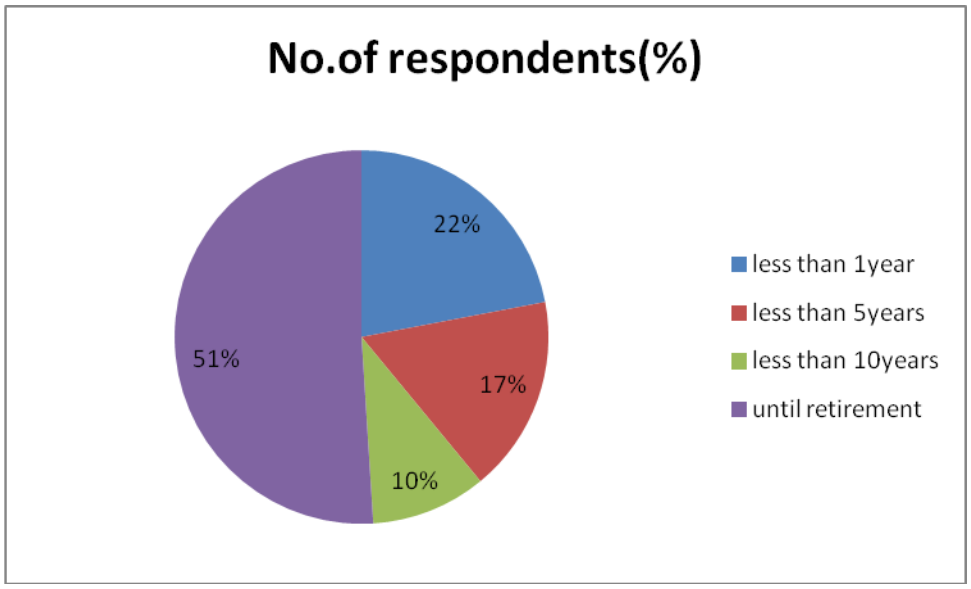
SURVEY RESULTS

PARAMETER	Strongly agree 1(%)	Agree 2(%)	Average3 (%)	Disagree4(%)	Strongly Disagree5(%)
Performance	49	25	15	10	2
Management	28	20	20	28	4
Supervisory	27	19	7	19	26
Training	27	19	23	17	14
Benefits	16	24	28	10	22

Based on the study of 5 Parameters the results are as follows:

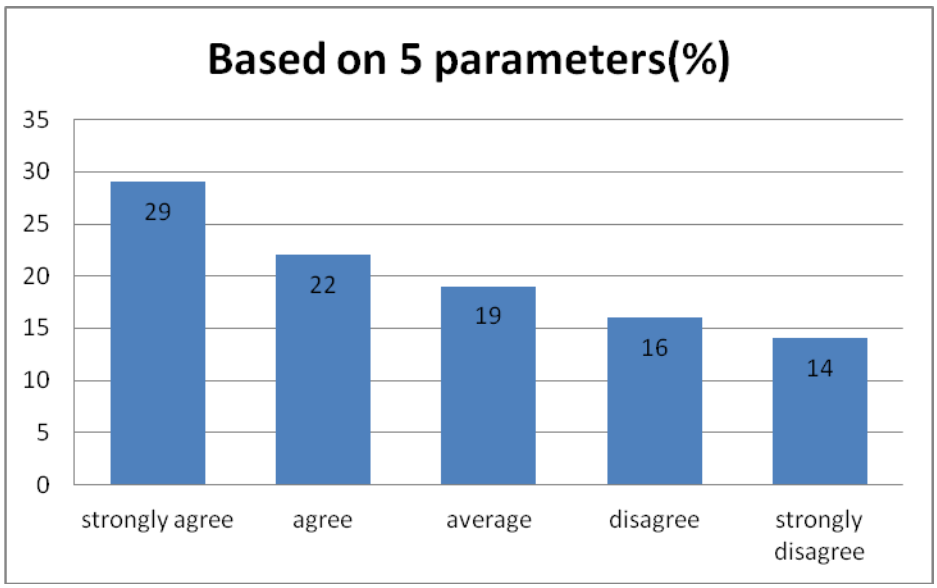
The maximum weightage of high satisfaction is seen for performance parameter (49%) and
The minimum weightage of high satisfaction is seen for Benefits parameter (16%)
The maximum weightage of high dissatisfaction is seen for Supervisory parameter (26%) and
The minimum weightage of high dissatisfaction is seen for Performance parameter (2%).

PLAN FOR LENGTH OF EMPLOYMENT



22% of the employees plan their stay for less than 1year, 17% less than 5 years, 10 % for less than 10 years and 51 % says until retirement.

Overall Job Satisfaction



OBSERVATIONS:
Overall the organization had scores as 29% employees who said they strongly agree and are satisfied , 22% who agree, 19% says average, 16% disagree, 14% disagree strongly and are dissatisfied based on our study on 5 Parameters- Performance, Management, Supervisory, Training and Benefits.

LIMITATIONS

1. The survey is done with respect to the permanent employees of Alchemist Hospital only.
2. Through this study, the satisfaction or the dissatisfaction level of employees is known but analyses could not be made as to which aspect directly leads to satisfaction or dissatisfaction. This actually differs from person to person.
3. Only the middle level management and lower level management could be contacted for the survey because the top level management was busy in their work schedule.

SUGGESTIONS FOR IMPROVING EMPLOYEE SATISFACTION:

- Improved Wages

  -Fair

  -Equitable

  -Competitive

-Recognizing performance/experience

- Additional Staffing.

RECOMMENDATIONS:

- Review personal policies to ensure annual evaluations are completed.
- Reward individuals for good work either through salary increases or promotions or both.
- Review wage and salary scales to determine competitiveness.
- Review current communication channels between management, departments, and staff.
- Involve staff in strategic planning
- Consider team building exercises.

REFERENCES

- The Business Research Lab 1999-2000 Survey Tips (WWW) URL:http://www.employeesurveys.com (accessed 9/19/00).

2. Byham, W.C., Cox, J., & Nelson, G. 1996 Zapp! Empowerment in Health Care: How to Improve Patient Care, Increase Job Satisfaction, and Lower Health Care Costs The Ballantine Publishing Group, New York.
3. Carpenter, D. 2000 "Help Wanted: Retiring, disillusioned, or lured away by better pay, Nurses and other staff bid hospitals farewell" Trustee vol. 53, no. 8, pp. 17-20.
4. Freeman, R.B. & Rogers, J. 1996 What Workers Want Cornell University Press, Ithaca.
5. HR Solutions, Inc. 2000 Employee Satisfaction Surveys (WWW) URL:http://www.hrsolutionsinc.com/employee_satisfaction_surveys.htm (accessed 10/11/00).
6. Kepler, K. (ed) 1994 Achieving Job Satisfaction: A Crisp Assessment Profile Crisp Publications, Menl .
7. Trochim, W.M.K. 1999 Research Methods Knowledge Base, 2nd edition (WWW) URL:http://trochim.human.cornell.edu/kb (accessed 10/12/00).
8. Powell, L. (ed) 1999 Conducting Key Informant and Focus Group Interviews Mountain States Group, Inc., Boise.
9. Powell, L. (ed) 1999 Market Survey Construction Kit Mountain States Group, Inc., Boise.