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- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio" Ohio State University, Nigeria.

CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

- Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–23

UNPUBLISHED DISSERTATIONS

- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

ONLINE RESOURCES

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WEBSITES

- Garg, Bhavet (2011): Towards a New Gas Policy, Political Weekly, Viewed on January 01, 2012 <http://epw.in/user/viewabstract.jsp>

A STUDY TO ACCESS LEVEL OF SATISFACTION AMONGST THE PATIENTS VISITING OUTPATIENT DEPARTMENT IN A MULTISPECIALITY HOSPITAL

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ABSTRACT

Hospitals have been changed from being isolated infirmary to a facility with five star amenities. The patients and their relatives who are coming to the hospital not only expect world-class treatment, but also other facilities to make their visit comfortable and worth visiting again in the hospital. This change in attitude, perception and expectation has evolved because of tremendous growth of media and its exposure, as well as commercialization and improvement in the facilities and upcoming health models and technology emerging at the fast pace. Determinants of patient satisfaction have been reported extensively. The objectives of the study were to access the satisfaction of patients, to identify the areas with low satisfaction levels and to provide the recommendations for enhancing patient satisfaction. A descriptive cross sectional study was conducted, using survey on 100 patients of Outpatient department (OPD) based on their experience by appointment, registration, fee, consultation, laboratory, radiology, pharmacy and subsequent waiting time in respective areas of the hospital. A structured questionnaire comprised 42 questions on a five point likert scale was used in the study. One-to-one interviews were conducted for patients/ attendants across registration areas, OPD's of eminent consultants, Laboratory, Radiology waiting area and pharmacy queues. Data collected was analyzed using Microsoft Excel and Informed consent of the patients and attendants was taken. Informed consent of the patients and attendants were taken. Data security, confidentiality and privacy was ensured. Results: The Five Major Dissatisfies identified were in Radiology Report Dispatch, Laboratory Report Dispatching, Unavailability of Certain Medicines in OPD Pharmacy, Waiting time prior to doctor consultation, Long standing queues at registration counter. The recommendations included that turnaround time (TAT) should be followed, Proper analysis of feedback form and continuous monitoring and auditing of feedback results should be done, Departments in which there have been low scores continuously should form a committee of relevant team members and do root cause analysis, there should be proper formation of Standard Operating Procedures (SOPs) and hospital policies pertaining to patient satisfaction, Regular follow up with patients, for their feedback towards continuous quality improvement and Telephonic calls/ mails should be done to patients who had given low scores for improving the goodwill of the hospital.

KEYWORDS

outpatient department (OPD), hospital, expectation, patient satisfaction.

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INTRODUCTION

Patient satisfaction can be summarized as accomplishment or congregation of expectation of a person from a service or product. When a patient comes to hospital, he has a pre-set notion of various aspects of hospital according to the market trend, image of the hospital, cost he has paid for a particular visit. Although the main motto of visiting hospital is to get relevant medical services and thereby getting cured but there are other aspects which consists of clinical and non-clinical services which if taken care off can enhance the patient satisfaction and likewise if these go wrong can do patient satisfaction would reduce enormously, at times patient/ attendants might rate a hospital very low based on the information which they have received from others but this can be enhanced by they themselves receiving good services.

Likewise, if the patient/attendant has high set of expectation they would not be satisfied easily resultantly decreasing the patient satisfaction.

Thus patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals.

With above backdrop a study was conducted on measuring patient satisfaction in outpatient department (OPD) in a leading Multispeciality hospital.

REVIEW OF LITERATURE

Worldwide, patients' experiences and their perspectives on service quality have increasingly become one of the main priorities for assessing health system performance and the quality of health-care providers, especially among healthcare organizations (HCOs) moving toward patient-centered healthcare. Currently accessible national and international literature was reviewed to understand the concept of patient satisfaction.

