

# **A STUDY ON SATISFACTION OF PATIENTS IN-PATIENTS DEPARTMENT (IPD) IN TRUST BASED HOSPITAL IN VADODARA: A DESCRIPTIVE CROSS SECTIONAL STUDY**

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## **Introduction**

Status of Hospitals and Hospital Services in India

The public healthcare system in India evolved due to a number of influences since 1947, including British influence from the colonial period.<sup>[1]</sup> The need for an efficient and effective public health system in India is large. Public health system across nations is a conglomeration of all organized activities that prevent disease, prolong life and promote health and efficiency of its people. Indian healthcare system has been historically dominated by provisioning of medical care and neglected public health.<sup>[2]</sup> 11.9% of all maternal deaths and 18% of all infant mortality in the world occurs in India, ranking it the highest in the world.<sup>[3][4]</sup> 36.6 out of 1000 children are dead by the time they reach the age of 5.<sup>[5]</sup> 62% of children are immunized.<sup>[6]</sup> Communicable disease is the cause of death for 53% of all deaths in India.<sup>[7]</sup>

Public health initiatives that affect people in all states, such as the National Health Mission, Ayushman Bharat, National Mental Health Program, are instilled by the Union Ministry of

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1. ^ Jump up to: a b c d e f g h i j Chokshi, M; Patil, B; Khanna, R; Neogi, S; Sharma, J; Paul, V; Zodpey, S (December 2016). "Health systems in India". *Journal of Perinatology*. 36 (Suppl 3): S9–S12. doi:10.1038/jp.2016.184. PMC 5144115. PMID 27924110.

2. ^ Jump up to: a b c d e Gupta, Monica (December 2005). "Public Health in India: Dangerous Neglect". *Economic and Political Weekly*. 40 (49): 5159–5165. JSTOR 4417485.

3. ^ "Number of maternal deaths | Data".

4. ^ "Number of infant deaths | Data".

5. ^ "Child Mortality".

Health and Family Welfare.[1] There are multiple systems set up in rural and urban areas of India including Primary Health Centres, Community Health Centres, Sub Centres, and Government Hospitals. These programmes must follow the standards set by Indian Public Health Standards documents that are revised when needed.[8]

## **Healthcare in India**

India, a country recognized for its warm hospitality and the perfect blend of vibrant art and cultures, is also one of the most preferred countries for medical tourism.

The continuously increasing number of multi-specialty hospitals and technologically evolving medical assistance has led India to the list of one of the most favored places for health and medical tourism.

Wondering why healthcare tourism in India is so highly spoken of on a global scale?

Healthcare services in India are cost-effective. The low medical cost, alongside superior quality healthcare service, is what makes people from all around the world, fly to India for their treatment. Additionally, India excels with state of the art medical facilities, reputed health care professionals, quality nursing facilities and traditional healthcare therapies.

Additionally, the government is investing extensively in developing new technologies to improve the infrastructure and healthcare services in India. Nations with limited resources or relatively expensive medical facilities are also contributing towards the growth of medical tourism in India.

Ref : <https://myacare.com/blog/healthcare-services-in-india>

## **Importance of quality of healthcare services**

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:

- Effective – providing evidence-based healthcare services to those who need them;
- Safe – avoiding harm to people for whom the care is intended; and
- People-centred – providing care that responds to individual preferences, needs and values.

To realize the benefits of quality health care, health services must be:

- Timely – reducing waiting times and sometimes harmful delays;
- Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- Integrated – providing care that makes available the full range of health services throughout the life course;
- Efficient – maximizing the benefit of available resources and avoiding waste.

(Ref : [https://www.who.int/health-topics/quality-of-care#tab=tab\\_1](https://www.who.int/health-topics/quality-of-care#tab=tab_1))

Problems of patients in Indian hospitals

### ***Main Challenges Confronting a Public Hospital***

In our opinion, the main challenges confronting the public hospitals today are as follows:(1) deficient infrastructure,(2)deficient manpower,(3)unmanageable patient load,(4)equivocal quality of services,(5)high out of pocket expenditure.

#### **3.1. Deficient Infrastructure**

The format of the public health structure in the country draws directly from the recommendations of the Bhore Committee Report, 1946. However, the public health infrastructure has evolved lags far behind in matching the content and the spirit of the committee's report. The committee proposed the implementation of its recommendations in two distinct phases—"three-million plan" and the "ten-year plan."

The "three-million plan" laid down the required health infrastructure to provide for the health needs of an average district in India having a population of three million. This was to be implemented over a period of three to four decades. Anticipating resource constraints, both in terms of manpower and money to make such an infrastructure available in a short time, the committee recommended a shorter "ten-year plan" to be implemented first. Table 1 gives a comparison between the "ten-year plan," the "three-million plan," and the public health infrastructure available at present in the country.

