

Internship Training

at

International Institute of Health Management Research New Delhi

A comparative study of patient satisfaction with primary healthcare services in urban and rural areas.

By

Mr Danyal Yawar

PG/21/147

Under the guidance of

Dr Mukesh Ravi Raushan

PGDM (Hospital & Health Management)

2021-23



**International Institute of Health Management Research New  
Delhi**

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**International Institute of Health Management Research  
New Delhi**

# (Completion of Dissertation from respective organization)

The certificate is awarded to

**Mr Danyal Yawar**

in recognition of having successfully completed his internship at

IIHMR, Delhi

and has successfully completed his Project on

A comparative study of patient satisfaction with primary healthcare services in urban and rural areas.

**Date- 15<sup>th</sup> February to 15<sup>th</sup> May**

International Institute of Health Management Research New Delhi

He comes across as a committed, sincere & diligent person who has  
a strong drive & zeal for learning.

We wish him all the best for future endeavours.

**Training & Development**

**Zonal Head-Human Resources**



**TO WHOMSOEVER IT MAY CONCERN**

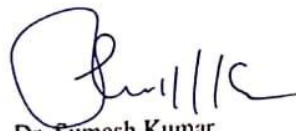
This is to certify that **Mr Danyal Yawar**, student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi

has undergone internship training at International Planned Parenthood Federation from 15<sup>th</sup> February 2023 to 15<sup>th</sup> May 2023.

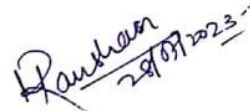
The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.



Dr. Sumesh Kumar  
Associate Dean, Academic and Student Affairs  
IIHMR, New Delhi



Dr Mukesh Ravi Raushan  
Assistant Professor  
IIHMR, New Delhi

## Certificate of Approval

The following dissertation titled "A comparative study of patient satisfaction with primary healthcare services in urban and rural areas," is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of the dissertation.

Name

Signature

NAVZEN VASHIST

Navzen 12/06/23

MUKESH RAVE RAUSHAN

Raushan 17/06/23


Dr. Rohini Ravi

Rohini 17/06/23

### **Certificate from Dissertation Advisory Committee**

This is to certify that **Mr Danyal Yawar**, a graduate student of the PGDM (Hospital & Health Management) has worked under our guidance and supervision. He is submitting this dissertation titled "**A comparative study of patient satisfaction with primary healthcare services in urban and rural areas**" in partial fulfilment of the requirements for the award of the PGDM (Hospital & Health Management).

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

  
Dr Mukesh Ravi Raushan  
Assistant Professor

IIHMR, New Delhi

Dr Sumesh Kumar  
Associate Dean

IIHMR, New Delhi

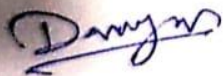




**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,  
NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled "A Comparative study of patient satisfaction with primary healthcare services in urban and rural areas" and submitted by Mr Danyal Yawar, Enrollment No. PG/21/147 under the supervision of Dr Mukesh Ravi Raushan, Assistant Professor, IIHMR Delhi for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 15<sup>th</sup> February 2023 to 15<sup>th</sup> May 2023 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.



Signature

# Feedback Form

**Name of the Student:** Mr Danyal Yawar

**Name of the Organisation in Which Dissertation Has Been Completed:** International Institute of Health Management Research New Delhi.

**Area of Dissertation:** A comparative study of patient satisfaction with primary healthcare services in urban and rural areas.

**Attendance:** 80%

## **ACKNOWLEDGEMENT**

It is an esteemed pleasure to present this research project by thanking each and everyone who helped me in this task. I would like to express my sincere gratitude towards my guide **Dr. Mukesh Ravi Raushan**, Assistant professor IIHMR, who helped me immensely throughout the tenure of my internship. He inspired me greatly to work in this project with his valuable guidance, support, interest, encouragement, involvement and advice. Federation, for allowing me to experience such great opportunities and for providing data for my learning. I would also like to express my special thanks to **Dr Sutapa B Neogi, (Director)** IIHMR, Delhi for providing such great opportunity which helps in to grow and learn about many interesting aspects.