INTERNATIONAL STUDIES

A study on measurement of patient satisfaction by the provided health services in outpatient clinic of the General Hospital of Athens by Georgoudi Ekaterina et al. (2012). To measure the satisfaction of health service users was chosen a sample of 400 people using the method of stratified random sampling. The data were collected using a weighted structured questionnaire in those who had an appointment with the hospital doctors (period from 1st to June 30th 2012). In assessing the overall satisfaction was found that in the ten-point scale, the Hospital was evaluated positively. Important parameters of satisfaction for the majority of patients were courtesy, specialized knowledge and the professionalism of the staff of outpatient clinic.

A study on Patient Satisfaction Survey as a Tool Towards Quality Improvement was conducted by Rashid Al-Abri and Amina Al-Balushi, as an important quality outcome indicator to measure success of the services delivery system.

Indian Studies: Khosla et al found in their study, emphasis by the patients of two Delhi hospitals on varying needs according to their income groups: A Low Income Group- improved physical facilities, improved diet and relaxation of visiting hours, better service by Class IV staff, human and sympathetic behavior and transport facilities after discharge. A Middle and High Income group- personal and prompt attention of doctors, better behavior by Class IV staff, improved physical facilities, relaxation of visiting hours.

A study on patient satisfaction was conducted at Cardio Thoracic and Neurosciences Centre at AIIMS, New Delhi, India, by P. H. Mishra, S. Gupta, by distributing 50 structured questionnaires amongst patients and their relatives to find out the factors which satisfy patients and their relatives in a tertiary care teaching hospital. Five major satisfiers that were identified were Behaviour of doctors, Explanation about disease and treatment, Courtesy of staff at admission counter, Behaviour of nurses, Cooperation of nurses.

After referring all these studies, it has been observed that very few studies on patient satisfaction were carried out in Rajasthan. Hence the study on measuring OPD patient satisfaction was carried in multi-speciality hospital in Jaipur, Rajasthan.

NEED/IMPORTANCE OF THE STUDY

"They may forget your name, but they will never forget how you made them feel."

Maya Angelou

Importance of Patient Satisfaction

- Satisfied patients will distribute their positive experience with five others, on average, and dissatisfied patients complain to nine (or more) other people. The Internet promotes rapid and wide propagation of these opinions. This word-of-mouth marketing is powerful, especially as consumers grow better informed about their health care choices
- The cost of obtaining a patient is high; losing a patient is a substantial loss of investment. Hospital might have attracted a patient through advertising or an empanelment contract. Every interaction with the patient represents a portion of your investment in that patient

There is evidence of a reciprocal relationship between patient satisfaction and continuity of care (which is associated with better patient outcomes). Conversely, dissatisfaction and complaints can mean not only loss of business/investment, but also increased risk of malpractice lawsuits conducting patient satisfaction.

STATEMENT OF THE PROBLEM

What is the satisfaction level of patients in OPD and what are the areas in OPD which are having low satisfaction levels?

OBJECTIVES

The study was carried keeping in mind following objectives:

- To assess the satisfaction of patients.
- To identify the areas with low satisfaction levels.
- To provide the recommendations for enhancing patient satisfaction.

HYPOTHESIS (ES)

H1: That there is difference in satisfaction level of Cash and Credit patients.

RESEARCH METHODOLOGY

Research Design: Descriptive (cross sectional) research in Phase I and analytical in Phase II.

Study Setting: Out Patient Department (OPD) of Multispeciality Hospital in Jaipur, Rajasthan.

Research Duration: Feb - May, 2018.

Sampling Size: 100 patients (Cash Patients: 54; Credit patients: 46)

(The satisfaction level was based on their experience by appointment, registration, fee, consultation, laboratory, radiology, pharmacy and subsequent waiting time in respective areas).

Sampling Technique: Convenience sampling (non-probability sampling)

Data Collection: Data was collected from patient feedback forms, interview and observation.

Tools: Structured questionnaires, one to one interviews were used.

Interviews of associated staff members for an instance few problem areas were identified based on low scores and then feedback from staff was taken in order to find out lacunae's

Technique: Quantitative Technique was used for the study.

Inclusion Criteria: Patient who has taken a prior appointment, first visit for the patient as well as the attendant accompanying them, Availing OPD consultation, laboratory, radiology and on leaving buying medicines from OPD pharmacy.