As against the 0.24 beds per 1000 population that were available in British India, the committee's overall plan for development of health services in India provided for achieving 1.03 beds per 1000 population within ten years of implementation of the plan and a ratio of 5.67 beds/1000 population in thirty to forty years. The committee further stated that:

"We consider moreover, that our recommendations constitute an irreducible minimum, and were it not for the limitation imposed by the inadequacy of staff and funds; we should

unhesitatingly have proposed a more comprehensive scheme than the one indicated.” [1, Page 31].

However, even a cursory look at Table 1 shows that what was considered as “irreducible minimum” by the committee proved to be a formidable task to achieve for the health planners of the country.

The UPA (United Progressive Alliance) Government launched the ambitious “National Rural Health Mission” (NRHM) in 2005 to bolster the rural health infrastructure. After completion of the first phase in 2012 the mission is now in the second phase of its implementation. To begin with, the mission was meant to bring the EAG (Empowered Action Group) states which lagged far behind the rest of the country in health infrastructure, at par with the rest of the country. Table 2 provides the rural infrastructure status in the EAG states (Jammu and Kashmir and Himachal Pradesh excluded) as of March 2012.

It is clearly evident from the table that the average shortfall for different types of facilities is between two to three times more in EAG states as compared to the non-EAG states. Similarly, the average population served per facility continues to remain much higher for EAG states as compared to non-EAG states. With the notable exceptions of Chhattisgarh, Odisha, Uttarakhand, and Jharkhand for the number of CHCs in position, the shortfall for different levels of facilities in the other five states is much higher than the all India average.

The relative advantage of states like Chhattisgarh, Odisha, and Uttarakhand may well be illusionary because, as we will see shortly, mere availability of infrastructure does not mean it is delivering the required services, which, along with infrastructure, also depend on availability of amenities like water, electricity, beds, medical and paramedical manpower, and spatial distribution of available infrastructure. Table 3 illustrates some of the other deficiencies of the available infrastructure which undermines its functional status.

Non availability of facilities like water and electricity can only be expected to deeply undermine the functioning of existing facilities. It is very much possible that if the facility has one resource, it may not have other resources to optimally utilize the available resources; for example, if a health worker is available at the facility, it may not have water/electricity, thus undermining the ability of the health worker to perform his/her functions optimally.

Mismatch in the spatial distribution of infrastructure is another factor that magnifies the deficiency of infrastructure. Figure 1 illustrates this aspect very well. One can clearly see that there is a concentration of available beds in a tiny proportion of bigger cities. If the same beds were to be more equitably distributed between cities and between urban and rural areas, availability of the same infrastructure would have gone a longer way in ameliorating the curative needs of the people. However, this state of affairs is a logical outcome of the development paradigm pursued in the country rather than an inadvertent occurrence.

A comparison of availability of hospital beds per 1000 population between India and some of the much poorer countries (Table 4) offers a hitting comment on the sufficiency of country's health infrastructure. Many of the sub-Saharan countries and a country as impoverished as Timor-Leste seem to be doing much better.

### **3.2. Deficient Manpower**

Deficiency of human resources in health adds further insult to injury caused by deficiency of health infrastructure. Deficiency of human resources in health occurs at several levels—between regions, between rural and urban areas, and between the public and private sectors. On the one hand, there is unwillingness of doctors and other health personnel to serve in rural areas; on the other hand, even in the urban areas, there is a preponderance of the health manpower in the dominant for profit private health sector in the country, thereby putting their services beyond the reach of the majority of poor in the country.

The deficiency of specialists in rural healthcare is as high as more than 90 percent in Chhattisgarh, Jharkhand, and Rajasthan, while being at nearly 86 percent in Uttarakhand, and Odisha. The interregional disparities are also explicit with there being a wide gap in the deficiency of both the specialist and graduate doctors between the EAG and the non-EAG states. Even though there seems to be an excess of GDMOs in Bihar and a relatively less shortfall in Jharkhand as against the required posts, this is highly misleading as the overall physicians per 10,000 population ratio remain dismal at .5 for both the states. The “required” here signifies required as against the sanctioned posts and not requirement as per some population norm. For example, the total rural population of Bihar was 92.07 million as per 2011 census, whereas the total number of required doctors (specialists and GDMOs) in rural health set-up as per Table 5 is only 2773. This would amount to only .3 doctors per 10,000 rural populations which by no standard is desirable. Even after seven years of implementation of NRHM (National Rural Health Mission), there remains a wide gap in the availability of allopathic doctors in the rural areas between the non-EAG states and EAG states. In the former, it is 2.25 times more.

### **3.3. Unmanageable Patient Load**

Secondary or tertiary level public hospital in bigger cities is today bursting at seams due to a heavy rush of patients. The huge unplanned increase of Indian cities has resulted in urbanization of rural poverty causing expansion of slums and marginal populations starved of health and other basic amenities. Deficiency of urban health infrastructure, overcrowding in hospitals, lack of outreach, and functional referral system, standards, and norms for urban health care delivery system, social exclusion, unavailability or ignorance of information for accessing modern health care facilities, and lack of purchasing power are some of the issues

that have been identified as challenges to urban healthcare in the country [21].

