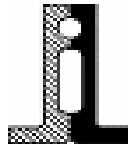


**“STUDY ON PATIENT SATISFACTION AT DISTRICT
HOSPITAL MALDA AS PER ISO STANDARDS,
BENGAL”**

**A Dissertation Proposal for
Post Graduate Diploma in Health and Hospital Management**

Date
(02 Jan 2012- 31 Mar 2012)

By
Ms. Suporna Mukherjee
PG/010/051



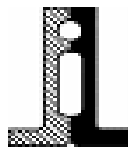
**International Institute of Health Management
Research New Delhi,
(2010- 2012)**

**“STUDY ON PATIENT SATISFACTION AT DISTRICT
HOSPITAL MALDA AS PER ISO STANDARDS,
BENGAL”**

**Dissertation
In
District Hospital, MALDA BENGAL**

**BY
Suporna Mukherjee
Under the guidance of
Dr. Bidhan Das**

**Post Graduate Diploma in Hospital and Health Management
2010 – 12**



Institute of Health Management Research, New Delhi 2012

Certificate of Internship Completion

Date: 2/04/2012

TO WHOM IT MAY CONCERN

This is to certify that Ms Suporna Mukherjee has successfully completed his 3 months internship in our organization from Jan 02 , 2011 to March 31, 2012. During this intern he has worked on various assignments under me and my team's guidance at Octavo solutions Pvt. Ltd.

He has worked sincerely and diligently throughout the tenure.

We wish him good luck for his future assignments

Ms .Gauri Madan
Human Resource Manager,

Octavo Solutions Pvt.Ltd.

Certificate of Approval

The following dissertation titled “**STUDY ON PATIENT SATISFACTION AT DISTRICT HOSPITAL MALDA, BENGAL AS PER ISO STANDARDS** ” 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 **Post- Graduate Diploma in Health and Hospital 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 dissertation

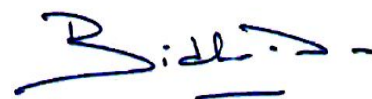
Name

Signature

Certificate from Dissertation Advisory Committee

This is to certify that Ms. Suporna Mukherjee, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled "**STUDY ON PATIENT SATISFACTION AT DISTRICT HOSPITAL MALDA, BENGAL AS PER ISO STANDARDS**" in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital 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.



Mrs. Kirti Udayai

Dr. Bidhan Das

Assistant Professor

Managing Director

International Institute for Health management & Research

Octavo Solutions Pvt. Ltd

New Delhi

B-4/167 Safdarjang Enclave

New Delhi - 110075

Abstract

STUDY ON PATIENT SATISFACTION AT DISTRICT HOSPITAL MALDA, BENGAL AS PER ISO STANDARDS

Topic: Patient Satisfaction Survey at District Hospital, Bengal

Key words : Patient Satisfaction Survey at District Hospital

Background :

District Hospitals have come under constantly increasing pressure due to increased utilization as a result of rapid growth in population, and constantly rising expectation level of the use of the services. The need for evaluating the care being rendered through district hospitals has gained strength of late. Assessing patient perspectives through patient satisfaction survey gives users a voice and makes services more responsive to people's needs and expectations

Objective :

To study the existing levels of satisfaction among the inpatients in order to determine the areas and causes of low satisfaction among the patients and suggest recommendations for improving the quality of care.

Methodology:

The study of patient satisfaction was carried out in the District Hospital, Jharsuguda on the inpatients. A sample of 100 inpatients (both male & female) between 15 to 70 years age from Medical, Surgical, Maternity and Burn Wards were included in the study using random sampling. A set of well structured questionnaire consisting of 17 close ended questions was developed.

Findings:

Analysis of data on patient's satisfaction indicates that approximately 72% of the respondents were satisfied and rests were dissatisfied with the services. The high levels of patient satisfaction in the medicine availability (84%), food services (88%) and with hospital workers(88.50%) showed that these were the areas which contribute in a hospitals' flow of patients and its subsequent growth. Highest dissatisfaction was with the hospital infrastructure 48%, respondents were not satisfied with the condition of toilets and cleanliness of the hospital. Overall respondents were satisfied with the doctor's behavior and examination. The study finding indicates that improvement of the skills of doctor-patient communication and other relevant areas will help in enhancing the level of satisfaction of the patients. A parallel Facility Survey as compared to IPHS norms carried at hospital shows compliance with the findings of satisfaction survey

Recommendation:

Infrastructure and architectural corrections need to be made to enhance the comfort and satisfaction of the patients. A reward and recognition system should also be developed to recognize individual staff members for their efforts. Periodic official meetings may be done within the service providers and with the other staff members in order to discuss on issues related to patient dissatisfaction, to know the areas of bottlenecks and inefficiencies, and hence implementing required necessary steps/solutions

By Suporna Mukherjee

ACKNOWLEDGEMENT

This training wouldn't have been completed without a substantial support from a great number of people. Although it is not possible to acknowledge each and every person individually, I would like to thank all those who contributed their time and efforts.

At the onset of the report I would like to acknowledge my sincere thanks to thank **Dr Himadri Kumari**, Medical Superintendent and also to all the staffs in the hospital for their support and cooperation all throughout the period. I would like to express my gratitude to all Octavo Solutions onsite staff of DH, Malda for their continuous support during my project evaluation period.

I also take this opportunity to express my deep sense of gratitude to my guide and mentor **Dr. Bidhan Das**, Managing Director, Octavo Solutions Pvt. Ltd, New Delhi for his helpful attitude and valuable suggestions, which helped in shaping and completion of this project.

I also extend our gratitude to my guide and mentor **Dr. Pawan Kr. Taneja**, Professor, Institute of Health Management Research, New Delhi for his helpful attitude and valuable suggestions, which helped in shaping and completion of this project

Finally I also extend our heartfelt gratitude to The Dean of IHMR, Dr Rajesh Bhalla, IHMR, New Delhi for providing us a platform to gain enough knowledge and skills in different aspects of Hospital Management.

Suporna Mukherjee

TABLE OF CONTENTS

S.No.	CONTENTS	Page No.
	ABBREVIATIONS	5
Chapter 1	INTERNSHIP	
	1.1 Introduction	6
	1.2 Objective of internship	6
	1.3 Managerial tasks performed during internship	7-9
	1.4 District Hospital ,Malda Profile	9-11
Chapter 2	Dissertation report	12
	2.1 Introduction	13
	2.2 Justification	14
Chapter 3	METHODOLOGY	
	3.1 Objectives of the Study	15
	3.2 Methodology and Approach	16
	3.3 Limitations of the Study	18
Chapter 4	RESULTS AND DISCUSSIONS	
	4.1 Characteristics of Inpatients	19
	4.2 Findings	20-26
	4.3 Conclusion	26-27
Chapter 5	RECOMMENDATIONS	28-29
Chapter 6	Conclusion	30
	REFERENCES	31
	ANNEXURES	
	Annexure I: Result of the facility Survey Conducted based on IPHS Norms at DH, Malda	33-36
	Annexure II: Interview schedule on Patient	37-38

	Satisfaction	
--	--------------	--

List of Tables

Page No.