RESULTS & DISCUSSION

ANALYSIS OF PATIENT FEEDBACK

100 patients were interviewed for feedback using a structure questionnaire. One-to-one interviews were conducted for patients/ attendants across registration areas, OPD's of eminent consultants, Laboratory, Radiology waiting area and pharmacy queues.

PATIENT FEEDBACK INDEX

Patients were asked to rate their experience/ satisfaction on the scale of 1-5.

TABLE 1: PATIENT SATISFACTION RATING

Scale	Ratings
VERY DISSATISFIED	1
DISSATISFIED	2
NEUTRAL	3
SATISFIED	4
VERY SATISFIED	5

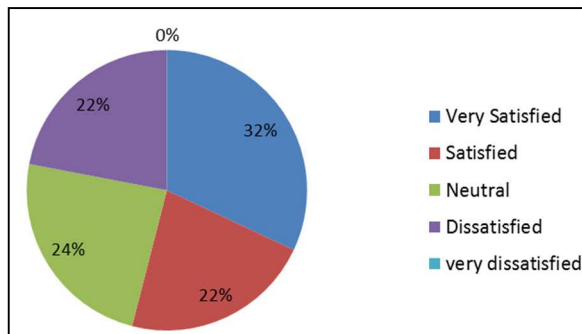
Patient satisfaction was recorded in the following OPD areas as per their experience:

- Appointment System
 - Time taken by appointment staff to give an appointment for doctor/service
 - Adequacy of the information provided by appointment staff
 - Courtesy Shown by the staff providing information
 - Overall Impression of Appointment System
- Registration/Vouchering/ Appointment (at counters)
 - Ease of filling the registration forms
 - Patient views regarding registration fees
 - Waiting time in the queue at counters for being attended
 - Time taken by counter staff for registration
 - Views regarding O.P consultation fee
 - Overall impression of registration/vouchering/appointment
- Consultation with the Doctor
 - Overall impression of consultation with doctor based on based on waiting time to see the doctor after completing registration, Information shared by the doctor about the health and treatment, Courtesy shown by the consultant and time spent by the doctor.

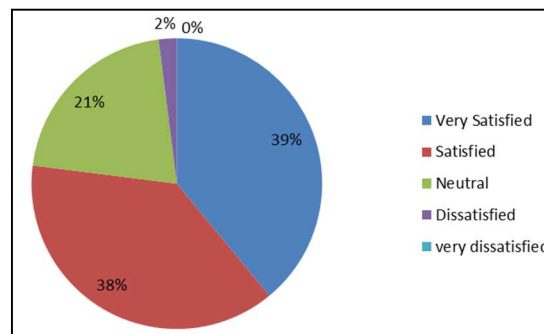
- General comfort of OPD premises
 - **Impression of General Comfort of OPD Premises based on** Cleanliness in the OPD area, Comfort at the waiting area and Cleanliness of toilets
- Lab investigations and diagnostic process
 - Views regarding the amount paid for investigations
 - Waiting time prior to the test
 - Overall impression of lab investigations and diagnostic process
- Imaging and Radiology
 - Waiting time prior to the test
 - Time taken to receive the report
- Pharmacy
 - Availability of medicine
 - Waiting time at the pharmacy
- Miscellaneous question
 - Reasons of Choosing the Hospital

