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“STUDY OF INPATIENT SATISFACTION”

CITY BASED HOSPITAL

BOMBAISADDA, BANGALORE, KARNATAKA

SUBMITTED BY

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ABSTRACT

The report titled "Study of Inpatient Satisfaction" provides a comprehensive analysis of patient satisfaction at a city-based hospital in Bangalore, Karnataka. The report outlines the objectives, methodology, results, and observations of the study, along with bottlenecks, recommendations for improvement, limitations, and conclusions. The study aims to achieve a higher level of patient satisfaction and continually improve performance through the adaptation of new methods and technology. The methodology involves primary and secondary data collection, including survey research and interviews with patients and marketing personnel. The report presents detailed figures and observations, such as bed occupancy rates, patient responses to various hospital services, and discharge turnaround times. It also identifies bottlenecks in the inpatient department and provides recommendations for improvement, emphasizing the need for staff training, improved communication, and reduced discharge turnaround times. The report concludes by highlighting the importance of patient satisfaction and the positive feedback received from patients regarding the hospital's services.

INTRODUCTION

It is meant to be a preparatory tool towards making a future health care leader who can manage, initiate and innovate changes in the evolving sector of the Indian economy and provide it with standards that are accepted as the best practices internationally.

I consider myself to be very fortunate to have this exposure in the city based hospital of the country, treating citizens for so many years.

The topic which inpatient satisfaction. The inpatient satisfaction starts off with the admission process and proceeds with the admission of the patients in the wards. It also includes the length of stay in the hospital of a patient, patient TAT, discharge process and how fast the patient resolves from his sickness and returns back home. I am grateful that I got this project as because it will help to know more about the problems the patients are facing while their stay in the hospital.

1. OBJECTIVE

- To achieve higher level of patient satisfaction on our care and service.
- To continually improve the performance through adaptation of new methods and technology.
- To improve the competency of the staff through regular in service education and training.

2. METHODOLOGY

A study as this, it is essential to have data both in the primary form and secondary form. In the present study on Marketing Strategy of city based hospitals the samples have been drawn by random sampling from Patients and Marketing Department.

Nature of Data:

In this study two types of data sources have been used, primary and secondary.

Primary Data:

The survey research is the most widely used method for primary data collection. By this approach descriptive information from target population regarding their knowledge, attitudes and preferences are gathered.

Secondary Data:

Secondary data consists of information that already exists somewhere, having being collected for another purpose. The secondary data was collected after conducting individual level informal interviews and by going through the various registers and records kept in the wards and the admission office.

The secondary data provided a good starting point for research, however secondary sources could not provide all the needed information and researcher had to depend a lot on the primary data.

Action Plan for Data Collection:

1. Visit the wards and introduction with the sister-in-charges and other staff present.
2. Interview the patients in the wards through questionnaires to measure their satisfaction level regarding the various services provided to them.
3. Interviewing the marketing personnel to know about the marketing activity.
4. Field visit and market study for data collection.
5. Drawing conclusion on the basis of data analysis.
6. Making recommendation to improve the quality of the marketing.

Contact Method and Survey Instrument:

Information was collected by personal interviews conducted by the researcher

TOOLS: Collection of data(Questionnaire method)

SOURCE OF DATA:

PRIMARY SOURCE: Data collected from IPD area

SECONDARY SOURCE:

The various survey forms and questionnaire forms I have used for the project has been projected below:

TABLE 12: QUESTIONNAIRE MADE FOR PATIENT SATISFACTION

| | | QUESTIONNAIRE FOR PATIENT SATISFACTION | | | | |
|----------------|------------------------------------|--|--------------------|-----------|------|------|
| SERIAL NO | BASIS | EXCELLENT | GOOD | AVERAGE | FAIR | POOR |
| 1 | ADMISSION PROCESS | | | | | |
| 2 | NURSING SERVICES | | | | | |
| 3 | ACILITIES OF THE WARD | | | | | |
| 4 | QUALITY OF FOOD SERVED | | | | | |
| 5 | QUALITY OF HYGIENE AND CLEANLINESS | | | | | |
| 6 | DISCHARGE PROCESS | | | | | |
| 7 | BEHAVIOUR OF THE STAFF | | | | | |
| | | REGULAR | MODERATELY REGULAR | IRREGULAR | | |
| 8 | DAILY ROUNDS BY DOCTORS | | | | | |
| 9 | VISITS BY THE FLOOR COORDINATORS | | | | | |
| | | YES | NO | | | |
| 10 | DELAY IN LAB SERVICES | | | | | |
| 11 | DELAY IN NURSING SERVICES | | | | | |
| 12 | DELAY IN DISCHARGE | | | | | |
| PROBLEMS FACED | | | | | | |