Table 1: Characteristics of the inpatients at the DH, Malda.....	19
Table 2: Perception of the Respondents about Staff Behavior at DH, Malda.....	22
Table 3: Result of perception of patients towards Hospital Infrastructure ward wise at DH, Malda.....	24
Table 4: Overall perception of the Respondents toward service index at DH, Malda.....	26
Table A: Result of the facility Survey Conducted based on IPHS Norms at DH, Malda.....	36

List of charts

Chart1: Perception of the respondents about Medicine Availability at DH, Malda.....	20
Chart 2: Perception of the Respondents about Medical Information at DH, Malda.....	21
Chart 3: Perception of the Respondents about Doctor's behavior at DH, Malda	23
Chart 4: Perception of the Respondents about Hospital Infrastructure at DH, Malda.....	23
Chart 5: Perception of the Respondents about Food services at DH, Malda.....	25
Chart 6: Perception of the respondents about Nursing services at DH, Malda.....	26
Chart 7: Overall Perception of Respondents about Various Service Index at DH,Malda.....	27

ABBREVIATIONS

ANC	Antenatal Care
DH	District Hospital
ENT	Ear, Nose, Throat
I/C	Incharge
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standards
DPM	District Program Manager
LR	Labor Room
LT	Laboratory Technician
NICU	Neonatal Intensive Care Unit
O&G	Obstetrics & Gynaecology
OPD	Out Patient Department
OT	Operation Theatre
PNC	Post Natal Care
PHC	Primary Health Centre
RKS	Rogi Kalyan Samiti
RSBY	Rashtriya Swasthya Bima Yojna
SOPs	Standard Operating Procedures
OSPL	Octavo Solutions Pvt Ltd
IPHS	Indian Public Health Standards
ISO	International Organization for Standardization

Chapter 1

Internship

1.1 Introduction

Internship is a part of second year program, where we have to observe and learn the working and culture of the organization. Also it is necessary during this process to participate in various activities so that we can orient ourselves with different fields that gives us initial exposure.

Internship is the process, through which, first we understand the functioning of an organization and thereafter we are involved in the decision making. Being appointed as a consultant in Octavo Solutions Pvt. Ltd. gave me an opportunity to get experience of quality administration in a government and as well as private setting and gave me practical experience in handling managerial issues, which are likely to come up in day to day administration.

Octavo Solutions Pvt. Ltd. (OSPL) came in operation in October 2006, formally incorporated as private limited company on 26th February 2007 as a multidisciplinary Health & Hospital Management Consulting firm, established and managed by health management experts, supported in its initiatives and efforts by experienced and reputed experts in field (like Architecture, Engineering, Public Health, Bio-medical Engineering, Clinical Experts, National and International Quality Gurus, Project Management experts), who have successfully undertaken health, hospital and other infrastructure projects ranging from small nursing homes to large medical college hospitals, including public health. We are associated with a number of reputed consulting organizations and thus can draw upon qualitative and latest expertise as and when required. With our ongoing in-house research and quality improvement efforts, we always strive to be up-to-date and able to provide the client qualitative, cost effective and comprehensive solutions. Our experts have worked with QCI, JCI and Australian Council of Health Standard International (ACHSI) and donor-funded projects like, the World Bank and the distinguished clients served includes the Ministry of Health, Govt. of India; State Governments, Private clients, Corporate House & Charitable Hospitals

SERVICES

1. Project & Strategic Planning

- Business Case Writing
- Facility Plan Draft, Architect Briefs
- Equipment Planning
- Equipment Procurement
- Turn Key Project
- Vision Documents
- Resources Plan Draft

3. Quality Healthcare Certifications

- Gap Analysis & Preparation for Accreditation
- NABH Accreditation
- ISO 9001:2008 Certification
- ACHS International Certification

5. Public & Rural Health

we take up advisory/ consulting role on boards of NGO/ Government/ PSU/ Corporate for planning, implementing or monitoring of their projects in the fields of

- Epidemiology
- Bio Statistics
- Vital Statistics & Surveillance
- Environmental Health
- Health Services Administration
- Training & Education of Public health force
- Health Communication
- Maternal & Child Health
- Disaster Control & Emergency Services

2. Operations & Systems Development

- Managed Operations Contract
- Systems & Policy Development
- Cross Sectional Studies/ Audits
- Process Flow & Mapping
- Change Management
- Facilities Management
- Supply Chain Management

4. Public Private Partnerships

We partner with **Deloitte Teusche/ Feedback Ventures/ Abacus Legal Group** for taking up transaction advisors role in providing consulting services to Government for PPP projects

6. Capacity Building

- Manpower (Resource) Allocation & Planning
- Recruitment Contracts
- Continuous Education & Training

7. Knowledge Management

We collect, collate, analyze, store and share latest know how's within domain of healthcare sector

1.2 Objective of internship

- To understand the functioning of Octavo Solutions and its ongoing projects.
- To Monitoring & coordinate with the on-site consultant present in the different facility and helping them to identify the gaps that are present as it is, implementation of ISO policy and procedures and documentation to propose probable solutions to them
- To coordinate with different ISO certification project facilities with various health programs running in the PHC, CHC, SDH & DH hospitals for proper functioning of the hospital

1.3 Managerial tasks performed during internship

- Conducting the comprehensive study of various facilities in Maharashtra on the current processes, practices and existing infrastructure with other available resources to identify the major gaps based on ISO 9001: 2008 quality management system and Indian public health standards as applicable to hospital.
- Impart training and analyze various training need in Park Hospital, Gurgaon which is undergoing NABH certification.
- Collection and verification of MIS of various healthcare facilities of Maharashtra, Bengal, Orissa & Bihar including PHC, CHC, SDH & DH.
- Conducting documentation and review of manpower, equipment, infrastructure, processes including training and capacity building activities, services & facilities provided legal compliances etc against IPHS and ISO 9001:2008 Quality Management System for drafting of AS IS report of seven facility of Maharashtra. For this the format for “Facility Survey” available in IPHS guidelines was used to capture the data. This includes all support processes including nursing, housekeeping & laundry services, security services, dietary services, information support services, out-sourced services, etc.
- Done a feasibility study for planning a multi speciality hospital in Dhanbad.

- Be a part of technical support team for making ‘Minimal Standards’ for Public and Private Hospitals.
- Coordinating and monitoring the onsite consultants for on time submission of various deliverables required for the implementation of quality management system standards leading to ISO 9001:2008 certifications in Maharashtra , Bihar and Orissa.

Dissertation Report

On

Patient Satisfaction

Chapter 2

Patient Satisfaction Survey

2.1 Introduction

A hospital is a complex institution where different types of services are provided to its customers; patients, their relatives, attendants and visitors etc. Every person, directly or indirectly involved in rendering services in the hospital, is important for the patient. Whether its primary, secondary or tertiary based setting, goal of every service organization such as a hospital is the creation of satisfaction among its customers through qualitative healthcare delivery mechanism.

Today the concept of patient satisfaction is rapidly changing to customer's delight which means the patient is not only cured of his ailment during the hospital stay but is also pleased with the amenities provided to him by the hospital and its staff during the stay which he fondly remembers after being discharged. Health care consumers today, are more sophisticated than in the past and now demand increasingly more accurate and valid evidence of health plan quality. The outcome of any disease is influenced by the decisions to seek care, timely arrival at appropriate diagnostic and treatment services and the receipt of adequate care from service providers. Thus, satisfaction in service provision is increasingly being used as a measure of health system performance. Satisfaction manifests itself in the distribution, access and utilization of health services.

Patient-centered outcomes have taken center stage as the primary means of measuring the effectiveness of health care delivery. It is commonly acknowledged that patients' reports of their satisfaction with the quality of care and services, are as important as many clinical health measures.

Patient satisfaction is often defined as a measurement that obtains ratings from the patients about the services received from an organization, hospital, physician or healthcare provider.

Studies on patient satisfaction are useful as it provides the chance to health care providers and managers to improve the services in the public health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services.

The measurement of patient satisfaction through patient satisfaction surveys thus helps organizational leaders to incorporate patient perspectives as a way to create a culture where service is deemed an important strategic goal for healthcare facilities.