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## **LIST OF ABBREVIATIONS**

AMTSL	: Active Management of Third Stage of Labour
ANM	: Auxiliary Nurse Midwife
BEmONC	: Basic Emergency Obstetric and New-born Care
CCT	: Controlled cord traction
CEmONC	: Comprehensive Emergency Obstetric and Newborn Care
CHC	: Community Health Centre
CMO	: Chief Medical Officer
C -section	: Caesarean section
DH	: District Hospital
EBF	: Early Breast Feeding
FRU	: First Referral Unit
GoI	: Government of India
IEC	: Information Education and Communication
ILR	: Ice Lined Refrigerator
IM	: Intra Muscular
INIPi	: Intensified National Iron Plus Initiative
IUFD	: Intra Uterine Death
IU	: International Unit
JSI	: John Snow India
JSSK	: Janani Shishu Suraksha Karyakaram

JSY	: Janani Suraksha Yojana
LaQshya	: Labour room Quality improvement Initiative
LR	: Labour Room
LSCS	: Lower Segment Caesarean Section
MMR	: Maternal Mortality Rate
MO	: Medical Officer
NHP	: National Health Policy
NFHS	: National Family Health Survey
NVD	: Normal Vaginal Delivery
OT	: Operation Theatre
PHC	: Primary Health Center
PMSMA	: Pradhan Mantri Surakshit Matritva Abhiyan
PNC	: Post Natal Care
PPH	: Post Partum Haemorrhage
RMNCH+A	: Reproductive, Maternal, New-born, Child and Adolescent Health
SAMVEG	: Systems Approach for MNCH focusing on Vulnerable Geographies
SBA	: Skill Birth Attendant
SDGs	: Sustainable Development Goals
SDH	: Sub Divisional Hospital
SHC	: Secondary Health Center
SRB	: Student Review Board
SRS	: Sample Registration System
WHP	: World Health Partners
WHO	: World Health Organization

## **ABOUT IIHMR DELHI**

The International Institute of Health Management Research (IIHMR), New Delhi is allied to the ‘Society for Indian Institute of Health Management Research’ which was established in October 1984 under the Societies Registration Act-1958. IIHMR-Delhi was setup in 2008 in response to the growing needs of sustainable management and administration solutions critical to the optimal function of healthcare sector both in India and in the Asia-Pacific region.

We are a leading institute of higher learning that promotes and conducts research in health and hospital management; lends technical expertise to policy analysis and formulation; develops effective strategies and facilitates efficient implementation; enhances human and institutional capacity to build a competent and responsive healthcare sector. Our multi-dimensional approach to capacity building is not limited to academic programs but offers management development programs, knowledge and skills-based training courses, seminars/webinars, workshops, and research studies.

Our four core activities are...

- ☐ Academic courses at masters and doctoral level in health and hospital management to meet the growing need of skilled healthcare professionals.
- ☐ Research that has high relevance to health policies and programs at national and global level.
- ☐ Continued education through management development programs and executive programs for working professionals to help them upgrade their knowledge and skills in response to the emerging needs of the industry.

□ Technical consultation to the national and state-level flagship programs to address the gaps in planning as well as implementation.

### **International Institute of Health Management Research, New Delhi (IIHMR-Delhi)**

Over the years IIHMR-Delhi has emerged as an institute of repute both nationally and globally for producing socially conscious, skilled and vibrant top-class health care management professionals. Our graduates are well-matched for the ever-changing health care sector and evolving social milieu. The institute has progressed as a leader in research, teaching, training, community extension programmes and policy advocacy in the field of health care. IIHMR has carved out a niche for itself through its cutting-edge academic curriculum, infrastructure, accomplished multi-disciplinary faculty and research.