FEEDBACK FORM

NAME:

MRN:

E MAIL ID:

PHONE NO.:

Were you a patient in: In-patient Out-patient (OPD) Health check-up

Please rate our services:

Excellent good average fair poor

Reception/Enquiry Services

Admission Process

Doctor Services

Nursing Services

Laboratory Services

Physiotherapy Services

Hygiene & Cleanliness

Food & Quality

Ward Facilities

Billing Services

Discharge Process

Security & Parking Services

Hospital Environment (look & feel)

Overall Satisfaction with Narayana Health

How likely are you to recommend Narayana Health to your family and friends?

Most unlikely

Unlikely

3.

RESULTS AND OBSERVATION(ANALYSIS)**TABLE 13: BED OCCUPANCY RATE FROM 04.07.18 TO 26.07.18**

| DATE | BED OCCUPANCY | RATE |
|-----------|---------------|-------------|
| 4/7/2018 | 67 | 60.90909091 |
| 5/7/2018 | 72 | 65.45454545 |
| 6/7/2018 | 79 | 71.81818182 |
| 7/7/2018 | 85 | 77.27272727 |
| 9/7/2018 | 71 | 64.54545455 |
| 10/7/2018 | 73 | 66.36363636 |
| 11/7/2018 | 77 | 70 |
| 12/7/2018 | 89 | 80.90909091 |
| 13/7/2018 | 88 | 80 |
| 14/7/2018 | 86 | 78.18181818 |
| 16/7/2018 | 84 | 76.36363636 |
| 17/7/2018 | 91 | 82.72727273 |
| 18/7/2018 | 85 | 77.27272727 |
| 19/7/2018 | 92 | 83.63636364 |
| 20/7/2018 | 84 | 76.36363636 |
| 21/7/2018 | 93 | 84.54545455 |
| 23/7/2018 | 76 | 69.09090909 |
| 24/7/2018 | 94 | 85.45454545 |
| 25/7/2018 | 84 | 76.36363636 |
| 26/7/18 | 87 | 79.09090909 |

FIGURE 1-: 3 CATEGORIES OF PATIENT GETTING ADMITTING IN THE HOSPITAL MAINLY PROCEDURE, SURGICAL AND OBSERVATION.