The progress of any service unit depends on the patient satisfaction and service quality in all developing and developed countries. Consequently, the measurement of patient satisfaction and service quality has become very important to the providers

2.2 Justification

Patient satisfaction is one of the important dimensions to measure the quality of health care. Patient satisfaction is linked to patient's expectation, health status and personal characteristic, as well as the healthcare service dimensions.

A critical challenge for health services in developing countries is to find ways to make them more client-oriented. Indifferent treatment of patients, unofficial payments to providers, lack of patient privacy, and inadequate provision of medicines and supplies are common, yet are rarely acknowledged by traditional quality assessment methods.

The district hospitals caters to the people living in urban (district hospital and adjoining areas) and the rural people in the district. The current functioning of the most of the district hospitals in the public sector are not up to the expectation especially in relation to availability, accessibility and quality. The staff strength, beds strength, equipment supply and service availability and population coverage are not uniform among all the district hospitals. District Hospitals have come under constantly increasing pressure due to increased utilization as a result of rapid growth in population, increase awareness among common consumers, biomedical advancement, resulting in the use of sophisticated and advanced technology in diagnosis and therapies, and

constantly rising expectation level of the use of the services. The need for evaluating the care being rendered through district hospitals has gained strength of late.

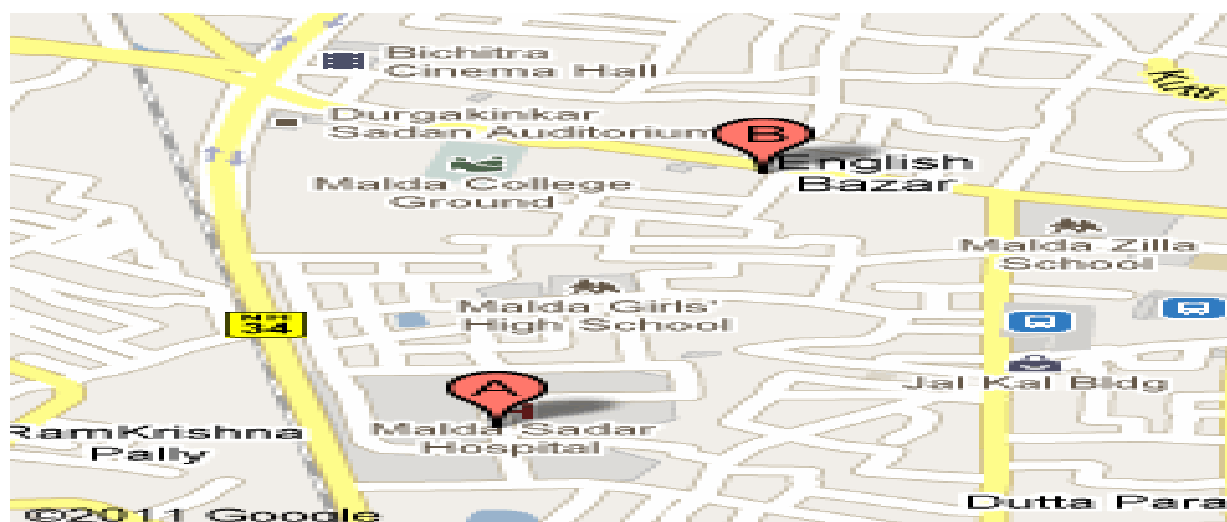
Assessing patient perspectives gives users a voice, this, if given systematic attention, offers the potential to make services more responsive to people's needs and expectations, important elements of making health systems more effective. Studies have shown that health care utilization, a long-standing concern for many developing countries, is sensitive to user perceptions of quality. For these reasons, patient perceptions of health services are now an important part of quality assessment in health care.

Thus, it is clear that measurement of patient satisfaction stand poised to play an increasingly important role in the growing push towards the accountability and efficiency of the health care providers.

With this background, the present study is focused on existing levels of satisfaction among the inpatients at District Hospital (DH), Malda Bengal. The study attempts to highlight patient satisfaction among the in- patients during their interaction within the system in different phase of services such dietary services, housekeeping services, facilities provided by hospital, medical/clinical services and nursing services.

By analyzing the existing situation of patient satisfaction, recommendations would be made to improve the existing situation. The study will also be helpful to hospital administrations to have an insight into the patient satisfaction to improve the quality of care at hospital.

1.4 District Hospital Malda Profile



1.4.1 Location :

Malda district hospital is a 200 bedded hospital serving a large population. It has over 270 staff working in the hospital. There are various departments like emergency, OPD, IPD (male medical, female medical, male surgical, female surgical, maternity and gynecology, labor, burn unit, ENT, ophthalmology, psychiatry, neo natal, pediatrics, family welfare and others. A support service of the hospital includes housekeeping, dietary, blood bank, pathology, laboratory, administrative block and others. The hospital also has provision for AYUSH treatment and TB Unit. It also has nurse's training school and soon it is going to be a medical college.

Malda district hospital is located in English Bazaar area, North West of Malda town. The location of the hospital is such that it is in close proximity to the NH 34. It caters to the total population of 3,290,160 which comprises of both urban and rural population. It caters to the population of 2 subdivisions, 15 blocks. It covers 511 subcentres, 35 PHCs, 10 BPHC, 6 rural hospitals and 2 FRUs. The hospital provides curative (diagnosis and treatment), preventive (immunization etc) as well as rehabilitative (physiotherapy) care to the patients. A striking feature of the hospital is that there exists a unique blend of various services like Ayurveda clinic, adolescent health clinic, thalassaemia unit, acupuncture unit along with modern system of medicine.

The hospital is spread across a huge area which also includes a nurses' training school and hostels for the same along with staff quarters. There are four entrances to the hospital. The various departments like OPD unit, IPD, administrative block, blood bank, TB unit, isolation ward, kitchen, store, are seen scattered all over the area. It is a 600 bedded hospital. It has well demarcated boundary all around the hospital and all the separate buildings are well connected by pitched roads.

1.4.2 Important Indicators

SL. NO.	INDICATORS	MALDA
1	Total Population covered	3,935,240
2	Total beds	200
3	Total area of hospital(floor area)	11622 sq m.
4	Total doctors	66
5	Total nurses	198
6	Total Indoor patient / month (Average)	5813
7	Total pharmacist	4
8	Total Outdoor patient / month (Average)	14649
11	Total Literacy Rate	61.38%
	Male Literacy Rate	71.4%
	Female Literacy Rate	50.77%
12	Growth Rate	18.6%
13	Crude Birth Rate	20 per 1000
14	Crude Death Rate	9 per 1000
15	Infant Mortality Rate	46 per 1000 live birth
16	Maternal Mortality Rate	136 per 100000
17	Total Fertility Rate	2.5
18	Couple Protection Rate	55

1.4.3 Inpatient Services

- **General Medicine**

This department dealt with the highest work load out of the total inpatient department. No full time physician is available in the hospital at a present moment.

- **General Surgery**

Department of surgery comprises two wards and a separate surgical OT. At a present two surgeons are working in the hospital.

- **Gynecology and Obstetrics**

Department of OG is located across the road separated from the main hospital building. It has got separate Wards, Labor room, and Operation Theatre.

- **Orthopedics**

Orthopedic department is functional in the hospital. Full time permanent ortho surgeon handles department. Orthopedic ward are available in hospital.

- **Ophthalmology**

Ophthalmology department is functional in the hospital. Full time permanent ophthalmologist along with one class II ophthalmologist runs department. Separate male and female ophthalmology department with separate OT is available in the hospital.