(Ref. : Vikas Bajpai, "The Challenges Confronting Public Hospitals in India, Their Origins, and Possible Solutions", *Advances in Public Health*, vol. 2014, Article ID 898502, 27 pages, 2014. <https://doi.org/10.1155/2014/898502>)

Satisfaction can be described as a patient's reaction to several aspects of their service experience. Patient satisfaction is a useful measure in assessing patterns of communication. According to Lafond (1995), utilization of the facilities remained low because of clients' negative perceptions [of quality]. Guldner and Rifkin (1993) also showed that in Vietnam and Uganda, poor quality of services in the public sector led to greater use of private providers. While preventive care or early detection simply falls by the wayside. Patients' voice must begin to play a greater role in the design of health care service delivery processes in the developing countries.

This topic is very important for the hospital. With the help of this topic, the hospital can learn about the satisfaction of the patients.

The Management has to introduce about the services provided by them with the help of Social Media. The marketing department of the hospital if the staff provided for marketing department, they should introduce about the services provided by them.

## **REVIEW OF LITRATURE:**

As per review of literature gap there were many studies carried out in Gujarat but not in rural area on satisfaction in patient department due to that this study was conducted on a study on Satisfaction of patients In-Patients Department (IPD) in Trust based hospital in Vadodara." A descriptive Cross Sectional questionnaire study.

(explain atleast 10 studies)

### ***Literature Review:***

### **Review of Literature:**

- 1) D F Bartlett (1997) has studied about the Preparing for the coming consumer revolution in health care as consumers shoulder more direct financial responsibility for health care, they will expect health care providers to function like any other consumer service. Health care organizations can prepare for this revolution by (1) Bench marking against world-class companies outside health care; (2) championing benefits, not features.(3) Integrating mortality and morbidity with a product management approach.
- 2) S Mercier & J Fikes (1998) has studied about the Factors to consider in the delivery of quality services by hospitals, The focus of any health care provider, such as a hospital, is

on assessing and improving the well-being of the people in the system's target area, and it is this focus that differentiates health care providers from other enterprises. The purpose of this article is to identify the essential factors in the delivery of quality services by hospitals. These factors include patients' active participation in their delivery, the nature of the clinical procedures, and the management of the interaction of all the customers in the process.

- 3) Qualidigm Middletown, Connecticut Judith K. Barr ( 2002), this topic was concluded about the Public Reporting of Hospital Patient Satisfaction : A Review of Survey Methods and Statistical Approaches. This report is the only legislatively mandated public report on hospital patient satisfaction in the country at this time. The discussion sections addresses issues related to survey distribution and reporting for minority groups, and (2) statistical issues in the computation and public reporting of hospital data (i.e., case-mix adjustment and statistical options for assigning comparative ratings to hospital scores).
- 4) Haack, Marsha M. MSN, RN; Nunn, Richard R. RN (2004), this study was concluded that Patient satisfaction is one of the most important indicators for service excellence. Investigations have been done with population-specific patient satisfaction tools for psychiatric patients; however, there are few published measures for evaluating inpatient care. We developed and tested a 15-item instrument to evaluate the interdisciplinary care model and therapeutic interventions. Results demonstrated reliability and validity of the tool.
- 5) Judith K Barr, Tierney E Giannotti, Shoshanna Sofaer, Cathy E Duquette, William J Waters, Marcia K Petrillo (2006) this study was concluded that Using public reports of patient satisfaction for hospital quality improvement To explore the impact of statewide public reporting of hospital patient satisfaction on hospital quality improvement and to identify and target new QI. Public reporting of comparative data on patient views can enhance and reinforce QI efforts in hospitals. The participation of key stakeholders facilitated successful implementation of statewide public reporting. This experience in RI offers lessons for other states or regions as they move to public reporting of hospital quality data.
- 6) Rashid Al –Abri & Amina Al-Balushi (2014) has studied about the Patient Satisfaction Survey as a Tool Towards Quality Improvement, It is very useful to the hospital to give proper attention on Quality Improvement. Very Few numbers of hospital become careful regarding a tools towards the quality of improvement. The improvement in quality of tool creates good relations between the hospital management & patients for future.
- 7) Alex Jingwei He (2014 ) has studied about The doctor–patient relationship, defensive medicine and over prescription in Chinese public hospitals: Evidence from a cross-

sectional survey in Shenzhen city. A particular strand of the literature focuses on medical malpractice and its effects on provider behaviors. Many studies especially those based on the US context attribute defensive medicine to medical malpractice litigation systems whereas others have sought to explain it from physicians' internal emotional mechanisms rather than from external modifier of behaviors (Cunningham and Wilson, 2010).