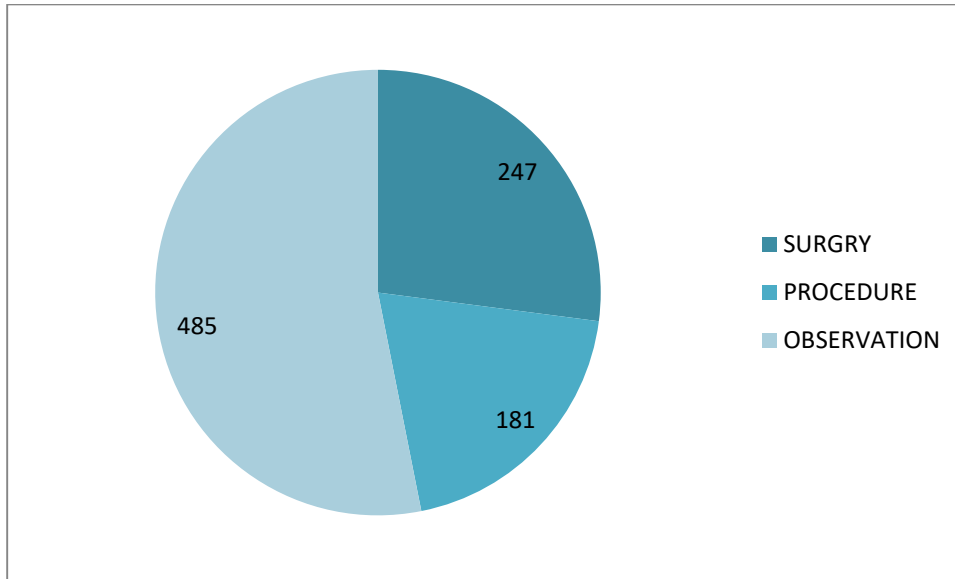


TABLE 14: SHOWING SPONSORS ASSOCIATED WITH THE ORGANISATION

| SPONSOR | NO |
|--|-----|
| VAIPAYEE AROGYASHREE | 204 |
| KARNATAKA POWER CORPORSTION LTD | 45 |
| CASH | 430 |
| HUTTI GOLD MINES COMPANY | 1 |
| EMPLOYEES STATE INSURANCE CORPORATION | 155 |
| I HEALTH CARE | 10 |
| BAJAJ ALLIANZ GENERAL INSURANCE | 2 |
| MEDI ASSIST INDIA PVT LTD | 58 |
| GULBARGA ELECTRICITY SUPPLY LTD | 6 |
| INDIAN SPACE RESEARCH ORGANISATION | 4 |
| FAMILY HEALTH PLAN LIMITED | 11 |
| EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME | 16 |
| AROGYA BHAGYA YOJANA | 15 |
| PARAMOUNT HEALTH SERVICES TPA | 6 |
| STAR HEALTH AND ALLIED INSURANCE | 19 |
| SOUTH WESTERN RAILWAY | 10 |
| CENTRAL GOVERNMENT HEALTH SCHEME | 15 |

| | |
|--|----|
| RURAL DEVELOPMENT HEALTH SCHEME | 1 |
| CHOLAMANDALAM MS GENERAL INSURANCE CO.LTD | 17 |
| BOSCH LIMITED | 7 |
| ICICI LOMBAND GENERAL INSURANCE | 1 |
| TTK HEALTHCARE SERVICES PVT LTD | 2 |
| NATIONAL THERMAL POWER CORPORATION | 2 |
| INDIAN FARMERS FERTILISER CO-OPERATIVE LIMITED | 1 |
| GOOD HEALTH PLAN LIMITED | 3 |
| RURAL DEVELOPMENT TRUST | 2 |
| ATAL AMRIT ABHIYAN PVT LTD | 5 |
| ASSAM GOVERNMENT | 1 |
| GIVE 4 LIFE | 1 |
| UNITED HEALTH VARE PVT LTD | 1 |

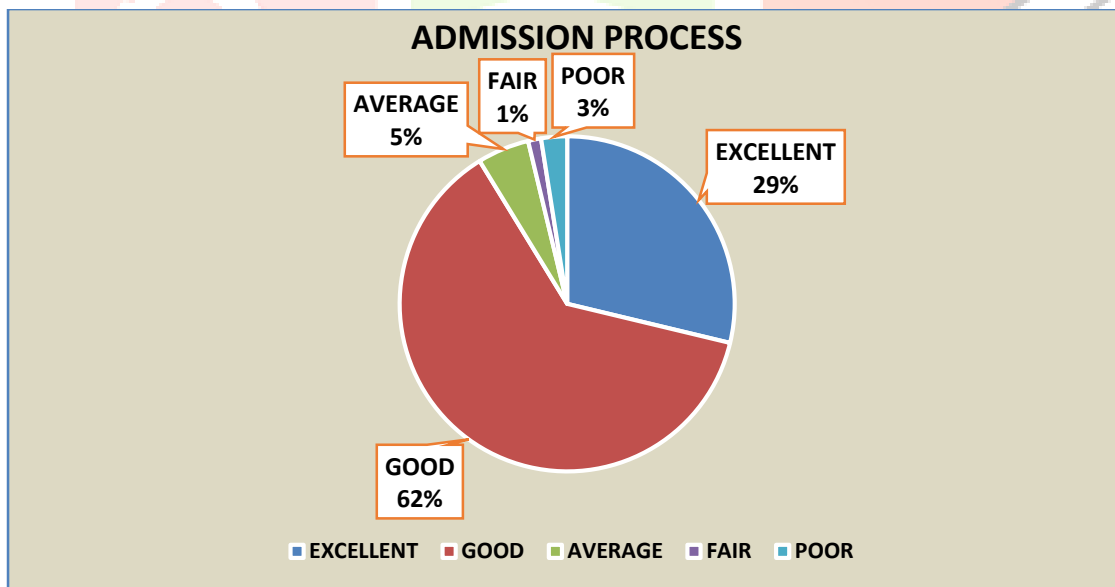


FIGURE 2: RESPONSES OF PATIENTS TO ADMISSION PROCESS

The above diagram shows us that 62% of the patients have said that the admission process is good, 29% has said it to be excellent, 5% has said it to be average, 3% to be poor and only 1% said it to be fair.