1.4.4 Outpatient Services

General Medicine

Ear, Nose, Throat

Pediatrics and Neonatal services

Ophthalmology

Dental Sciences

General Surgery

Gynecology and Obstetrics

Orthopedics

Chapter 3

METHODOLOGY

3.1 Objectives of the Study

- To study the existing levels of satisfaction among the inpatients.
- To determine the areas and causes of low satisfaction among the patients.
- To suggest recommendations for improving the quality of care.

3.2 Methodology and Approach

3.2.1 Study Site and Sample

The study of patient satisfaction was carried out in the District Hospital, Malda on the inpatients. A sample of 100 inpatients (both male & female) between 15 to 70 years age from Medical, Surgical, Maternity and Burn Wards were included in the study using random sampling.

To carry out the proper scientific study, a set of well structured questionnaire consisting of 17 close ended questions was developed. The questionnaire covered the information related to patient's perception towards the health services he/she has received in the hospital. All the inpatients who has utilized the hospital services and were been discharged were taken for exit interviews. All the OPD and emergency patients were not included into the study.

Data was collected during the month of March and April 2012. After collecting the data, it was analyzed using MS Excel and SPSS version 12.

3.2.2 Study Tools

A structured interview schedule was used for assessing the patients' satisfaction. In-patients were systematically sampled for in-depth interviews. Informed verbal consent was taken from all the participating patients before the start of the interview after telling them about the objective of the study and the approximate time that will be involved in the completion of the interview.

Data thus collected was scrutinized, analyzed and inferences were drawn.

Structured interview schedule: The questionnaire was constructed covering seven main factors (Annexure –II)

- **Medicine availability** and includes two items, which deal with the availability and ease of obtaining drugs at the DH (Q.no.1)
- **Medical information**, and the three items (Q.no.2, 3 and 4), loading on it deal with the information given to patients by their physician about the cause of their illness treatment, and health advice.
- **Staff behavior** and includes two items (Q.no.5 and 6) which reflect the hospital staff's (sweeper, attendants and other administrative staff) helpfulness and courtesy towards patients.
- **Doctor behavior**, and the five items (Q.no.7, 8 and 9), loading on this factor capture different aspects of the doctor's interpersonal behavior such as time given by the doctor, his/her responsiveness to the patient's concerns, and the doctor's examination of the patient.
- **Hospital infrastructure**, and the four items (Q.no.10, 11, 12 and 13), which load on it capture various aspects of the hospital's infrastructure such as its cleanliness and availability of conveniences like drinking water and other amenities.
- **Nursing services/care**, and includes two items (Q.no.14 and 15), which covers different aspects like nurses behavior and response to calls
- **Food services**, and two items (Q.no.16 and 17), included in it reflects upon quality and timely delivery of food.

These dimensions are useful for judging the hospital and medical care facilities on such parameters and hence, in knowing the patient satisfaction.

Patients were asked to indicate how they feel about the medical care they had received during their hospital stay, with no reference to a specific time frame or visit.

3.3 Limitations of the study

Following are the limitations or problems faced during the study: messy

1. The sample taken is small. Better interpretations can be given with even bigger sample size. Definitely chaotic hectic
2. The study develops a conceptual model or findings that need to be confirmed empirically.
3. The responses of the patients depend upon their personality and their perceptions. Some may be satisfied with average services, while others may be dissatisfied with even the best.
4. Lack of related or similar studies on patient satisfaction, specifically in district hospitals.
5. One of the problems faced by the researcher was communication gap with the patients of the hospital. Since majority of the patients belong to Bengal, difficulty was faced in explaining them about the need and purpose of the study.

Chapter 4

RESULTS AND DISCUSSIONS

The present study was an attempt to assess the level of patient satisfaction in terms of various factors and also for various services provided at the hospital. Since there are few studies available in this area in the hospital, the present study lacks the data for comparison in the services available. Yet, the findings of the present study would be helpful if they are transformed into actions for improving the quality of healthcare

4.1 Characteristics of Inpatients

It includes information on sex, age and literacy level. Table 1 shows 55% were males and rest 45% were females. The maximum number of respondents (38%) belongs to age group 16-30 years. The education level of respondents was not as good as most of them were illiterate (34%) or secondary passed (22%) and graduate & above (11%).

Table 1: Characteristics of the inpatients at the DH, Malda

Particulars	n - 100
Sex	
Male	55
Female	45
Age Group (yrs.)	
0-15	13
16-30	34
31-45	16
46-60	23
61-75	8
75 above	6
Ward	
Medicine Ward	30
Surgery Ward	30
Maternity Ward	30
Burn Ward	10

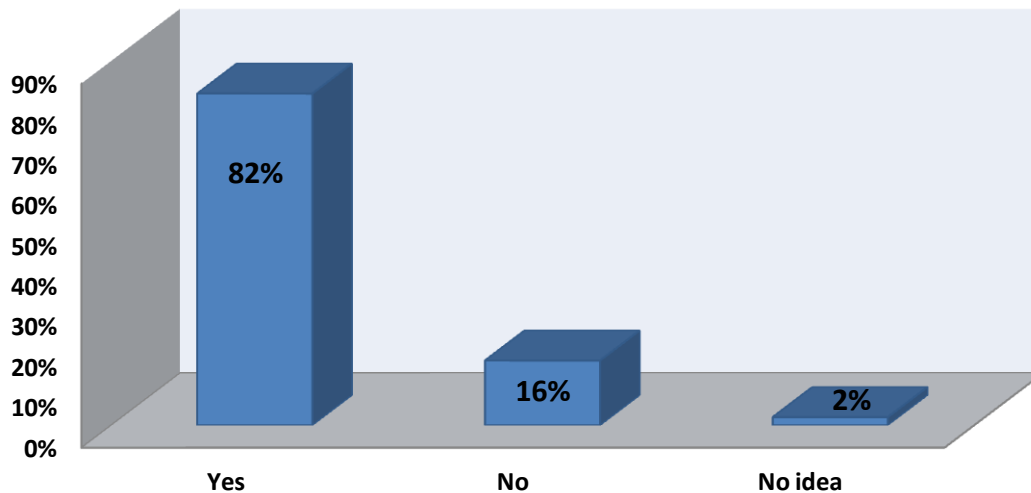
4.2 FINDINGS:

Salient findings are summarized below in relevant tables and graphs.

4.2.1 MEDICINE AVAILABILITY

It deals with the availability and ease of obtaining drugs at the clinic.

Chart1:Preception of the respondents about Medicine Availability at DH,Malda

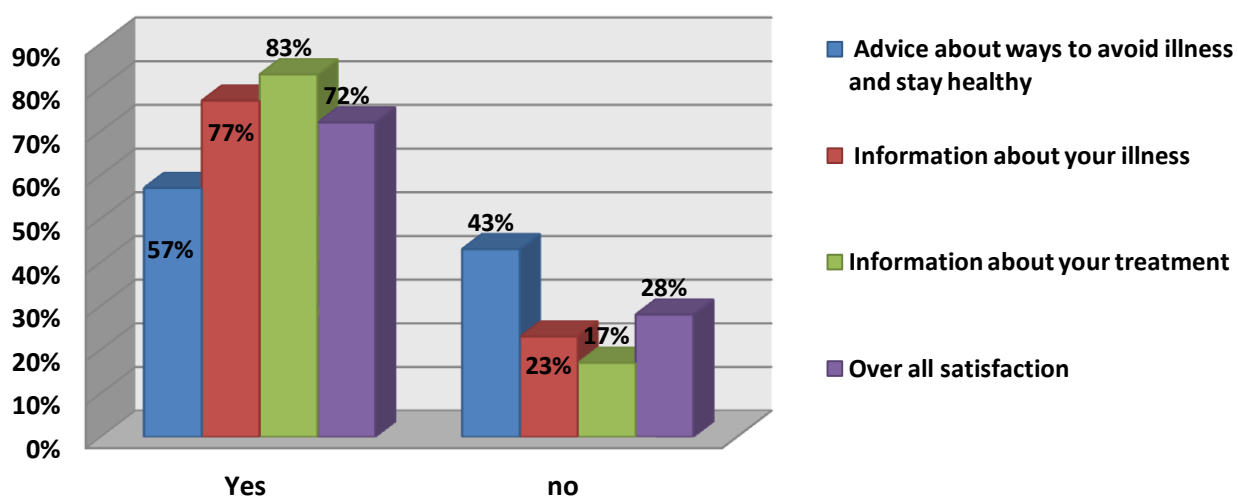


The graph1 above shows that the 82% of the patient are satisfied with the drugs availability at drug store.