- 8 ) Shivam J Mehta ( 2015 ) has done survey on Patient Satisfaction Reporting and Its Implications for Patient Care Survey on Patient experience plays significant role in patient care across the country. There are a variety of survey instruments to measure patient experience in both the hospital and clinic settings, and these metrics are being linked to financial reimbursement from Medicare and other insurers. For example, the Centers for Medicare and Medicaid Services (CMS) have used the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.
- 9) Linghan Shan, Ye Li<sup>2</sup>, Ding Ding, Qunhong , Chaojie Liu, Mingli Jiao, Yanhua Hao, Yuzhen Han<sup>4\*</sup>, Lijun Gao<sup>1</sup>, Jiejing Hao<sup>1</sup>, Lan Wang<sup>1</sup>, Weilan Xu<sup>1</sup>, Jiaojiao Ren<sup>1</sup> (2016) has studied about the Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care Deteriorations in the patient-provider relationship in China have attracted increasing attention in the international community. This study aims to explore the role of trust in patient satisfaction with hospital inpatient care, and how patient-provider trust is shaped from the perspectives of both patients and providers.
- 10) Nebsu Asamrew, Abduilhafiz A. Endris , and Musse Tadesse (2020) this study was concluded that information regarding the Level of Patient Satisfaction with Inpatient Services and Its Determinants: A Study of a Specialized Hospital in Ethiopia. The Healthcare industries always ready to meet the requirement of patients needs and demands. A facility-based cross- sectional study was conducted from November 25th to December 20th, 2015, using 398 randomly selected patients. Ethical clearance was obtained from the Jumma University research review board, and verbal consent was also received from the study participants during data collection time. Cross-sectional study was conducted from November 25th to December 20th, 2015, using 398 randomly selected patients. Ethical clearance was obtained from the Jumma University research review board, and verbal consent was also received from the study participants during data collection time.

Research Gaps (missing)

The Research Gaps are mentioned as below:

### **1) Time Gap :**

The last research was studied in 2020, which is the latest study for this topic. Therefore, it has been not mentioned in Research Gap.

### **2) Geographical Gap :**

All study is out of Gujarat. So, creates Geographical Gap.

### **3) Content Gap:**

As I have studied the topic in the hospital which was Trust Based Hospital.

### **Research questions**

To know the satisfaction of the In-patients in hospital.

How to treat the patients in the hospital to increase the number of patients in the hospital.

Which type of facilities are provided to the patients in the hospital for In-Patients.

### **OBJECTIVES:**

1) To access the satisfaction of patients in IPD.

2) To evaluate the level of the services & patients with respect to Gender & Age.

### **HYPOTHESIS:**

There is no association between Gender and Patient Satisfaction viz. Experience appointment. Staff Empathy.Waiting time doctor. Satisfaction doctor assigned. Easy Navigation. Happy with Doctor's treatment. Answer Questions. Recommendation friends and family. Improvement requirement. Promptness efficiency in appointment, Staff behavior appointment. Information Appointment. Satisfaction date. Convenience hospital location.

### **RESEARCH METHODOLOGY:**

A Cross Sectional descriptive design using 5 Point Likert validated Scale questionnaire for the study which answer given by the In Patients of the hospital.

Method and tool of Data collection (missing) – Interview schedule details. Type of questions, scales used to measure satisfaction, other variables like Experience appointment. Staff Empathy.

Waiting time doctor.Satisfaction doctor assigned.EasyNavigation.Happy with Doctor's treatment.

Recommendation friends and family improvement requirement. Promptness efficiency in appointment

Staff behavior appointment. Information Appointment. Satisfaction date. Convenience hospital location. (how all these are measured). Include an interview scheduled at the end of the article.

Measures (patient satisfaction scale details missing)

Sampling missing

## Methods of Data Collection

The data collection has been done through questionnaire.

Sampling if applicable

The following formula can be used to determine the Sample size

Sample Size =  $N/1 + Ne^2$

$$\begin{aligned}
 &= \frac{N}{1+N(e)^2} \\
 &= \frac{500}{1 + 500(0.05)^2} \\
 &= \frac{500}{1 + 1.5} \\
 &= \frac{500}{1 + 2.25} \\
 &= 222
 \end{aligned}$$

The collected data was analyzed with Chi Square Test, Symmetric Measures by using SPSS Software. Why these tests – not mentioned

| Chi-Square Tests             |                    |    |                                      |
|------------------------------|--------------------|----|--------------------------------------|
|                              | Value              | df | Asymptotic Significance<br>(2-sided) |
| Pearson Chi-Square           | 5.766 <sup>a</sup> | 4  | .217                                 |
| Likelihood Ratio             | 5.640              | 4  | .228                                 |
| Linear-by-Linear Association | .332               | 1  | .564                                 |
| N of Valid Cases             | 222                |    |                                      |

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 1.71.

| Symmetric Measures |            |       |                          |
|--------------------|------------|-------|--------------------------|
|                    |            | Value | Approximate Significance |
| Nominal by Nominal | Phi        | .161  | .217                     |
|                    | Cramer's V | .161  | .217                     |
| N of Valid Cases   |            | 222   |                          |

## RESULT & DISCUSSION

- i It can be observed that the p-value of all the dependent variable of patient satisfaction in IPD with respect to Gender are more than 0.05 except only one variable namely Easy Navigation (0.047) . So, all the hypothesis are accepted and it can be said that all the dependent variable namely Experience appointment, Staff Empathy, Waiting time doctor, Satisfaction doctor assigned, Happy with Doctor's treatment, Answer Questions, Recommendation friends and family, Improvement requirement, Promptness efficiency in appointment, Staff behavior appointment, Information Appointment, Satisfaction date, Convenience hospital location are not having any significant association with gender I.e., both male and female participants are equally having satisfied about the Inpatient department.