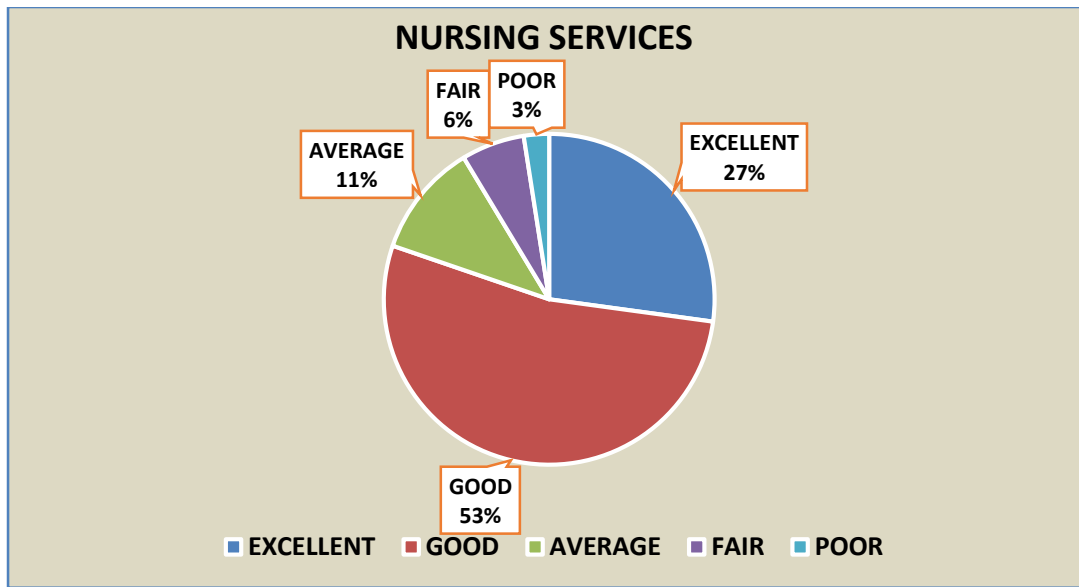


Figure 3: RESPONSES OF PATIENTS TO NURSING SERVICES

The above diagram shows us that 53% of the patients have said that the admission process is good, 27% has said it to be excellent, 11% has said it to be average, 3% to be poor and only 6% said it to be fair.