THE RESULT OF THE PATIENT SATISFACTION IS MENTIONED BELOW

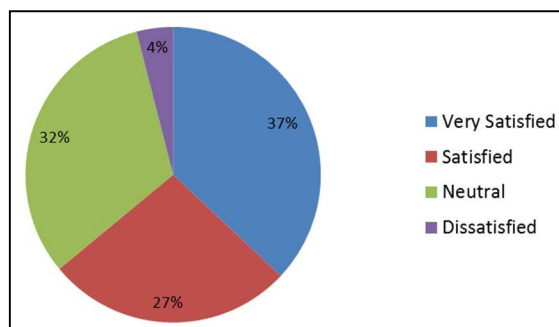
A) APPOINTMENT SYSTEM



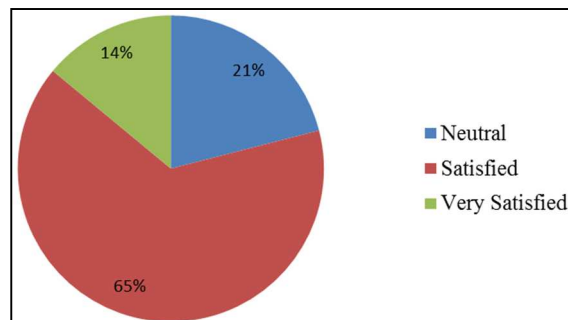
Time taken by appointment staff to give an appointment for doctor/service
Average rating: 3.64



Adequacy of the information provided by appointment staff
Average rating: 4.14

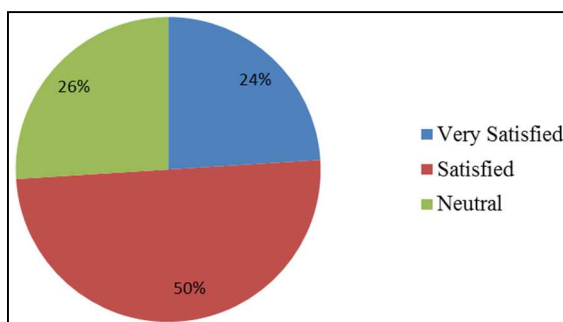


Courtesy Shown by the staff providing information
Average rating: 3.97

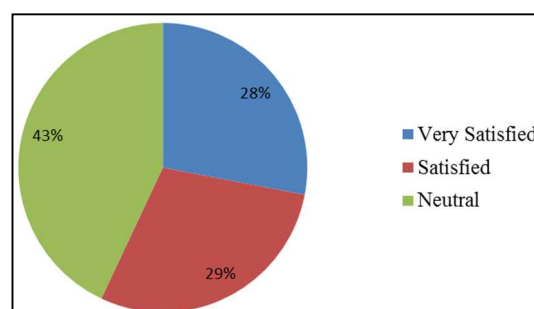


Overall Impression of Appointment System
Average rating: 3.94

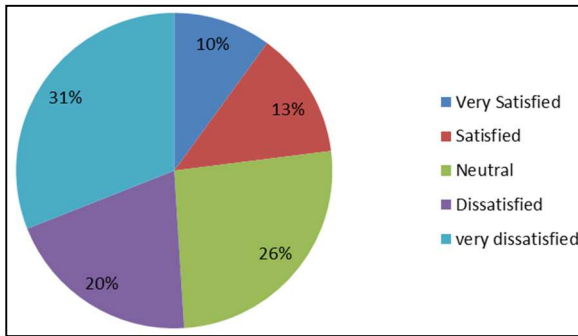
B) REGISTRATION/VOUCHERING/ APPOINTMENT (AT COUNTERS)



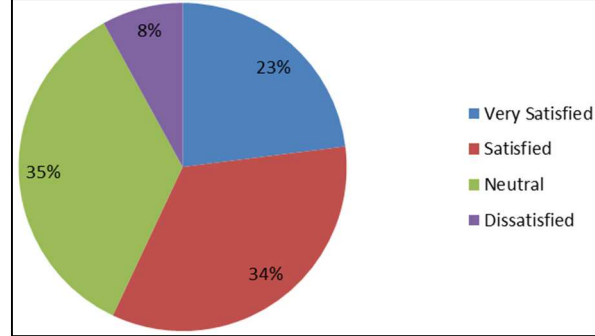
Ease of filling the registration forms
Average rating: 3.98