The Institute as an autonomous body of international stature has been developing leaders for several years to shape tomorrow's healthcare by equipping the students in the fields of health, hospital, and health information technology. The Institute's dynamic health care research programmes provide rigorous training in management, health systems, hospital administration, health care financing, economics, and information technology



## **Commitment to Inclusive Excellence**

As an institute, IIHMR-Delhi is committed to creating an environment of higher learning that can serve as the model for the kind of society it strives to build – one of equity, social justice and mutual support. We have also made a concerted effort to promote the ethos and philosophies amongst today's students and nurture them into growing as effective managers, to think both critically and ethically, to learn to cope with ethical dilemmas and apply systems-thinking approaches to serious and complex societal problems. Our internationally renowned faculty lead multidisciplinary health research in multifarious areas such as public health, health services, health economics, hospital management, social determinants of health, mental Health and other topics of global and national interest.

The IIHMR is invited by various governmental and civil society organizations to provide technical support for capacity building and policy research needs that culminates in developing innovative and equitable health care strategies and provide advocacy support for health policy and planning. The institute also responds to the global health threats, natural disasters, conflict and related humanitarian crisis. In addition to the Masters and doctoral level programmes, IIHMR-D also offers several highly specialized and popular Management Development Programmes (MDP) to wide range of health professional in the country and overseas which largely addresses educational needs amongst in-service aspirants.

## **Introduction**

### **Primary healthcare (PHC)**

PHC stands for Primary Health Care, which is an essential approach to healthcare that aims to provide comprehensive, accessible, and community-oriented health services. It forms the basis of a healthcare system, putting a premium on the requirements and preferences of people at every stage of their lives—individuals, families, and communities.

PHC's key values centre on fairness, social justice, and the right to health. It advocates for health promotion, prevention, treatment, and rehabilitation in order to address the fundamental causes of ill health, such as socioeconomic issues, environmental circumstances, and personal behaviours. One of the most important features of PHC is its holistic approach, which acknowledges that health is a condition of whole physical, mental, and social well-being rather than just the absence of sickness. It includes a variety of services, such as promotion, prevention, treatment, and rehabilitation. While preventive services work to delay the start of illnesses through immunisations, screenings, and lifestyle changes, promotional services emphasise educating and enabling people to make healthy decisions. Rehabilitative services help to restore functioning and quality of life whereas curative services treat acute and chronic diseases. PHC is founded on the concept of accessibility, guaranteeing that all people, regardless of socioeconomic level, geographic location, or other impediments, have access to healthcare services. It emphasises the need of delivering healthcare as near to people's homes and places of employment as feasible, relieving the strain on higher-level healthcare institutions and encouraging cost-effective solutions. This is accomplished by establishing easily accessible community-based services, primary healthcare facilities, and clinics for the general public. The community emphasis of PHC is another essential component. It involves communities as active participants in their own health because it acknowledges that social, economic, and cultural

variables have an impact on health. Identification of regional health needs, creation of culturally competent solutions, and encouragement of local ownership and accountability in healthcare delivery are all made possible through community engagement.

PHC emphasises the value of intersectoral collaboration as well, acknowledging that factors other than the healthcare system itself have an impact on people's health. In order to address the social determinants of health and build settings that promote health, it asks for cooperation across a variety of sectors, including education, housing, agriculture, and finance.

**Rural PHC:** Rural Primary Health Centres (PHCs) are crucial in supplying communities living in isolated and underserved areas with necessary healthcare services. In rural areas, where access to high-quality medical treatment is frequently constrained, these institutions act as the foundation of healthcare delivery. The initial point of contact for those looking for medical treatment is a rural PHC. They provide a variety of primary healthcare services, including as immunisations, preventative care, basic diagnostics, treatment for common ailments, and maternity and child healthcare. These facilities often include skilled physicians, nurses, and other healthcare specialists working relentlessly to meet the community's healthcare requirements. Rural PHCs work hard to offer complete healthcare services to the rural population despite obstacles such as few resources, geographic restrictions, and a lack of medical experts. In order to close the gaps in healthcare access, they frequently work in conjunction with governmental bodies, non-profits, and neighbourhood volunteers. These institutions may also provide referral services, linking patients to more advanced healthcare facilities for specialised care. In order to promote health equality and lessen healthcare inequities, rural PHCs are crucial. They help to improve the general health and well-being of rural populations by emphasising preventative care, early diagnosis, and prompt treatment.

The efficient operation of rural PHCs and the achievement of equitable healthcare for all depend on initiatives to develop infrastructure, increase the capability of the healthcare workers, and guarantee the supply of vital drugs and equipment.