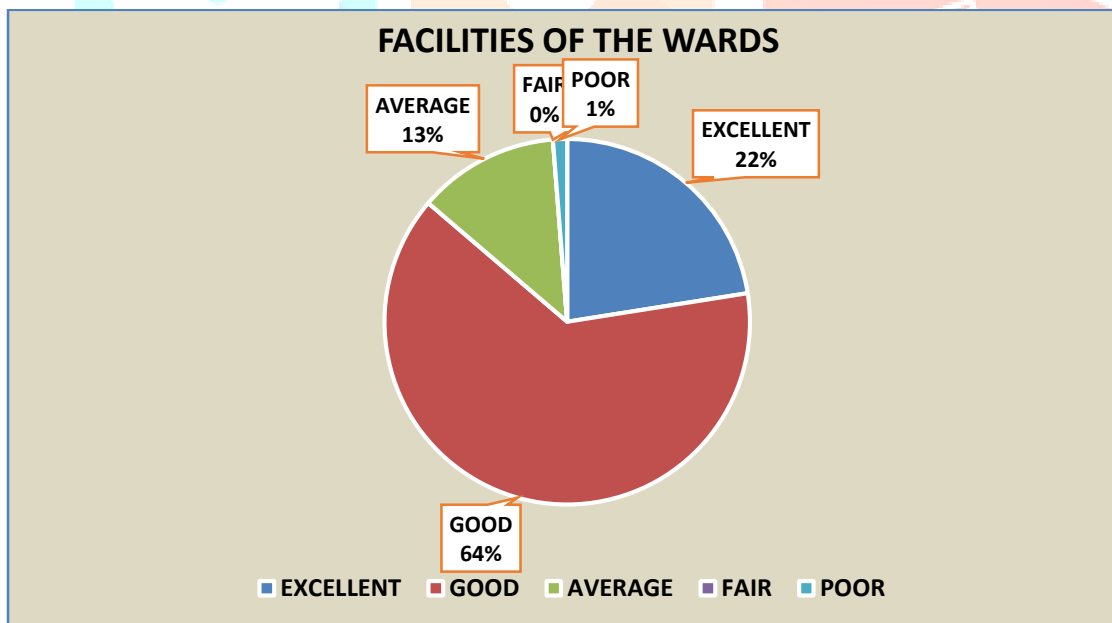


Figure 4: RESPONSES OF PATIENTS TO FACILITIES OF THE WARD

The above diagram shows us that 64% of the patients have said that the admission process is good, 22% has said it to be excellent, 13% has said it to be average, 1% to be poor and only 0% said it to be fair.

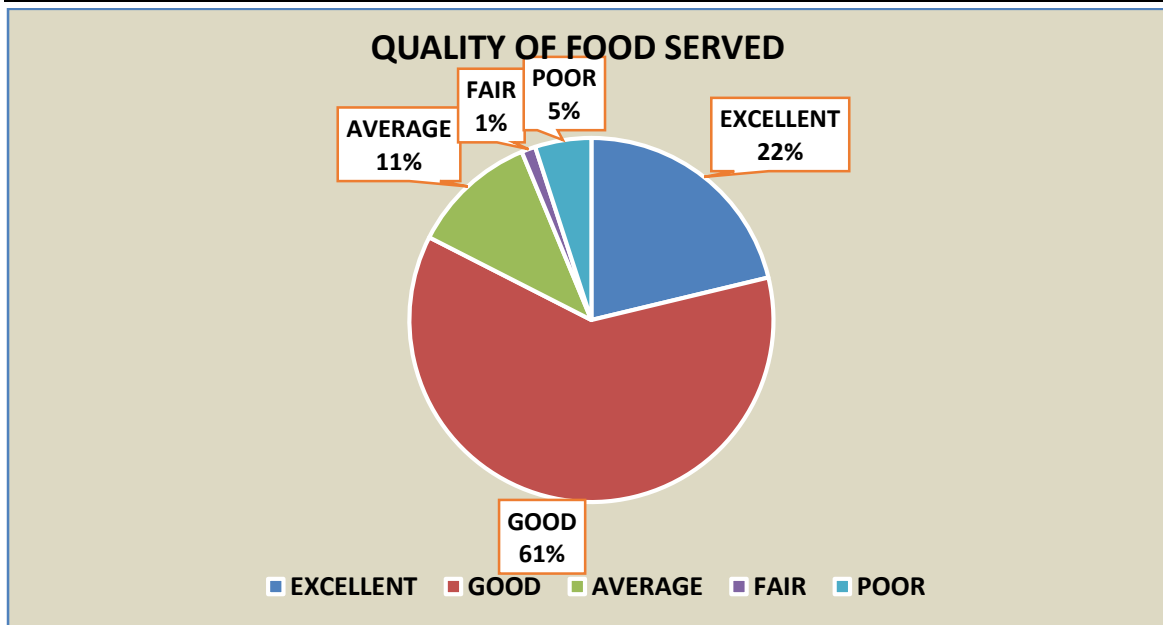


Figure 5: RESPONSES OF PATIENTS TO QUALITY OF FOOD SERVED

The above diagram shows us that 61% of the patients have said that the admission process is good, 22% has said it to be excellent, 11% has said it to be average, 5% to be poor and only 1% said it to be fair