- The findings above are in compliance with a parallel Facility Survey conducted at DH, Malda which shows that according to IPHS norms about 80% of the drugs are available at the central store.(For reference see Table A in Annexure I)

4.2.2 MEDICAL INFORMATION

Chart 2: Perception of the Respondents about Medical Information at DH, Malda



- As evident from the Chart 2 patients are overall satisfied (72%) with the medical information provided to them by their doctors regarding their illness and treatment
- Greatest dissatisfaction i.e 43% among the patients is that doctors generally don't advice them about ways to avoid illness and to stay healthy.
- Overall about 28% of patients are not satisfied with the medical information given to them. The reason could be shortage of time as the number of doctors available at DH as found in the Facility Survey compared with IPHS norms (Annexure I) is not adequate; therefore, the doctors have to attend large number of patients because of which they are not sometimes able to give adequate information to patients

4.2.3 STAFF BEHAVIOR

Table 2 shows perception of respondents about staff behavior at DH, Malda

TABLE 2: Perception of the Respondents about Staff Behavior at DH, Malda

Statement	Yes	No	No Idea
-----------	-----	----	---------

Hospital workers talk politely with you	74%	12%	14%
Hospital workers are helpful to you	77%	8%	15%
Overall satisfaction	76%	10%	14%

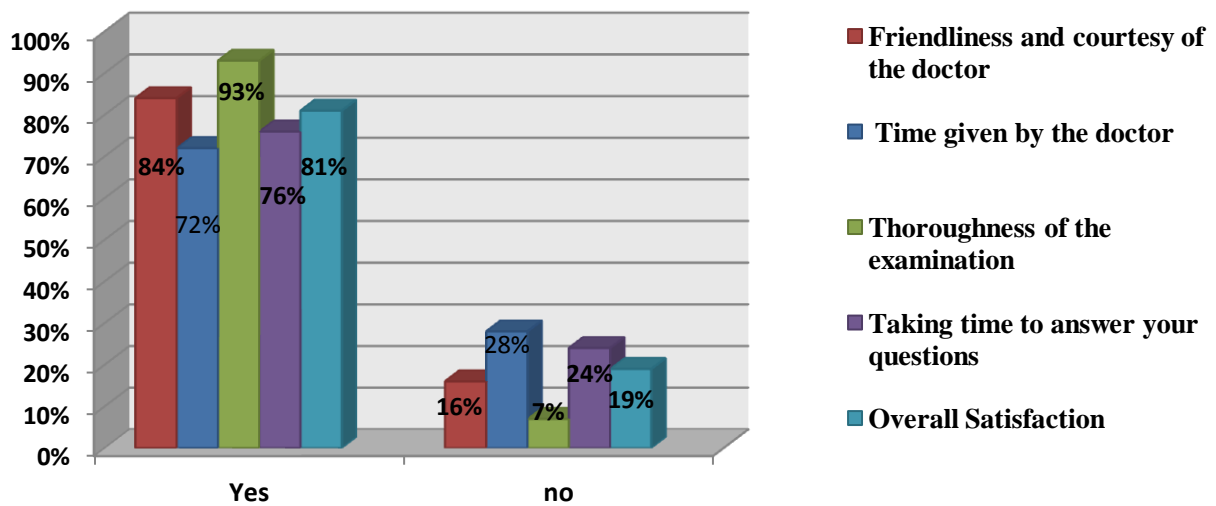
- 76% of the respondent felt that the hospital workers talk politely to them and are helpful, while 14% did not have any idea regarding the same as they hadn't interacted with them yet.
- Overall, out of total number of patients who have interacted with hospital staff (200 – the patients who don't have any idea i.e 29 = 171) 88% found them to be courteous and helpful.

4.2.4 DOCTOR BEHAVIOR

It was found that 93% of the respondents were satisfied with their examination by physician and 84% agreed that doctor treats them in friendly and courteous manner, while 24% said doctors sometimes doesn't answer to all their queries.

Chart 4 below depicts the result of the perception of the respondents regarding the doctor behavior at DH, Malda

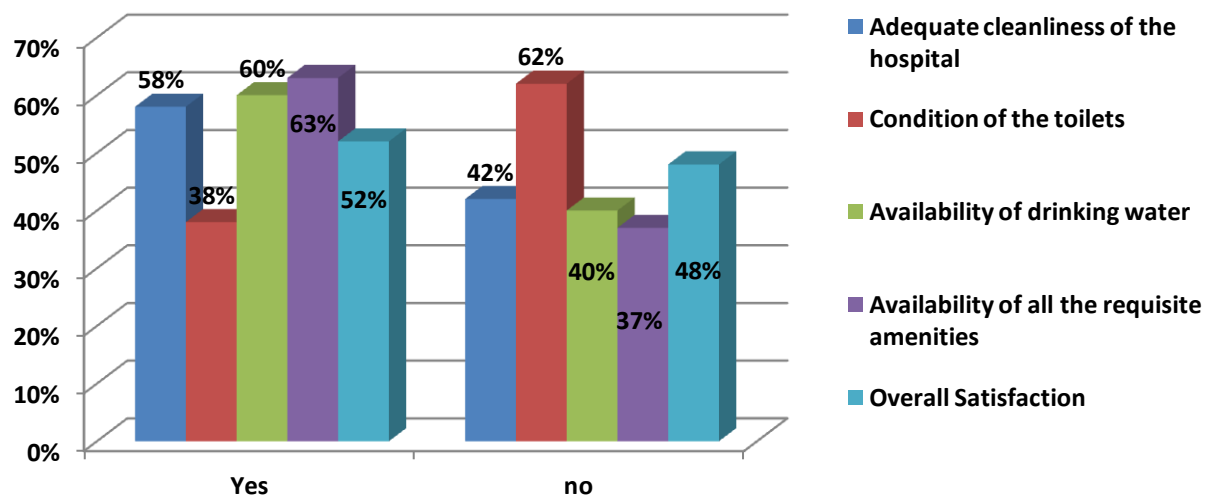
Chart 3: Perception of the Respondents about Doctor's behavior at DH,Malda



Overall satisfaction with doctors' behavior was 81%

4.2.5 HOSPITAL INFRASTRUCTURE.

Chart 4: Perception of the Respondents about Hospital Infrastructure at DH,Malda



From the Chart 5 it is clear that 62% of respondents don't find the condition of hospital toilets as good, while only 58% were satisfied with the overall cleanliness of the hospital. About 63% of respondent felt that hospital have all the required amenities.

Table 3 Result of perception of patients towards Hospital Infrastructure ward wise at DH, Malda

	Yes				No			
	Medicine ward	Surgery ward	Maternity Ward	Burn Ward	Medicine ward	Surgery ward	Maternity Ward	Burn Ward
Adequate cleanliness of the hospital	18	16	15	7	12	14	15	3
Condition of the toilets	10	8	8	2	20	22	22	8
Availability of drinking water	20	22	14	4	10	8	16	6
Availability of all the requisite amenities	23	19	17	4	7	11	13	6
Overall Satisfaction	60%	54%	45%	45%	40%	46%	55%	55%

Table 3 further shows the results ward wise. The respondents of maternity ward and burn ward are most dissatisfied 55%, followed by surgery ward patient. The burn ward doesn't have any toilets facility because of which they face lot of trouble.