### Gender and Patient Satisfaction

- ii
- 1) Gender \* Experience\_appointments
  - 2) Gender \* Staff\_Empathy
  - 3) Gender \*Waiting time\_doctor
  - 4) Gender \* satisfaction\_doctor assigned
  - 5) Gender \* Easy\_navigation
  - 6) Gender \* Happy\_Doctor's treatment
  - 7) Gender \* Answer\_Questions
  - 8) Gender \* Recommendation\_friends and family
  - 9) Gender \* Improvement\_requirement
  - 10) Gender \* Promptness\_efficiency in appointment.
  - 11) Gender \* Staff behavior\_appointment.
  - 12) Gender \* Information\_Appointment.
  - 13) Gender \* Satisfaction\_date
  - 14) Gender \* Convenience\_hospital location

The above variables are studied because in the healthcare service, the experience of appointment for patient is very important, this is the first impression of the hospital staff in the mind of the patient.

If the patient will satisfied with diagnosis given by the doctors of the hospital, they can recommended to their friends and family.

The patients clouds are too much, every patient has to wait for the doctor. The doctor has to give proper diagnosis / treatment to very patient. So, some times patients has to wait for particular doctor.

Some patients believe in a particular doctor, when that doctor presents in the OPD, on that day patient has to come for follow up check up.

Some patients are satisfied with the treatment of a particular doctor, The style of giving treatment to patients of a doctor also impress the patient.

When a staff of the hospital, behaves politely with them , they will be satisfied and give the better review of the hospital and its staff.

If the doctor assigned the patient properly, the patient will be satisfied and they will come again when any health related problem created.

The Waiting time for doctor may be too less, if the doctors are available, the time of patients will be saved.

In this hospital , most of the patients from Madhya Pradesh. The bus of Gaur Travels coming daily to this hospital in the evening.

### iii) cross tables of gender and all patient satisfaction variables missing.

|                                            | Cases |         |         |         |       |         |
|--------------------------------------------|-------|---------|---------|---------|-------|---------|
|                                            | Valid |         | Missing |         | Total |         |
|                                            | N     | Percent | N       | Percent | N     | Percent |
| Gender * Experience_appointments           | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |
| Gender * Staff_Empathy                     | 222   | 100.0%  | 0       | 0.5%    | 222   | 100.0%  |
| Gender * Waiting time_doctor               | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |
| Gender * satisfaction_doctor assigned      | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |
| Gender * Happy_Doctor's treatment          | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |
| Gender * Answer_Questions                  | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |
| Gender * Recommendation_friends and family | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |
| Gender * Improvement_requirement           | 222   | 100.0%  | 0       | 0.0%    | 222   | 100.0%  |

|                                                |     |        |   |      |     |        |
|------------------------------------------------|-----|--------|---|------|-----|--------|
| Gender * Promptness_efficiency in appointment. | 222 | 100.0% | 0 | 0.0% | 222 | 100.0% |
| Gender * Staff behavior_appointment.           | 222 | 100.0% | 0 | 0.0% | 222 | 100.0% |
| Gender * Information_Appointment.              | 222 | 100.0% | 0 | 0.0% | 222 | 100.0% |
| Gender * Satisfaction_date                     | 222 | 100.0% | 0 | 0.0% | 222 | 100.0% |
| Gender * Convenience hospital location         | 222 | 100.0% | 0 | 0.0% | 222 | 100.0% |

### Experience Appointment (Gender \* Experience appointments)

|        |        |                | Experience appointments |      |         |           |                |
|--------|--------|----------------|-------------------------|------|---------|-----------|----------------|
|        |        |                | Very easy               | Easy | Neutral | Difficult | Very Difficult |
| Gender | Male   | Count          | 84                      | 22   | 4       | 27        | 9              |
|        |        | Expected Count | 78.3                    | 28.3 | 3.3     | 27.0      | 9.2            |
|        | Female | Count          | 35                      | 21   | 1       | 14        | 5              |
|        |        | Expected Count | 40.7                    | 14.7 | 1.7     | 14.0      | 4.8            |
| Total  |        | Count          | 119                     | 43   | 5       | 41        | 14             |
|        |        | Expected Count | 119.0                   | 43.0 | 5.0     | 41.0      | 14.0           |