**Urban PHC:** Urban Primary Health Centres (PHCs) are necessary for offering basic medical treatment in metropolitan settings. These facilities are ideally situated to serve the medical requirements of metropolitan residents, who frequently confront particular health concerns. Urban PHCs provide a variety of services, such as vaccinations, curative treatments, preventative care, and health education. Urban environments, in contrast to rural ones, necessitate PHCs addressing a wide range of health issues. They address topics such as contagious illnesses, disorders brought on by lifestyle choices, mental health, and reproductive health. Urban PHCs seek to lessen the strain on secondary and tertiary healthcare institutions by putting an emphasis on early identification and fast intervention. To guarantee complete healthcare service, urban PHCs also work with nearby communities, NGOs, and other stakeholders. They are essential in managing epidemics, running health awareness initiatives, and encouraging urban dwellers to seek out healthy behaviours.

Urban PHCs play a crucial role in bridging the gap between communities and the healthcare system by delivering inexpensive, easily accessible treatment nearer to patients' homes. These facilities aid in enhancing the general health and wellbeing of urban people by putting an emphasis on meeting urban healthcare demands.

**Aim:** To compare patient satisfaction levels with primary health care services between urban and rural settings.

**Considering above mentioned data our main objectives are: -**

- To assess patient satisfaction levels with primary health care services in urban and rural settings.
- To identify factors that influence patient satisfaction levels in urban and rural primary health care settings.
- To make recommendations for improving patient satisfaction levels in urban and rural primary health care settings.

## **Methodology:**

**Study Design**-It will be a cross-sectional design. Quantitative data will be collected for the study.

Structured interviews will be used for interview. Total 100 sample will be collected and 50 sample will be collected from each area. The data will be collected from April 2023 to May 2023.

### **Study setting-**

The study will conduct in 2 different state that are Delhi and Bihar.

### **Methods of data collection -**

Through self-prepared Qualitative Tool guide and audio recorder.

### **Study duration-**

3 months.

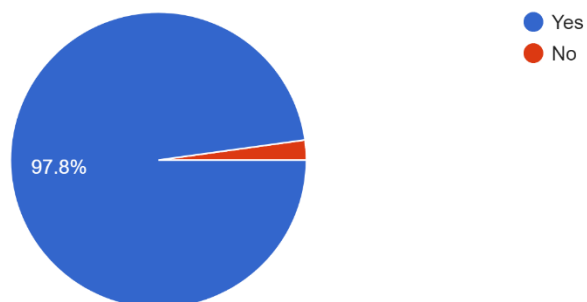
**Sampling method:** convenience sampling method will be used for the study.

## Results:

### Rural PHC

1-क्या पंजीकरण / प्रवेश काउंटर में पर्याप्त जानकारी उपलब्ध है? 1-Is sufficient information available at the registration/entry counter?

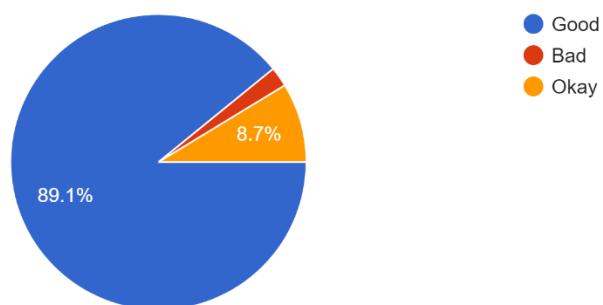
46 responses



**Fig1:** Responses indicate that sufficient information is available at the registration/entry counter.

3-पंजीकरण / प्रवेश काउंटर पर अस्पताल के स्टाफ का रवैया कैसा था ? 3-How was the attitude of the hospital staff at the registration/entry counter?

