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INTRODUCTION

In recent time, most of the hospitals are providing medical facilities at their level best. Still there is something which makes the difference in between them for the patient influx. That is the quality of the services the patient receives. And thus the satisfaction and the contentment patients and their attendants receive. Patient satisfaction is now being the most important means of the reflection of the quality of the hospital. It's important because the feel they get in an organisation remains in person's mind for long time.

3 Patient satisfaction is an important and commonly used indicator for measuring the quality in healthcare. Patient satisfaction affects clinical outcomes and patient retention. It affects the timely, efficient and patient-centred delivery of quality health care and QA.

6 Because the cost of obtaining a patient is high, losing a patient is a substantial loss of investment. We may have attracted a patient through advertising or an insurance contract. It makes every contact with the patient, vital. 5 There is reciprocal relationship between patient satisfaction and continuity of care. Conversely, dissatisfaction and complaints can mean not only loss of business or investment, but also increased risk of malpractice lawsuits.

2 Surveying patient satisfaction can offer patients an opportunity to participate in their care by reporting their care experiences and building engagements. The value of patient reporting has traditionally been questioned because of the level of most patients' clinical knowledge in comparison with that of providers. 1 Accreditation, business improvement and risk management are not only reasons patient satisfaction

is important.⁸ Patient satisfaction surveys represent real-time feedback for providers and show opportunities to improve services or decrease risks.

GENERAL OBJECTIVE:

¹¹ To assess the patient satisfaction level in a multispecialty hospital by patient satisfaction survey.

SPECIFIC OBJECTIVES:

- 1) ¹¹ To assess the patient satisfaction level.
- 2) To discover the areas of improvement in relation to patient satisfaction.

METHODOLOGY:

Study Design: Cross Sectional Study.

Study Area: OPD and IPD, Surbhi Hospital Noida

Study Population: I/OPD patients.

Data collection Tools and techniques:

Tool: Patient Satisfaction Questionnaire.

Technique: Obtaining responses on likert's scale.

The patient satisfaction survey has become the basic tool for quality assurance in health care system. There are many ways through which the survey can be conducted. The one of the basic method is to detect patient satisfaction by patient satisfaction questionnaire. Interviewing is another effective method of detecting patient satisfaction level.

Though it may sound little common, this is still worth tracing the score of patient satisfaction. ¹ To put it simply, patient satisfaction is an indicator of how well the patient is being treated. The "how well" part refer not necessarily to the quality of care but to how content a patient is with the care they receive. There are number of reasons why patient satisfaction score should be among top priority for every medical facility. Unless we know what our strengths and weaknesses are, we cannot go further in competition effectively. The data collected through patient's satisfaction measurements reflect care delivered by the hospital as a whole and can serve as a tool in decision making. In addition to this, patient satisfaction has some parallel effects also.

⁴ A happy patient is a loyal patient: in the context of hospitals, a patient receiving services no other hospital can provide is less likely to switch their preferred medical facility.

High patient satisfaction pulls in new patients: The psychology behind this is simple—we want to share our experiences. Patient satisfaction affects clinical outcomes: patients who rate their doctor's empathy high have better clinical outcomes.

The study design being used is study as a descriptive cross-sectional research design with the objective to assess the patient satisfaction at selected patient departments (I/OPD). The total 5% of the total opd patients are included on each day's opd. Thus

total “100” numbers of the patients are being selected from I/OPD Departments of the hospital, out of which, 10 patients are selected from in patient department. Standard Questionnaire is being used. The respondents mark the number as per their expected and experience lines. Attributer based on the outcome in a manner, the sense of contentment and feel of the services they receive in the hospital.

Based on: below mentioned parameter:

1) General Aspects (GA)

2) Technical Quality (TQ)

¹⁰
3) Interpersonal Manner

4) Communication

5) Financial Aspect (FA)

6) Time spent with the Doctor

7) Accessibility and Convenience

¹⁵
This is based over the scale of 5 i.e. : Strongly Disagree, Disagree, Uncertain, Agree and Strongly Agree. Further, final score will be calculated as per the standards of the organization. This is done by giving different weights to different subscales of responses.

The table of the questionnaire is formed in a below mentioned manner in table no. 3.1, in which subscales numbers are given from 1 to 5. It included all positive asking sentences (questions). Total 18 short questions are included and thus each questionnaire form can have 90 maximum marks (weights).

S no.	Questions	Strongly Disagree	Disagree	Uncertain/ average	⁹ Agree	Strongly Agree
1		1	2	3	4	5
2		1	2	3	4	5
3		1	2	3	4	5

Table 3.1

All subscales are divided by given weights. The weights are given as per the numbers of subscales. Five will be the maximum weight while one will be the minimum. 3 is considered as uncertain or average number of weight which may be considered as the central tendency of the respondents. The details of the weights distribution is given in table no. 3.2 as below mentioned.