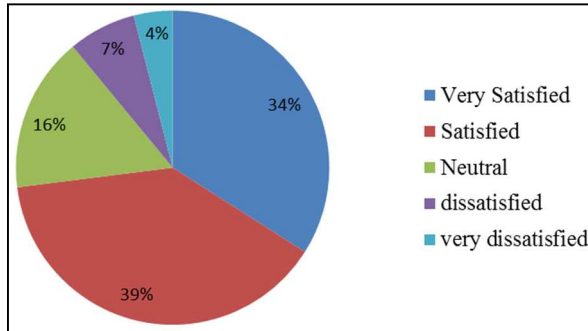
Patient views regarding registration fees
Average rating: 3.85



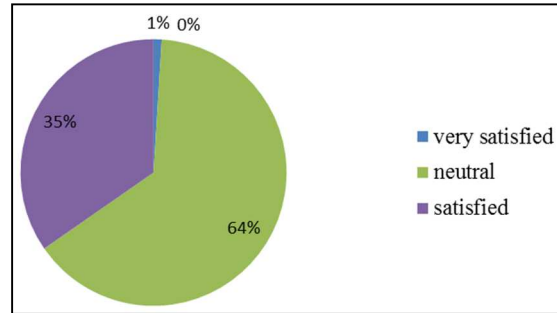
Waiting time in the queue at counters for being attended
Average rating: 2.51



Time taken by counter staff for registration
Average rating: 3.72



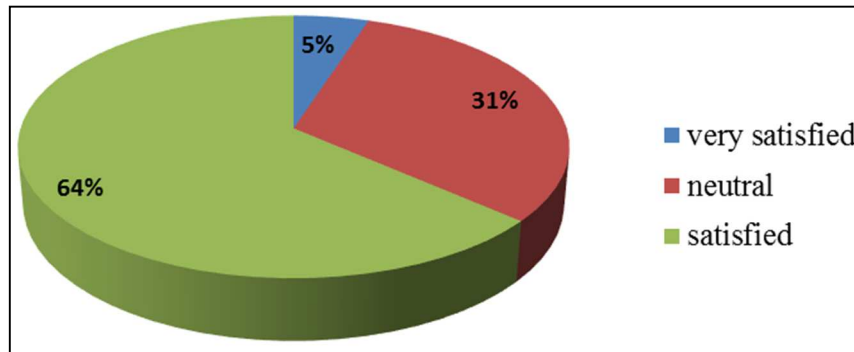
Views regarding O.P consultation fee
Average rating: 3.92



Overall impression of registration/vouchering/appointment
Average rating: 3.37

C) CONSULTATION WITH THE DOCTOR

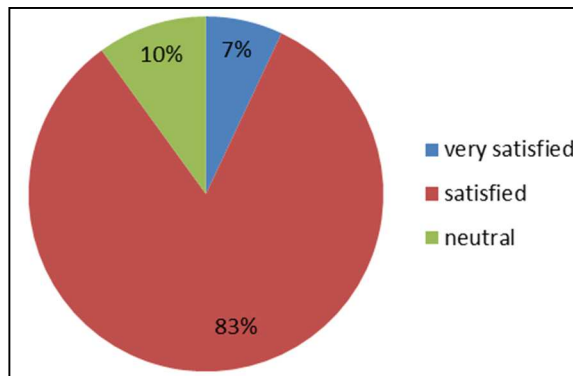
Overall impression of consultation with doctor based on based on waiting time to see the doctor after completing registration, Information shared by the doctor about the health and treatment, Courtesy shown by the consultant and time spent by the doctor.



Overall impression of consultation with doctor
Average rating: 3.74

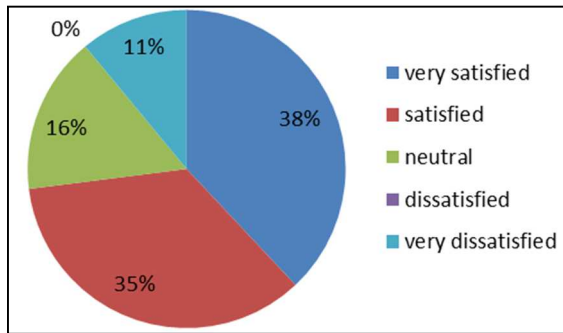
D) GENERAL COMFORT OF OPD PREMISES

based on Cleanliness in the OPD area, Comfort at the waiting area and Cleanliness of toilets.