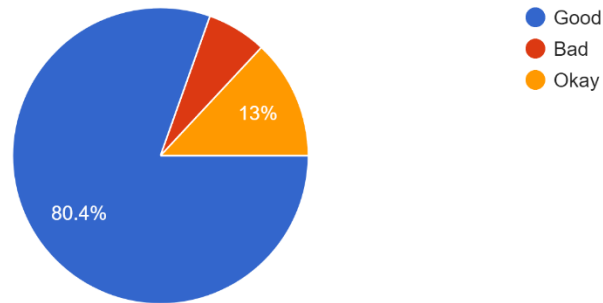
46 responses



**Fig2:** The majority of responses indicate a positive attitude from the hospital staff at the registration/entry counter.

4-अस्पताल से आपके डिस्चार्ज के प्रक्रिया पर आपकी क्या प्रतिक्रिया है ? 4- What is your reaction to the discharge process from the hospital?

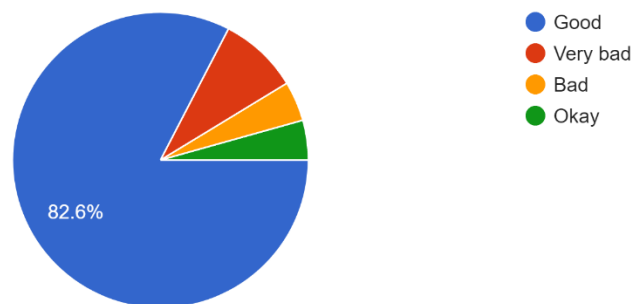
46 responses



**Fig3:** The majority of the responses indicate a neutral or average level of satisfaction with the discharge process

8-अस्पताल परिवेश और परिसर में नालियों की सफाई कैसी है ? 8- How is the cleanliness of the hospital environment and premises, including drains?

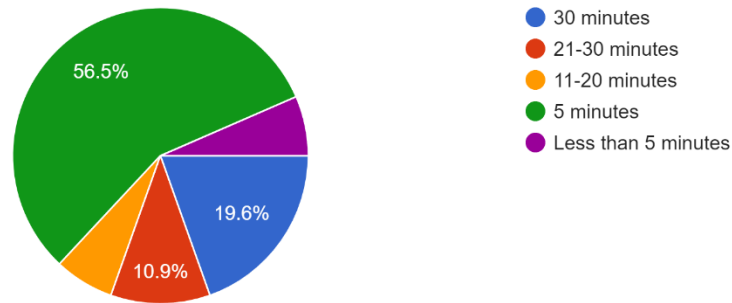
46 responses



**Fig4:** Majority of the responses indicate that the cleanliness of the hospital environment and premises, including drains, is generally Okay. However, there are a few instances where it is rated as bad, very bad.

11-डॉक्टरों के द्वारा आपको जाँचने एवं जानकारी प्रदान करने में कितना समय लगा ? 11- How much time did the doctors take to examine and provide information to you?

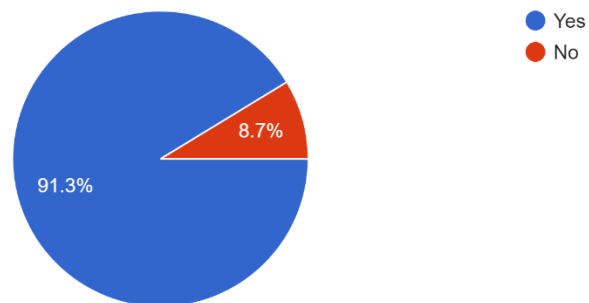
46 responses



**Fig5:** Time given by the doctor on per patient is depends upon the condition of the patient and the average time is given by the doctor is 5-10 minutes.