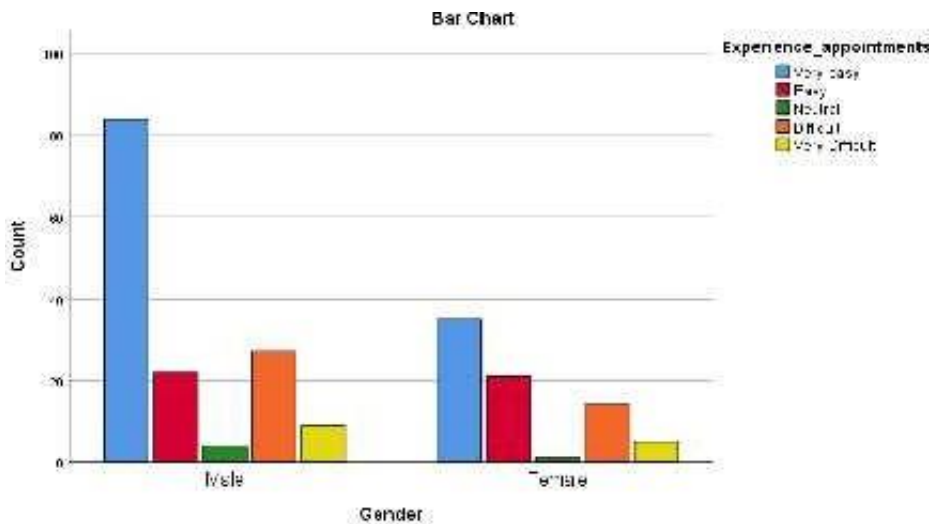
### Chi-Square Tests

|                              | Value  | df | Asymptotic Significance (2- sided) |
|------------------------------|--------|----|------------------------------------|
| Pearson Chi-Square           | 5.766a | 4  | .217                               |
| Likelihood Ratio             | 5.640  | 4  | .228                               |
| Linear-by-Linear Association | .332   | 1  | .564                               |
| N of Valid Cases             | 222    |    |                                    |

a. 3 cells (30.0%) have expected count less than 5. The minimum expected count is 1.71.

### Symmetric Measures

|                    |            | Value | Approximate Significance |
|--------------------|------------|-------|--------------------------|
| Nominal by Nominal | Phi        | .161  | .217                     |
|                    | Cramer's V | .161  | .217                     |
| N of Valid Cases   |            | 222   |                          |



**Table 1 : Gender and Patient Satisfaction**

| Sr. | Dependent Variable                   | Independent variable | Chi-Square Value | DF | P Value | Variable Accepted/ Rejected |
|-----|--------------------------------------|----------------------|------------------|----|---------|-----------------------------|
| 1   | Experience appointment               | Gender               | 5.766a           | 4  | .217    | Accepted                    |
| 2   | Staff Empathy                        | Gender               | 4.826a           | 4  | .306    | Accepted                    |
| 3   | Waiting time doctor                  | Gender               | .016a            | 1  | .898    | Accepted                    |
| 4   | Satisfaction doctor assigned         | Gender               | 2.744a           | 3  | .433    | Accepted                    |
| 5   | Easy_ Navigation                     | Gender               | 9.626a           | 4  | .047    | Rejected                    |
| 6   | Happy with Doctor's treatment        | Gender               | 3.752a           | 3  | .290    | Accepted                    |
| 7   | Answer Questions                     | Gender               | .363a            | 1  | .547    | Accepted                    |
| 8   | Recommendation friends and family    | Gender               | 2.106a           | 2  | .349    | Accepted                    |
| 9   | Improvement requirement              | Gender               | 5.645a           | 3  | .130    | Accepted                    |
| 10  | Promptness efficiency in appointment | Gender               | 2.433a           | 3  | .487    | Accepted                    |
| 11  | Staff behavior appointment           | Gender               | 1.883a           | 3  | .597    | Accepted                    |
| 12  | Information Appointment              | Gender               | 1.133a           | 3  | .769    | Accepted                    |
| 13  | Satisfaction date                    | Gender               | 2.504a           | 2  | .286    | Accepted                    |
| 14  | Convenience hospital location        | Gender               | 1.800a           | 3  | .615    | Accepted                    |

## DISCUSSION:

From the above table it can be observed that the p-value of all the dependent variable of patient satisfaction in IPD with respect to Gender are more than 0.05 except only one variable namely Easy Navigation (0.047) . So, all the hypothesis are accepted and it can be said that all the dependent variable namely Experience appointment, Staff Empathy, Waiting time doctor, Satisfaction doctor assigned, Happy with Doctor's treatment, Answer Questions, Recommendation friends and family, Improvement requirement, Promptness efficiency

in appointment, Staff behavior appointment, Information Appointment, Satisfaction date, Convenience hospital location are not having any significant association with gender I.e., both male and female participants are equally having satisfied about the Inpatient department.