The result was in concurrence with the findings of the Facility Survey conducted as compared to IPHS norms. Major gaps identified:-

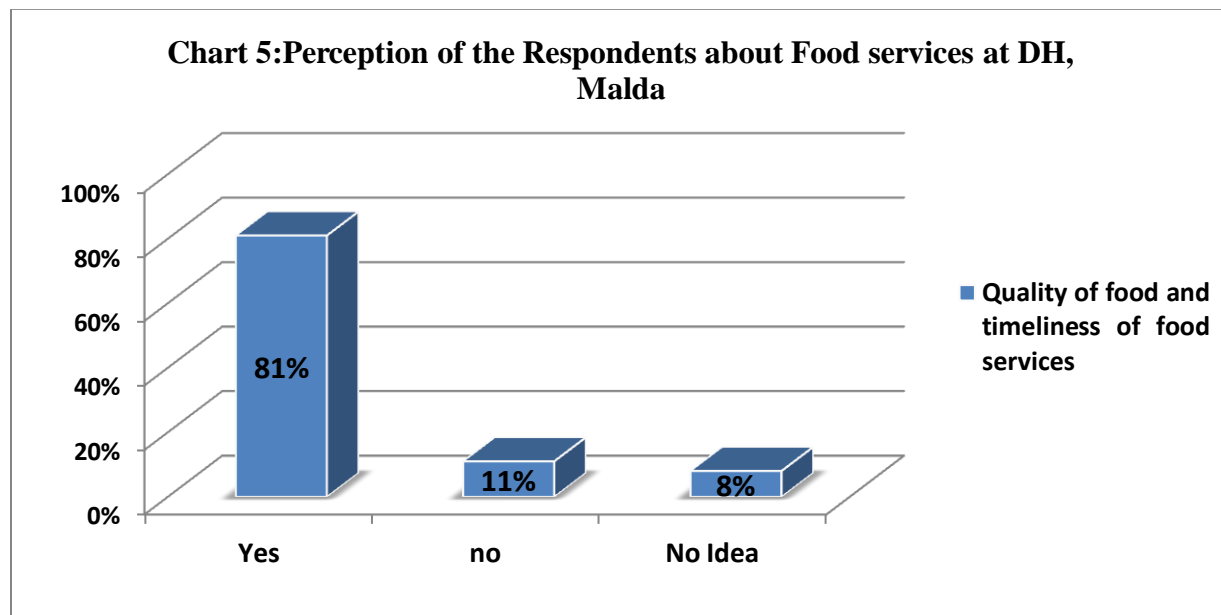
- Absence of emergency and ICU, Currently the outdoor dressing room is being used for treatment of emergency cases, but no proper emergency ward with beds and necessary medicines and ;life saving equipments is being created.
- Waiting area not proper and non availability of laundry facility only bed sheets are been washed by housekeeping workers because of which linen provided to patients are not that cleaned.

- Almost all the equipments are not present in adequate amount. Some if present are not in working state. Important Cardiac equipments like ventilator and neo natal equipments are also not available.

(Reference Annexure -I)

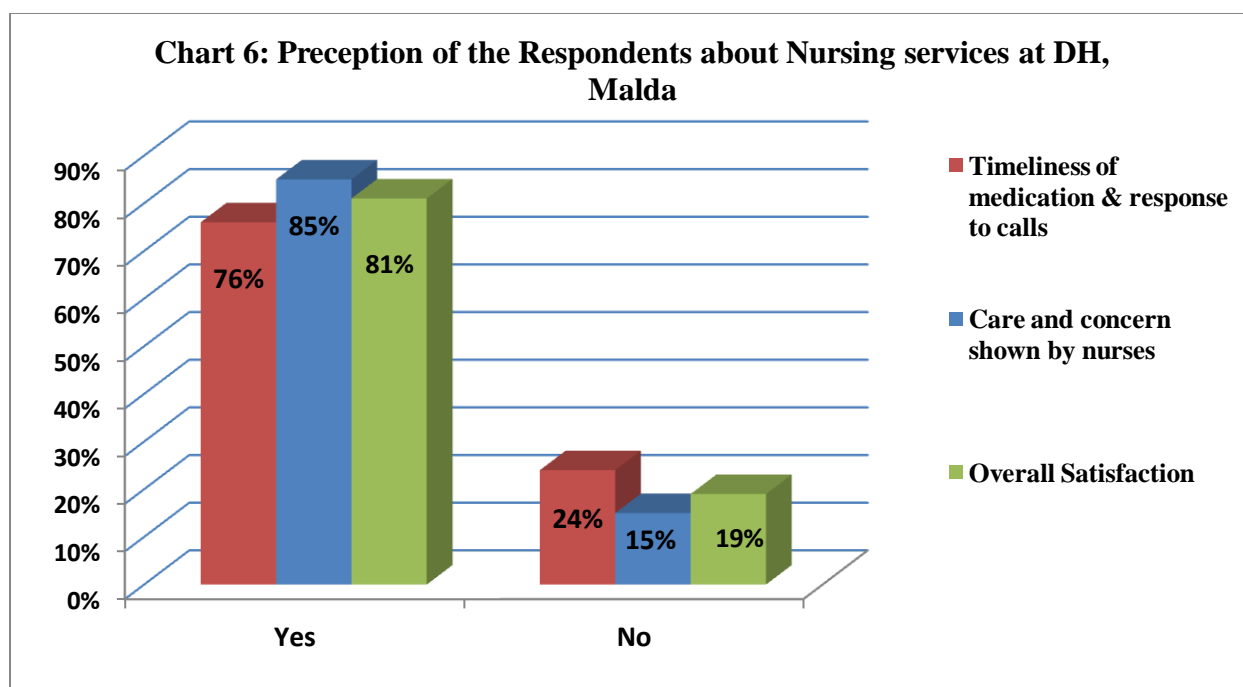
3.2.6 FOOD SERVICES

As seen from the Chart 6; 81% of people where satisfied with the food services, while 8% didn't have any idea regarding the food services as they were having their own diet.



3.2.7 Nursing services

As evident from the Chart 7, about 85% of the respondents were satisfied with the care and concern shown by the nurses and 76% said that nurses give timely medication and responded to calls promptly.