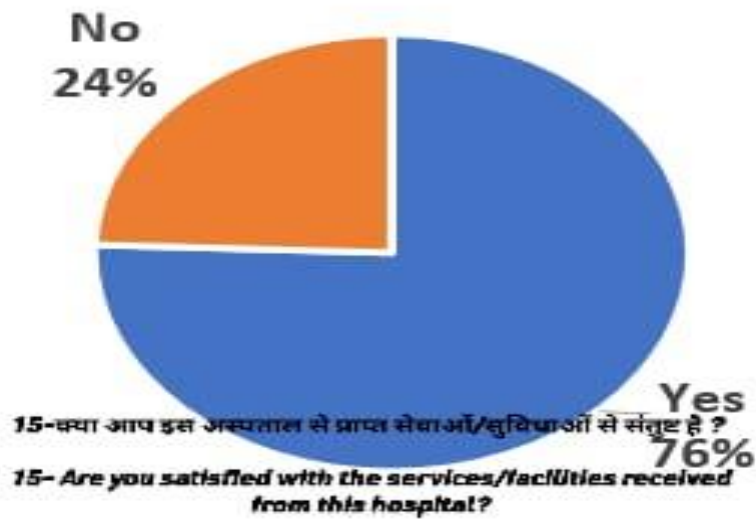
12-क्या वार्ड में 24 घंटे नर्स उपलब्ध रहीं ? 12- Were nurses available 24 hours in the ward?

46 responses



**Fig6:** Nurses were available for 24 hours in the ward in most cases.

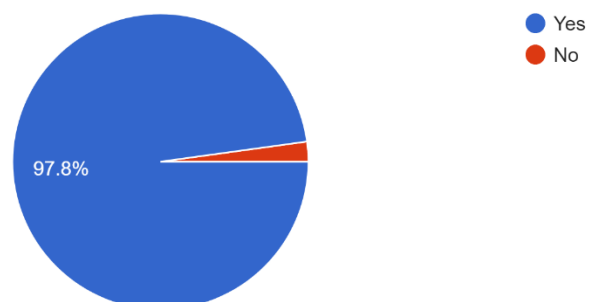




**Fig7:** Majority of the responses (76%) indicate satisfaction with the services/facilities received from the hospital. However, there are still 24% of the responses expressing dissatisfaction.

1-क्या पंजीकरण / प्रवेश काउंटर में पर्याप्त जानकारी उपलब्ध है? 1-Is sufficient information available at the registration/entry counter?

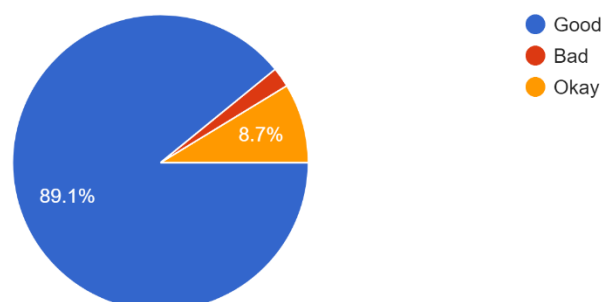
46 responses



**Fig1:** Responses indicate that sufficient information is available at the registration/entry counter.

3-पंजीकरण / प्रवेश काउंटर पर अस्पताल के स्टाफ का रवैया कैसा था ? 3-How was the attitude of the hospital staff at the registration/entry counter?

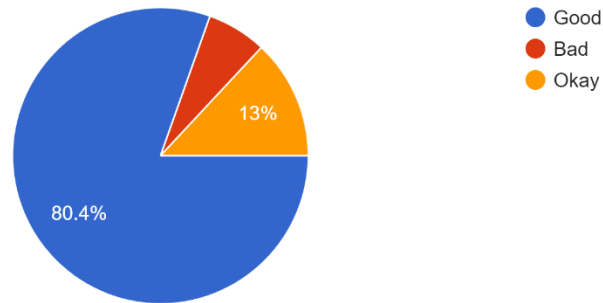
46 responses



**Fig2:** The majority of responses indicate a positive attitude from the hospital staff at the registration/entry counter.

4-अस्पताल से आपके डिस्चार्ज के प्रक्रिया पर आपकी क्या प्रतिक्रिया है ? 4- What is your reaction to the discharge process from the hospital?

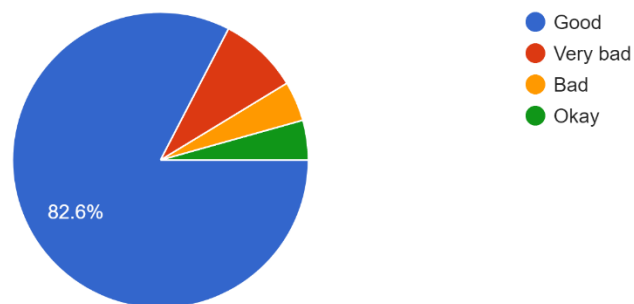
46 responses



**Fig3:** The majority of the responses indicate a Positive or average level of satisfaction with the discharge process.

8-अस्पताल परिवेश और परिसर में नालियों की सफाई कैसी है ? 8- How is the cleanliness of the hospital environment and premises, including drains?