In case of Easy navigation the p value is less than 0.05 so the null hypothesis is rejected and it can be said that there is a significant association between gender and Easy navigation i.e either male or female are more associated with respect to Easy Navigation.

In this study out of 222 (100 %) patients, 146(65.76%) patients are Male patients. And 76(34.23 %) patients are Female. Out of 76 (34.23 %) participants are the age of between 12 to 17 years, 18(14.3%)participants are the age of between 18 to 30 years 44 (19.81%) patients are the age of between 31 to 40 years, 41(18.46%) patients. Out of 222 (100%) patients in between age of 42 to 50 years 58 (26.12%). 51 to 60 years 39 (17.56%). Out of 222 (100%) patients, 61 to 70 years are 28 (12.61 %) patients. Out of 222 (100%) 71 & above aged patients are 5 (2.25%).

| Sr. | Gender              | Nos. | Percentage % |
|-----|---------------------|------|--------------|
| 1   | Male                | 146  | 65.76        |
| 2   | Female              | 76   | 34.23        |
| 3   | Age ( 12 to 17 Yrs) | 18   | 14.3         |
| 4   | Age ( 18 to 30 Yrs) | 44   | 19.81        |
| 5   | Age ( 31 to 40 Yrs) | 41   | 18.46        |
| 6   | Age ( 42 to 50 Yrs) | 58   | 26.12        |
| 7   | Age ( 51 to 60 Yrs) | 39   | 17.56        |
| 8   | Age ( 61 to 70 Yrs) | 28   | 12.61        |
| 9   | Age ( 71 & above)   | 5    | 2.25         |

### Questionnaire/Checklist/ Tool for Research

Questionnaires:

Demographic:

Personal Details:

Name:

Age:

Gender: Male / Female

1. How did you find the experience of appointments?
  - a) Very easy
  - b) Easy
  - c) Neutral
  - d) Difficult
  - e) Very Difficult
2. Were the staff empathetic to your needs?
  - a) Very Empathetic
  - b) Empathetic
  - c) Neutral
  - d) Not Empathetic
  - e) Very Non- Empathetic
3. How long did you have to wait until the doctor attends to you?
  - a) As I expected
  - b) Had to wait more than I expected
4. Were you satisfied with the doctor you were assigned with?
  - a) Very satisfied
  - b) Satisfied
  - c) Neutral
  - d) Dissatisfied
  - e) Very dissatisfied
5. How easy is it to navigate our facility?
  - a) Very easy
  - b) Easy
  - c) Neutral
  - d) Difficult
  - e) Very difficult
6. How happy are you with the doctor's treatment?
  - a) Happy
  - b) Somewhat happy
  - c) Okay
  - d) Dissatisfied
7. Were we able to answer all your questions?
  - a) Yes
  - b) Some questions left unanswered
  - c) No
8. How likely are you to recommend us to your friends and family?
  - a) Very likely
  - b) Likely
  - c) Un-likely
  - d) Very Un-likely

- ## Findings

- In this study out of 222 (100 %) patients, 146(65.76%) patients are Male patients. And 76 ( 34.23 % ) patients are Female.
- Out of 76 (34.23 %) participants are the age of between 12 to 17 years, 18(14.3%) participants are the age of between 18 to 30 years 44 (19.81%) patients are the age of between 31 to 40 years , 41 (18.46%) patients.
- Out of 222(100%) patients in between age of 42 to 50 years 58 (26.12%). 51 to 60 years 39 (17.56%).
- Out of 222 (100%) patients, 61 to 70 years are 28 (12.61 %) patients.

- Out of 222 (100%) 71 & above aged patients are 5 (2.25% ).
- Out of 222 (100%) patients, 53 ( 23.87 %) patients feels very easy in appointment.
- Out of 222 (100%) patients, 71 ( 31.98 %) patients feels easy in appointment.
- Out of 222 (100%) patients, 43 ( 19.36 %) patients feels difficult in appointment.
- Out of 222 (100%) patients, 17 ( 7.65 %) patients feels Very difficult in appointment.
- Out of 222 (100%) patients, 37 (17.11%) patients feels Neutral in appointment.
- Out of 222 (100%) patients, 131(59%) patients feel Neutral in Empathetic.
- Out of 222(100%) patients, 19(8.55%) patients feel Not Empathetic Staff.
- Out of 222 (100%) patients, 70(31.53%) patients feel Very Empathetic Staff.
- Out of 222 (100%) patients, 2 (0.90%) patients feel Very Non Empathetic Staff.
- Out of 222 (100%) patients, 118 (53.15%) patients feel as I expected in wait until the doctor attends to you.
- Out of 222 (100%) patients, 104 (46.84%) patients feel as I expected in wait until the doctor attends to you.
- Out of 222 (100%) patients, 1 (0.45%) patients feel dissatisfied when doctor assigned with them.
- Out of 222 (100%) patients, 109 (49.09%) patients feel satisfied when doctor assigned with them.
- Out of 222 (100%) patients, 58 (26.12%) patients feel very satisfied when doctor assigned with them.
- Out of 222 (100%) patients, 55 (24.77%) patients feel Neutral when doctor assigned with them.
- Out of 222 (100%) patients, 74 (24.77%) patients feel Easy to navigate our facility.
- Out of 222 (100%) patients, 38 (17.11%) patients feel Very Easy to navigate our facility.
- Out of 222 (100%) patients, 27 (12.16%) patients feel difficult to navigate our facility.
- Out of 222 (100%) patients, 7 (3.15%) patients feel Very difficult to navigate our facility.
- Out of 222 (100%) patients, 76 (34.23%) patients feel Easy to navigate our facility.
- Out of 222 (100 %) patients, 11 (4.95%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 99 (44.59%) patients feel Some What happy with the