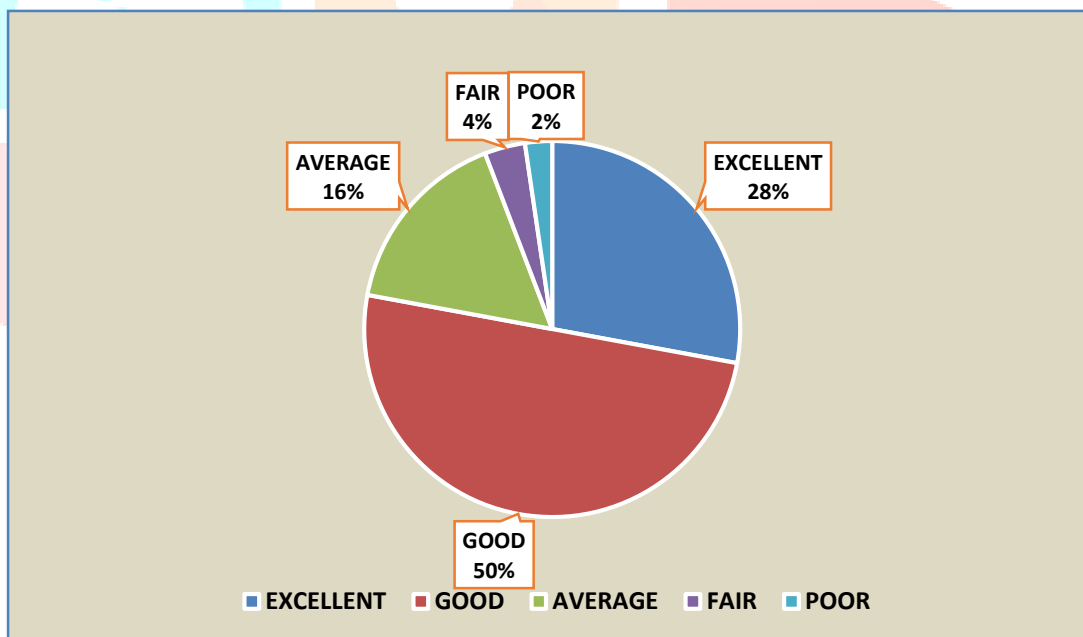


Figure 6: RESPONSES OF PATIENTS TO QUALITY OF HYGIENE AND CLEANLINESS

The above diagram shows us that 50% of the patients have said that the admission process is good, 28% has said it to be excellent, 16% has said it to be average, 2% to be poor and only 4% said it to be fair