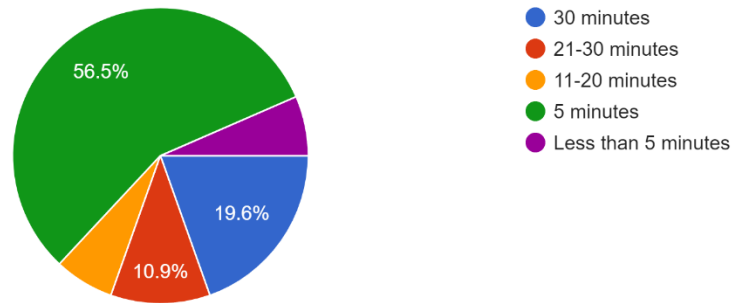
46 responses



**Fig4:** Majority of the responses indicate that the cleanliness of the hospital environment and premises, including drains, is generally good. However, there are a few instances where it is rated as bad.

11-डॉक्टरों के द्वारा आपको जाँचने एवं जानकारी प्रदान करने में कितना समय लगा ? 11- How much time did the doctors take to examine and provide information to you?

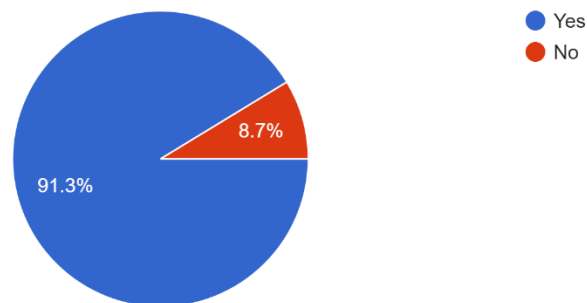
46 responses



**Fig5:** Time given by the doctor on per patient is depends upon the condition of the patient and the average time is given by the doctor is 10-15 minutes.

12-क्या वार्ड में 24 घंटे नर्स उपलब्ध रहीं ? 12- Were nurses available 24 hours in the ward?

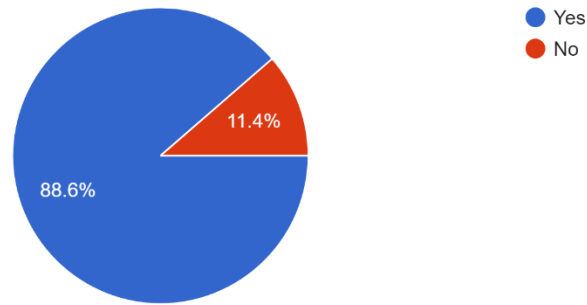
46 responses



**Fig6:** Nurses were not available for 24 hours in the ward in most cases.

15-क्या आप इस अस्पताल से प्राप्त सेवाओं/सुविधाओं से संतुष्ट हैं ? 15- Are you satisfied with the services/facilities received from this hospital?

44 responses



**Fig7:** Majority of the responses (89%) indicate satisfaction with the services/facilities received from the hospital. However, there are still 11% of the responses expressing dissatisfaction.

- Both rural and urban settings have proper registration counters available, ensuring efficient patient registration processes.
- With adequate registration counters accessible in both urban and rural locations, effective patient registration procedures are guaranteed.
- The attitude of hospital staff members towards patients at the registration counters is positive in both rural and urban settings, promoting a welcoming environment for patients.
- The level of satisfaction with the discharge process in both rural and urban settings is neutral or average, indicating room for improvement in streamlining the discharge procedures.
- In urban primary healthcare centres (PHCs), the cleanliness of the hospital is generally good compared to rural areas, reflecting a higher level of hygiene maintenance in urban settings.
- On average, doctors in urban PHCs allocate 11-15 minutes per patient, allowing for a more comprehensive examination and consultation. In rural areas, doctors spend an average of 5-10 minutes per patient, potentially due to resource limitations and higher patient volume.
- The availability of nurses is better in urban PHCs compared to rural PHCs, ensuring a higher nurse-to-patient ratio and potentially improved patient care.