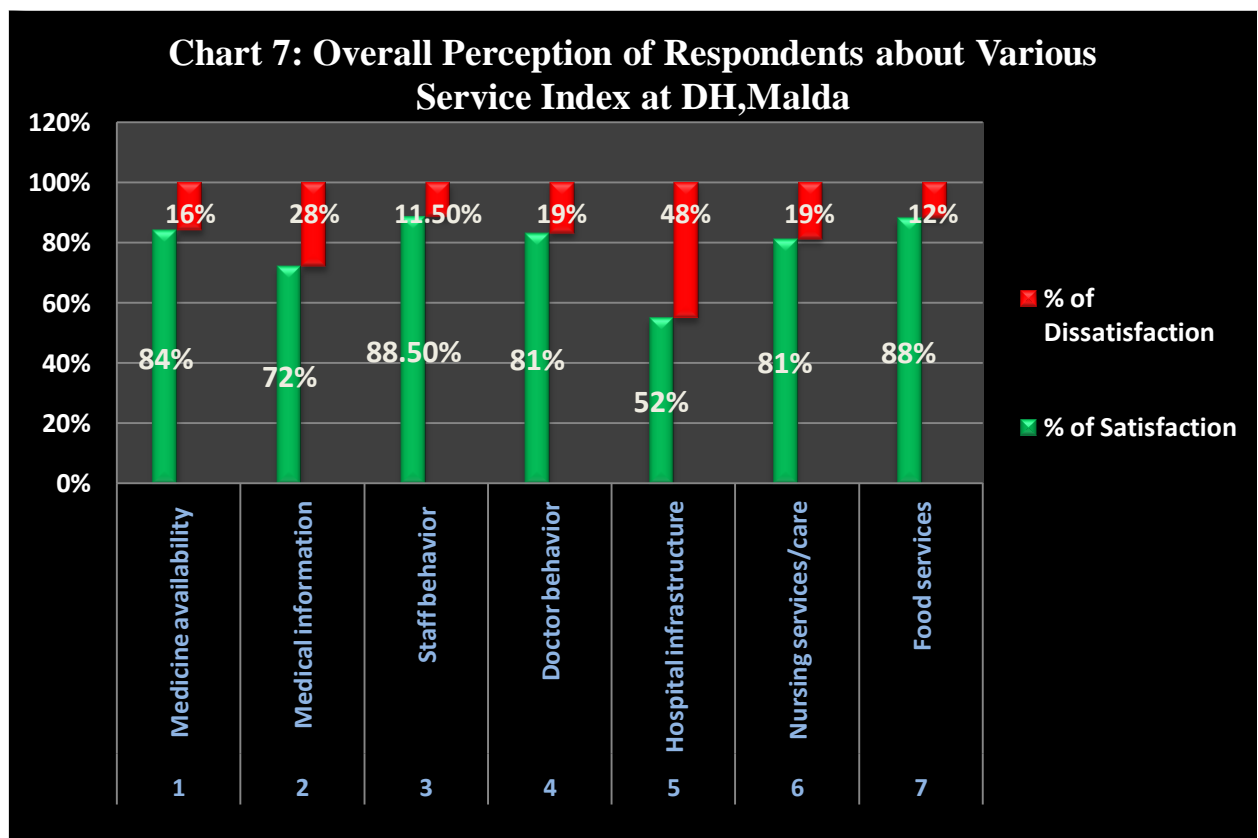
4.3 CONCLUSION:

Table 4: Overall perception of the Respondents toward service index at DH, Malda

Parameters	% of Satisfaction	% of Dissatisfaction
Medicine availability	84%	16%
Medical information	72%	28%
Staff behavior	88.50%	11.50%
Doctor behavior	81%	19%
Hospital infrastructure	52%	48%
Nursing services/care	81%	19%
Food services	88%	12%
Overall	78%	22%

Table 4 shows that out of the total patients interviewed 78% were found to be satisfied with the care provided

The domain in which the patients were most dissatisfied was the hospital infrastructure 45% followed by medical information 28%. Most of the patients were satisfied with the staff behavior 88% and nursing services 81%. As can be observed from the table most of the patients 81% were satisfied with their doctor and treatment that they were getting



Chapter 5

RECOMMENDATIONS

Few recommendations were proposed taking in account the views of the service providers, such as:

1. The greatest dissatisfaction among the patients was regarding the hospital amenities, specially the condition of toilets. The matter was discussed with the cleaning incharge and MS in a meeting. It was decided that the cleaning will be done properly and toilets will be cleaned regularly and a register would be maintained in which after every shift a report will be prepared by Hospital manager and MS and in their absence by nursing incharge.
2. Regarding nursing services patients were dissatisfied with the timely medication and prompt response to their calls. As there is only one nursing station present at the last corner of the main hospital it becomes difficult for the nurses to look after the needs of all the patients efficiently. Sometimes it takes about 2-3 minutes to reach particular wards which also lead to strain of nurses which in turn affects their efficiency. Suggestion regarding use of the one room which was been used as store room as nursing station was given.
3. The patients were also not satisfied with the medical information given to them. There is an imperative need to communicate effectively with the patients about their disease and the treatment specially the largely ignored and the most efficient preventive aspect to allay their fears, remove misconceptions, comply with the treatment and develop confidence in the health system for achieving the standards of good health. Improvement of the skills of doctor-patient communication and other relevant areas will help in enhancing the level of satisfaction of the patients, considering the fact that most of the patients were drawn to the health facility because of their faith.
4. Infrastructure and architectural corrections need to be made to enhance the comfort and satisfaction of the patients. Construction of toilets for burn ward patients is imperative as they are

facing lot of trouble because of absence of any toilet facility. Similarly, construction of separate emergency ward and ICU and proper waiting spaces has been taken up in the Executive committee meeting of the RKS.

5. Involving everyone in the process and driving accountability through all levels of management and staff may also prove beneficial. Staff members of the hospital should be asked to make recommendations about their own areas of responsibility. Newer staff may contribute by sharing previous work experience. Periodic official meetings may be done within the service providers and with the other staff members in order to discuss on issues related to patient dissatisfaction, to know the areas of bottlenecks and inefficiencies, and hence implementing required necessary steps/solutions

6. The excessive emphasis on service coverage and inputs in the provision of health services has ignored the needs of the very people for whom these health services exist. Incorporating patient views into quality assessment offers one way of making health services more responsive to people's needs. It also gives users an opportunity to voice their opinion about their health services. Therefore, levels of patient satisfaction should be monitored through member disenrollment rate, i.e. conducting patient satisfaction surveys at least annually which stipulate that the processes and systems are in place for patients to report problems and concern with physician, staff or facilities as well as with the health plan services.

7. A reward and recognition system should also be developed to recognize individual staff members for their efforts. Staff members were rewarded by their managers and administration based on comments on patient satisfaction surveys, and recognition from fellow staff members. This will keep on motivating the staff to continuously perform well and hence achieve higher levels of client satisfaction through quality care.

8. The hospital management should regularly visit the ward area to listen to the grievances of the patients and should apply necessary remedial measures.

Chapter 6

Conclusion

Healthcare is a high involvement service as it concerns the person's health and well-being. Healthcare providers should manage quality through continuously redesigning process and understanding the factors that are highly associated with patient satisfaction.

The study is an attempt to evaluate the level of patient satisfaction related to different quality dimensions of health care facilities with the focus on the certain areas that need corrective efforts to improve hospital's service quality. The study reiterate that patient satisfaction is collective construct encompassing the satisfaction with different hospital service components such as food services, nursing services, medicine availability, doctor behavior, staff behavior etc

Study has been able to pinpoint strengths and weaknesses in the medical setup. The strengths are good interpersonal and communication skills. Satisfaction with technical quality levels of doctors is also good. The weak areas are that patients are not satisfied with the hospital amenities. Infrastructure needs to be improved.