doctor's treatment.

- Out of 222 (100%) patients, 76 (34.23%) patients feel Some What happy with the doctor's treatment.
- Out of 222 (100%) patients, 1 (0.45%) patients feel Dissatisfied with the doctor's treatment.
- Out of 222 (100%) patients, 210 (0.45%) patients say Yes about Answer all the questions.
- Out of 222 (100%) patients, 12 (0.45%) patients say Some questions not answered.
- Out of 222 (100%) patients, 17 (7.65%) patients feel Un-likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 154 (69.36%) patients feel likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 51 (22.97%) patients feel likely to recommend us to your friends and family.
- Out of 222 (100%) patients, 16 (22.97%) patients rates us 1.
- Out of 222 (100%) patients, 20 (13.51%) patients rates us 2.
- Out of 222 (100%) patients, 82 (36.93%) patients rates us 3.
- Out of 222 (100%) patients, 76 (34.23%) patients rates us 4.
- Out of 222 (100%) patients, 18 ( 8.10 %) patients rates us 5.
- Out of 222 (100%) patients, 35 (15.76 %) patients says Very good things you feel we should improve upon.
- Out of 222 (100%) patients, 171 (77.0 %) patients says Good things you feel we should improve upon.
- Out of 222 (100%) patients, 16 (7.20 %) patients says Poor things you feel we should improve upon.
- Out of 222 (100%) patients, 5 (2.25 %) patients says Poor in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 110 (49.54 %) patients says Satisfactory in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 70 (31.53 %) patients says Good in the promptness & efficiency of your appointment.
- Out of 222 (100%) patients, 37 (16.66 %) patients says Excellent in the promptness &

efficiency of your appointment.

- Out of 222 (100%) patients, 7 (3.15 %) patients says Poor behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 82 (36.93 %) patients says Good behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 109 (49.09 %) patients says Satisfactory behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 24 (10.81 %) patients says Excellent behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 5 (2.25 %) patients says Poor behavior of Staff at the time of appointment.
- Out of 222 (100%) patients, 2 (0.900%) patients says Poor given Information after appointment.
- Out of 222 (100%) patients, 111 (50.00%) patients says Satisfactory given Information after appointment.
- Out of 222 (100%) patients, 80 (36.03%) patients says Good given Information after appointment.
- Out of 222 (100%) patients, 197 (88.73%) patients says Yes in date of follow up.
- Out of 222 (100%) patients, 7 (3.15%) patients says No in date of follow up.
- Out of 222 (100%) patients, 18 (8.10%) patients says Unsure in date of follow up.
- Out of 222 (100%) patients, 9 (4.05%) patients says Poor in to find out the location of hospital.
- Out of 222 (100%) patients, 129 (58.10%) patients says Good in to find out the location of hospital.
- Out of 222 (100%) patients, 69 (31.08%) patients says Very Good in to find out the location of hospital.
- Out of 222 (100%) patients, 15 (6.75%) patients says Excellent in to find out the location of hospital.
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## **SUGGESTION:**

1. The hospital should improve the quality of services given to the patients.
2. The hospital should provide the latest technological facilities to the patients. So that the number of patients can be increased.
3. The Parking facility should be nearer to the hospital. At the time of shifting the patient to another hospital, it is very difficult to shift the patient in their own vehicle.
4. For new comer patients, they doesn't know any department of the hospital, So they are roaming here and there in search of the department/OPD where they have to go, so the hospital has to appoint the staff for the guidance of the patients who came first time in the hospital.
5. The Drinking Water facility should be provided as they can go easily.
6. The Wash Room should be provided at every floor. So that Out Patients and Visitors can not feel trouble in the hospital.

## **CONCLUSION:**

The conclusion of this study is, how to satisfy the patients. Which step to be taken by the management of the hospital to improve it. The hospital management has to know the level of satisfaction of patients, Are the patients satisfied with the facilities provided by the hospital. Is there any improvement to be done in the facilities provided by the hospital.

The hospital management should survey about the satisfaction of patients in the hospital.

The conclusion of this study is, how to increase the satisfaction of the patients. Which step to be taken by the management of the hospital to improve it.

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