- Based on the collected information, more people express satisfaction with the services provided at urban PHCs compared to rural PHCs, suggesting that urban healthcare facilities may offer a more satisfactory experience for patients.
- The presence of registration counters in both rural and urban settings highlight the importance placed on organized patient data management and efficient healthcare administration.
- Positive attitudes of hospital staff members at registration counters contribute to a patient-centred approach in both rural and urban settings, fostering trust and rapport between healthcare providers and patients.
- The variations in average consultation time and nurse availability between urban and rural PHCs reflect the differences in healthcare infrastructure and resources, impacting the quality and efficiency of healthcare services provided to patients.

## **Discussion**

- Both rural and urban settings have registration counters, ensuring patients can register their details and initiate the healthcare process.
- Hospital staff in both rural and urban settings demonstrate a positive attitude towards patients, creating a welcoming and helpful environment.
- The level of satisfaction with the discharge process is neutral or average in both rural and urban settings, indicating room for improvement in the overall discharge experience.
- Urban primary health centers (PHCs) are reported to have good cleanliness compared to rural areas, suggesting better maintenance and hygiene practices in urban PHCs.
- In urban PHCs, doctors spend 11-15 minutes on average with each patient, while in rural areas, doctors spend 5-10 minutes on average, potentially allowing for more comprehensive consultations in urban PHCs.
- Urban PHCs have better availability of nurses compared to rural PHCs, resulting in improved patient care and increased support for healthcare services.
- More people are satisfied with urban PHCs compared to rural PHCs, likely due to factors such as better facilities, resources, and staff availability.

## **Conclusion**

- Urban healthcare settings generally outperform rural settings in several aspects. Urban registration counters and hospital staff demonstrate a positive attitude towards patients, creating a welcoming environment.
- Urban primary health centers (PHCs) are reported to have better cleanliness and hygiene practices compared to rural areas.
- Doctors in urban PHCs spend more time with each patient, potentially allowing for more comprehensive consultations. Additionally, urban PHCs have better availability of nurses, resulting in improved patient care.
- Overall, more people are satisfied with urban PHCs compared to rural PHCs, likely due to better facilities, resources, and staff availability. However, there is room for improvement in the discharge process in both settings.



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11. Barriers to access and organization of primary health care services for rural riverside populations in the Amazon

<https://pubmed.ncbi.nlm.nih.gov/32731874/>

12. Primary health care accessibility challenges in remote indigenous communities in Canada's North

<https://pubmed.ncbi.nlm.nih.gov/26507717/>

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### ORIGINALITY REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

### PRIMARY SOURCES

1	Véronique Le Deley, Joanic Masson, Olivier Pierrefiche, Amal Bernoussi, Ivan Stojcevski. "Impact of Altered States of Consciousness Induced by Holotropic Respiration on Self Transcendence", Global Journal of Health Science, 2022 Publication	2%
2	Shangren Qin, Xiaohe Wang. "Association between Medical Resource Allocation and Satisfaction with Services of Public Health Management: Evidence from China", Research Square, 2020 Publication	1%
3	Submitted to Waikato Institute of Technology Student Paper	1%
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6	Zeyu Zhao, Shengjie Pan, Nan Li, Zaishang Li, Chen Zhao, Zhen Xu, Dongping Fang. "A seismic emergency performance optimization model for infrastructure systems under demand differences: A case study in China", Earthquake Engineering and Resilience, 2022 Publication	<1%





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Enrollment/Roll No.	<u>147</u>	Batch Year	<u>2021-23</u>
Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
Name of Guide/Supervisor	Dr./ Prof.:		
Title of the Summer Training/ Dissertation	<u>A comparative study of Patient Satisfaction -on with Primary healthcare service in urban and rural area</u>		
Plagiarism detect software used	<u>"TURNITIN"</u>		
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