The healthcare managers should consider these dimensions for the overall patient satisfaction

REFERENCES

- Grant N. Marshall and Ron D. Hays, The Patient Satisfaction Questionnaire Short Form (PSQ-18), published by RAND, 1994.
- Mahapatra Prasanta et al, 1999, A Patient Satisfaction Survey in Public Hospitals, *Journal of the Academy of Hospital Administration*, Vol.13, No.2 (2001-07-2001-12).
- Ray Fitzpatrick, 1991, Surveys of Patient Satisfaction: I-Important general considerations, *British Medical Journal*, Vol.302, 887-9.
- Sodani P. R. et al, 2010, Measuring Patient Satisfaction: A Case Study to Improve Quality of Care at Public Health Facilities, *Indian Journal of Community Medicine*, Vol.35, Issue 1, page 52-56.
- Andhra Pradesh Vaidya Vidhaan Parishad, December 2002, A Patient Satisfaction Survey, Periodic Analysis of Hospital Performance, Publications at ihs.org.in.
- Waseem Qureshi et al, 2009, Patient Satisfaction At Tertiary Care Hospitals In Kashmir: A Study From The Lala Ded Hospital Kashmir India, *The International Journal of Health*, Vol. 8, No. 2.
- Proforma for Identifying Gaps for IPHS based on Facility Survey
- Factors affecting In-patient Satisfaction in Hospital - A Case Study ,Yogesh Pai ,P Gaurav Ravi
- Towards patient-centered health services in India—a scale to measure patient perceptions of quality ,KRISHNA DIPANKAR RAO¹, DAVID H. PETERS² AND KAREN BANDEEN-ROCHE³

ANNEXURES

Annexure -I

Findings of the Facility Survey of District Hospital As Compared To IPHS Norms at Malda

INTRODUCTION

NRHM has developed the IPHS standards which set minimum standards for infrastructure, manpower and services for all types of health facilities i.e., Sub-centre, PHC, CHC & District hospitals with different bed strengths. The facility survey collected information on services, manpower, physical infrastructure, equipment and drugs related issues of the health institute in the district.

The NRHM – IPHS formats – A detailed check list containing all measurable elements of facility management services to find out compliance, partial compliance & non compliance status of hospital for available facility. Direct Observation of available facilities and comparing with IPHS norms and interview and discussions with head of departments was used for data collection

I. Services

- a.** Specialist services : as per IPHS norms 19 services that should be present at district hospital besides the OPD, indoor, emergency services, include consultation services with specialist such as general medicine, general surgery, obstetrics and gynecology (obs. & gynaec), paediatrics including neonatology, emergency (accident and other emergencies) critical care (ICU), anesthesia, ophthalmology, ENT, dermatology and venerology including RTI / STI, orthopedics, nephrology, cardiology, pulmonary medicine, urology, plastic surgery, radiology, dental care and public health management.

Of these since only 10 (obs. & gynaec, anesthesia, ophthalmology, ENT, orthopedics, 24 - hour delivery services including normal and assisted deliveries , Emergency Obstetric Care including surgical interventions like Caesarean Sections and other, and full range of family planning services)are in compliance with the norms we have about 53% compliance

- b.** Support services:

There are about 19 support services that should be present : medico-legal / postmortem services, ambulance services, dietary services, laundry services, security services, hospital

waste management, electric supply (power generator and stabilization), water supply and air-conditioning, nursing services, sterilization and disinfection services, central store and nursing services etc. of these 13 are present at DH, hence compliance of about 68%

c. Para clinical services :

The para-clinical services such as laboratory, X-ray, ultrasound (sonography), ECG, blood transfusion and storage, CT scan, Blood bank, Physiotherapy, Dental technology, Drugs and pharmacy, EEG and echocardiogram are some of the assured services to be provided at DH. Of these 7 are present, hence 58% compliance

d. Other services like HIV/ AIDS and PNC and ANC and immunization session are present at DH

II. Manpower

a. Clinical manpower :

Medical specialist, surgery, O&G specialist, Psychiatrist, MO, STD clinics, Pediatrician, anesthetist, ENT, Ophthalmologist, Orthopedician, radiologist, microbiologist, dental and pathologist should be present. Of these 12 are present in compliance with IPHS norms and hence 66% compliance.

b. Support manpower:

Nursing sister, TSK, Pharmacist, OPT. Asst., Staff Nurse, Attendant, Sweeper, Cook, MPHS(F),MPHS (M), MPHWF), MPHWF (M), L.T, Radiographer, ST Asst., Head Clerk, sr. clerk, Jr. Clerk, V. S clerk, Peon. Of these Staff nurse, attendant, nursing sister, sweeper and head clerk are not in compliance with IPHS norms, hence 73% compliance

III Physical Infrastructure:

In it we have location of DH Malda, fencing present or not, cleanliness of hospital, adequate toilets, separate ward for male and female, display of citizen charter, registration counter, complaint box, OT, Labor, Blood bank and laboratory with adequate infrastructure available or not, adequate water and electricity supply, hospital sewage and waste disposal system and communication facilities

It is about 67% in compliance with the IPHS norms

IV Equipments:

The equipments required are worked out under the following headings:

Imaging equipments, X Ray Room Accessories, Cardiac Equipments ,Labor ward & Neo Natal Equipments, Ear Nose Throat Equipments ,Eye Equipments ,Dental Equipments, Operation Theatre Equipment ,Laboratory Equipments ,Physiotherapy Equipments ,Endoscopy Equipments, Anesthesia Equipments ,Furniture & Hospital Accessories Linen, Teaching Equipments, Administration ,Refrigeration & AC and Transport. Of these only 7 is in compliance with the norms i.e 42% compliance

V Drugs:

In drugs we have about 84% compliance rate

Table A below shows the result of the facility survey conducted at DH, Malda

Table A: Result of the facility Survey Conducted based on IPHS Norms at DH, Malda

S. No.		Compliance Rate									
		0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
I	Services										
	a. Specialist services						✓				
	b. Support services							✓			
	c. Para-clinical Services						✓				
	d. Other services like HIV/AIDS , PNC ANC										✓
	Services like Pediatrics including neonatology, ICU, new born care, CT Scan EEG, Echocardiogram, Ultrasound and horticulture were not present. While the services like radiology , emergency, general medicine and sterilization were in partial fulfillment with the norms										
II	Manpower										
	a. Clinical Manpower							✓			
	b. Support Manpower								✓		
	Non availability of radiologist, Pediatrician, microbiologist and Medicine specialist. In support nursing sister ,staff sweeper and attendants										
III	Physical Infrastructure							✓			
	Hospital doesn't have separate emergency ward, laundry services, lack of proper waiting area and toilets.ICU is not present and doesn't have adequate water supply.										
IV	Equipments					✓					
	Almost all the equipments are not present in adequate amount and some if present are not in working state. Major Equipments like Ct scan, EEG, Ventilator, Neonatal equipments are not present.										
V	Drugs									✓	

Annexure -II

Interview schedule on Patient Satisfaction

Name:
Education:

Age:
Sex:

Ward Name:

Please read each one of the statements carefully, keeping in mind the medical care you have received during your stay at hospital. Please circle the appropriate response

Q1. Are all the medicines needed by you easily available?

Yes. ☐ NO. ☐ No Idea ☐

Q2. Does doctors gave you advice about ways to avoid illness and stay healthy?

Yes. ☐ NO. ☐ No Idea ☐

Q3. Does doctors gave you complete information about your illness?

Yes. ☐ NO. ☐ No Idea ☐

Q4. Does doctor gave you complete information about your treatment?

Yes. ☐ NO. ☐ No Idea ☐

Q5. Do hospital workers talk politely with you?

Yes. ☐ NO. ☐ No Idea ☐

Q6. Do hospital workers are helpful to you?

Yes. ☐ NO. ☐ No Idea ☐

Q11. Is the cleanliness of the hospital is adequate?

Yes. ☐ NO. ☐ No Idea ☐

Q12. Are the conditions of the toilets good?

Yes. ☐ NO. ☐ No Idea ☐

Q13. Is Drinking water is easily available in the hospital?

Yes. ☐ NO. ☐ No Idea ☐

Q14. Does the hospital have all the requisite amenities?

Yes. ☐ NO. ☐ No Idea ☐

Q15. Is the quality of food and timeliness of food services good?

Yes. ☐ NO. ☐ No Idea ☐

Q16. Are you satisfied with the care and concern shown by my nurses?

Yes. ☐ NO. ☐ No Idea ☐

Q17. Does the nurse gave timely medication & responded to calls promptly?

Yes. ☐ NO. ☐ No Idea ☐