S no.	Responses	numbers	weights
1.	Strongly Disagree	1	1
2.	Disagree	2	2
3.	Uncertain/ Average	3	3
4.	Agree	4	4
5.	Strongly Agree	5	5

Table 3.2

$$\text{Output response} = \frac{x_1(w_1) + x_2(w_2) + x_3(w_3) + x_4(w_4) + x_5(w_5)}{\text{max sum weight}}$$

Where x = responses

w = corresponding weight

Out of opted 18 questions in given questionnaire, the distribution of the questions as per the parameter is done. Out of all seven groups, five groups have got two questions in each and two groups have got four questions ie in technical quality and in accessibility and convenience. The distribution is as below mentioned in the table no. 3.3.

Question numbers...	3, 17	General Aspects
	2,4,6,14	Technical quality
	10,11	Interpersonal manner
	1,13	Communication
	5,7	Financial aspect
	12, 15	Time spent with Doctor
	8,9,16,18	Accessibility and convenience

Table 3.3

RESULTS AND DISCUSSION:

After the calculation of all responses found, the obtained weights were counted and the detailed outcome in number and in percentages were calculated (as mentioned above). Thus total score along with the parameter vice score were calculated as mentioned in below table (table no. 3.4). Technical quality and accessibility and convenience have 4 questions instead of 2 so the score is relatively outnumbered. The score is being calculated in percentages to have better comparison in between the parameters.

S no.	Question no.	Category	Maximum expected weights	Obtained weights	percentages
1	3, 17	General Aspects	1000	925	92.50%
2	2,4,6,14	Technical quality	2000	1880	94%
3	10,11	Interpersonal manner	1000	946	94.60%
4	1,13	Communication	1000	936	93.60%
5	5,7	Financial aspect	1000	931	93.10%
6	12, 15	Time spent with Doctor	1000	946	94.60%
7	8,9,16,18	Accessibility and convenience	2000	1871	93.55%
	Total 18	Total	9000	8435	93.72%

Table 3.4

After the calculation of responses found, the total cumulative satisfaction level is found to be 8435 out of 9000 i.e. 93.72%. This figure confirms the satisfaction level in the sampled patients of the organisation to be optimal. In other words, the patients are found to fairly satisfy with the health care facilities of the hospital. Remaining parameter vice scores are being produced in below list and demonstrated in given graph in figure 3.1.

General Aspects	92.50%	1000	925
12 Technical Quality	94%	2000	1880
Interpersonal Manner	94.60%	1000	946
Communication	93.60%	1000	936
Financial Aspect	93.10%	1000	931
Time spent with Doctor	94.60%	1000	946
Accessibility and Convenience	93.55%	2000	1871
Total	93.72%	9000	8435

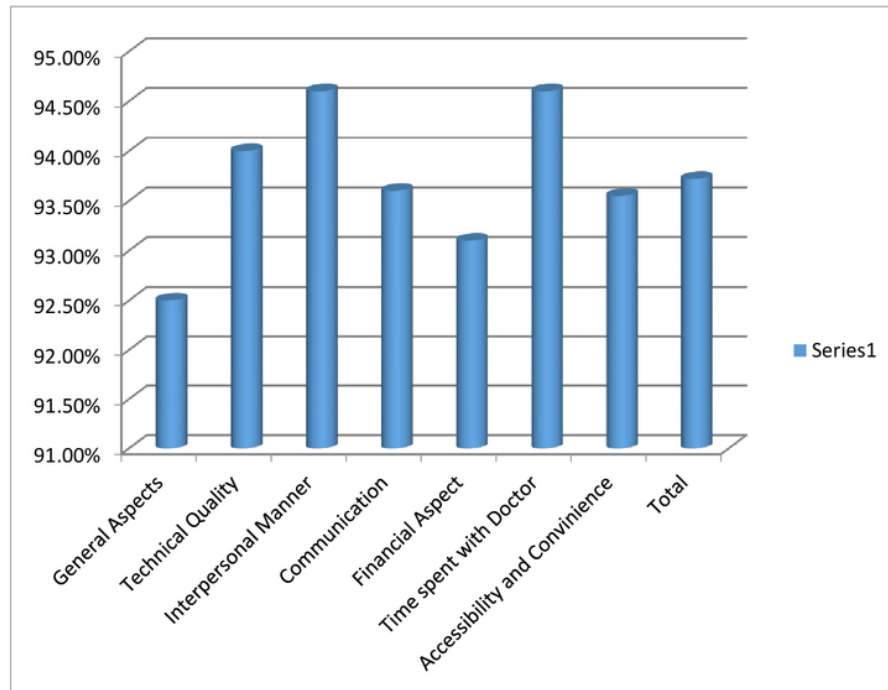


Figure 3.1

The total satisfaction score is above 93% which reflects that patients are overall satisfied with the healthcare quality of the hospital. As per the standards of the organisation, the overall score of the under survey patients is found to be satisfactory.