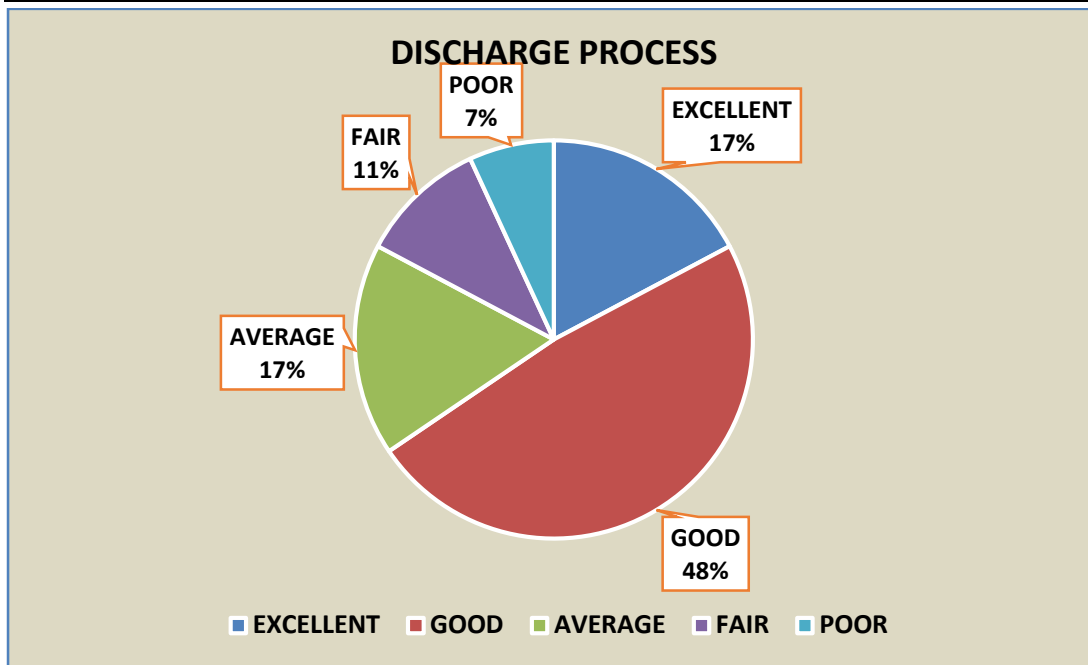


Figure 7: RESPONSES OF PATIENTS TO DISCHARGE PROCESS

The above diagram shows us that 48% of the patients have said that the admission process is good, 17% has said it to be excellent, 17% has said it to be average, 7% to be poor and only 11% said it to be fair

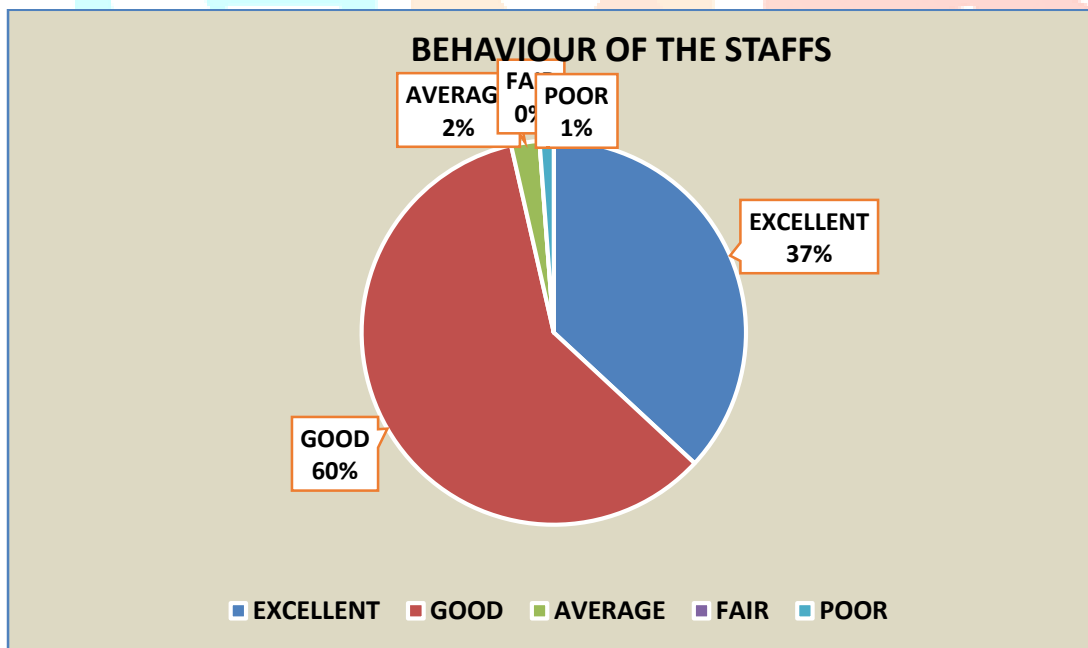


Figure 8: RESPONSES OF PATIENTS TO BEHAVIOUR OF THE STAFFS

The above diagram shows us that 60% of the patients have said that the admission process is good, 37% has said it to be excellent, 2% has said it to be average, 1% to be poor and only 0% said it to be fair

4. **BOTTLENECKS OF THE IPD**

- At times specialist's may leave much of patient care management to sister in charge , therefore causing unnecessary burden on the particular person.
- Unavailability of items at times.
- Often the discharge summary is not final for discharge patients and the doctors are reluctant of the fact the patient has to travel a long way to their home.
- Handover time is more.
- Shortage of manpower (nurses). M
- System is slow at peak hours.
- Staffs are so frustrated at times that they even misbehave with patient and patient party.
- Staffs lack the basic communication skill and sometimes they can't handle stress.
- Relationships with other departments at times hamper the treatment provided to the patients.
- Internal conflicts and poor internal communication within the staffs.
- Lack of training to nursing professionals with increases the possibility of incidents in the ward
- But the most stressful problem was the total discharge time taken.
- The major problem is that discharge time, which is proved by the tat:

TABLE 15: DISCHARGE TAT FOR CASH AND INSURANCE PATIENTS

| DISCHARGE TAT FOR CASH PATIENTS | | | |
|---------------------------------|----------------------|------------------|------------------------------|
| SL NO | MARKED FOR DISCHARGE | FOR BILL CLEARED | PATIENT LEAVING THE HOSPITAL |
| 1 | 3:54 | 6:05 | 7:22 |
| 2 | 5:30 | 7:00 | 7:30 |
| 3 | 3:45 | 5:00 | 7:05 |
| 4 | 4:00 | 4:37 | 7:45 |
| 5 | 5:30 | 6:28 | 7:52 |
| 6 | 4:14 | 6:57 | 7:22 |
| 7 | 1:15 | 3:34 | 6:00 |
| 8 | 12:44 | 1:36 | 5:00 |
| 9 | 12:30 | 4:00 | 5:30 |
| 10 | 12:34 | 1:44 | 3:42 |
| 11 | 4:05 | 5:54 | 7:10 |
| 12 | 11:08 | 12:23 | 4:30 |
| 13 | 1:10 | 2:20 | 6:00 |

| 14 | 11:30 | 1:52 | 4:45 |
|---|----------------------|--------------|------------------------------|
| 15 | 10:00 | 12:00 | 2:30 |
| DISCHARGE TAT FOR INSURANCE PATIENTS | | | |
| SL NO | MARKED FOR DISCHARGE | BILL CLEARED | PATIENT LEAVING THE HOSPITAL |
| 1 | 9:29 | 2:03 | 7:40 |
| 2 | 11:31 | 2:00 | 7:00 |
| 3 | 11:37 | 5:06 | 7:23 |
| 4 | 12:55 | 4:28 | 5:17 |
| 5 | 11:27 | 8:10 | 8:46 |
| 6 | 12:17 | 6:28 | 7:52 |
| 7 | 1:00 | 3:05 | 7:20 |
| 8 | 1:45 | 3:10 | 7:30 |
| 9 | 11:30 | 1:29 | 8:46 |
| 10 | 12:17 | 3:12 | 5:45 |
| 11 | 11:35 | 1:43 | 8:46 |
| 12 | 1:00 | 3:51 | 8:46 |
| 13 | 12:04 | 2:30 | 6:23 |
| 14 | 10:51 | 4:10 | 7:18 |
| 15 | 11:26 | 2:16 | 6:21 |

RECOMMENDATIONS FOR IMPROVEMENT

- Every employee should be well trained to deal with patients convenience and in convenience completely.
- Efforts should be made to improve the internal communication between the staffs so that the discharge process can channelize.
- TNA (training need assessment) of the staffs should be done to improve their communication and attitude.
- It should be a management's initiative to reduce the tat of the discharge process.
- Employees communication pattern should meet the hospital performance level.
- The film copy along with the report should be send to all wards as soon as possible.
- The process of transferring the patients from admission, ICU etc. should be communicated well to the allocated staff or sister-in-charge.
- Items should be indented according to the need to the ward.
- Special training of **stress management** should be given to staffs.

LIMITATION OF STUDY

Some of the limitations of my study at MAZUMDAR SHAW MEDICAL CENTRE (NARAYANA HEALTH CITY) are as follows:

- Within a limited period of time a lot of information had to be collected.
- The patient's attitude may change in the future, so future relevance to the study cannot be assured.
- Some respondents have not answered the questions seriously.
- Some respondents felt hesitated to express their opinions. Hence attaining accurate result is not possible.
- The analysis part is done with the available data gathered.
- Due to limitation of the time the research could not be made more detailed.
- The time period of the internship was very limited which impacted the project data and content in a way.

CONCLUSION

This project helped me to analyze the working of the organization which helped as to convert my theoretical knowledge into practical.

It is indeed necessary for any organization to understand the need of their patients and fulfill them before they develop a negative perception about the organization. If nothing is done by the organization then there are chances to loose patients in a large number from their organization to its competitors. Hence it is necessary for any organization to ensure patient satisfaction.

From the study it was identified that the most of the patients were satisfied by the services provided by the organization. They were also satisfied with the behavioral and communication channel in the organization. The patients were really contented with the treatment of the doctors and also their behavior. Even the international patients had a greater satisfaction level with all the services provided in the hospital.

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