Though, there are some different observations are noted when different segments are considered. It is observed that patients under survey are found to be relatively more satisfied with the “interpersonal manner” and “time spent with doctors”. The score is peaked at 94.6% in both of these conditions. In contrast to this, general aspects are showing minimum values among all others. GA (General Aspects) positioned at lowest position. Technical quality (TQ) is also reflecting fair satisfaction level next to highest peaks. Followed by communication, ¹³accessibility and convenience and financial aspects (FA) are peaked in decreasing order respectively.

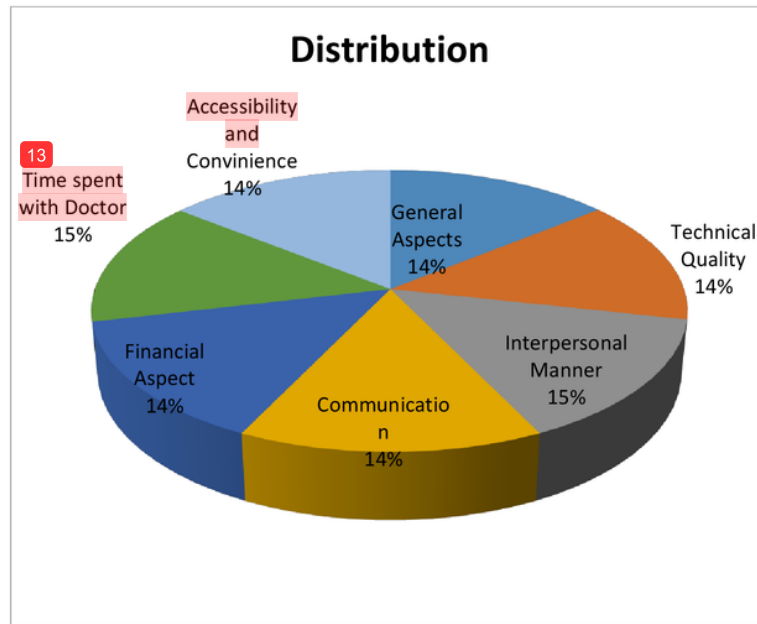


Figure 3.2

Broadly, as per the pie diagram shown in figure 3.2, apart from two parameters, time spent with doctor and interpersonal manner, all other five parameters are sharing more or less equal part in responses. This somehow may indicate the possible next steps to be taken in the direction of betterment of the QA. This is showing that the scope is existing to have more improvement in all other parameters. Not only to improve but to maintain the achieved position. The scope to have retention and sustainability in the current competitive situation.

RECOMNDATIONS:

It is being reflected from facts and figures that patients under survey of satisfaction are found to be fairly satisfied and contented. Still if we consider the further scope of quality improvement and particularly the maintenance of the same achieved level, some relative observations become obvious. Of them, there are some different levels of satisfaction which can be further improved.

- A) The general aspects which include the medical management can be more satisfactory by explaining the process of medical management to the patients and their attendant in more elaborative details.
- B) For the same, general aspects, attendants can be informed about the ongoing process more frequently so that they can be more aware about the outcomes.
- C) The accessibility and convenience and financial aspects, the patients can be made more aware about the different options which can suit to him/her. The means of taking appointment or information about the visits can be further enhanced by more objects of communications.
- D) The waiting time can be further modulated by providing the information about the more time slots to the patients.

E) About the communication, the score is fair, the detailed causes of the medical investigations can be explained to the patient up to satisfactory level or different options can be suggested if available.

CONCLUSION:

The use of patient satisfaction survey in multispecialty hospital could help in continuity of quality care and in bringing about the much required improvement in all expected fields. Thus we can conclude that the outcome of real time patient satisfaction survey can be used as a parameter for quality level of the organisation and to detect the areas of low satisfaction level. Further, to discover the causes of such areas of low satisfaction and their possible solution can be emerged out.

The survey of patient satisfaction by including different parameters enables the concerned managerial authority to take decision in appropriate manner in such a way that consumers themselves Speak about the desired needs. It is an important vertical of quality management and shall be given its due importance.

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