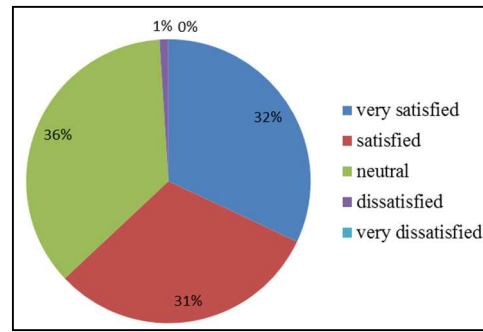


Overall Impression of General Comfort of OPD Premises
Average rating: 3.97

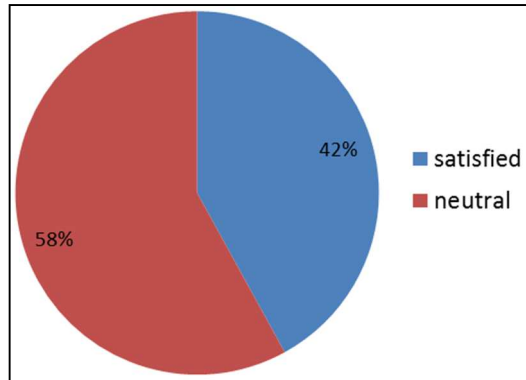
E) LAB INVESTIGATIONS AND DIAGNOSTIC PROCESS:



Views regarding the amount paid for investigations.
Average rating: 3.89

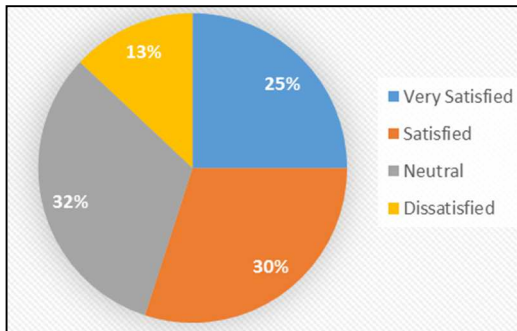


Waiting time prior to the test
Average rating: 3.94

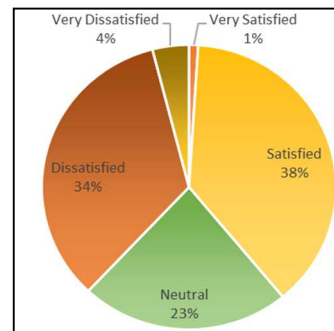


Overall impression of lab investigations and diagnostic process
Average rating: 3.42

F) IMAGING AND RADIOLOGY:

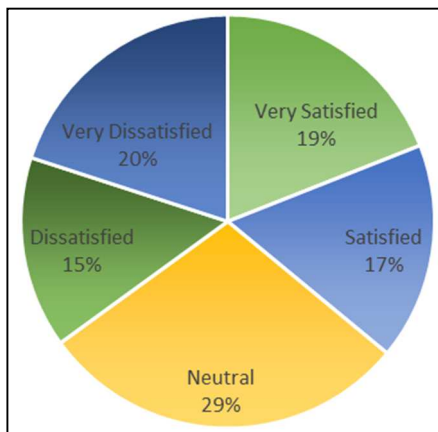


Waiting time prior to the test.
Average rating: 3.92

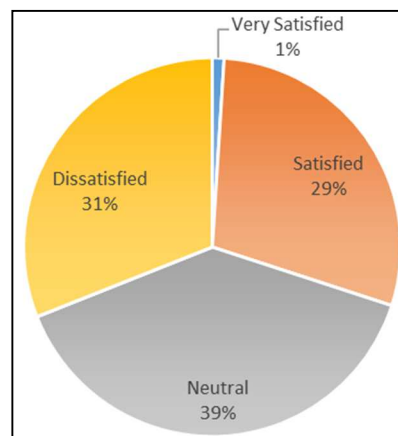


Time taken to receive the report.
Average rating: 2.98

G) PHARMACY:

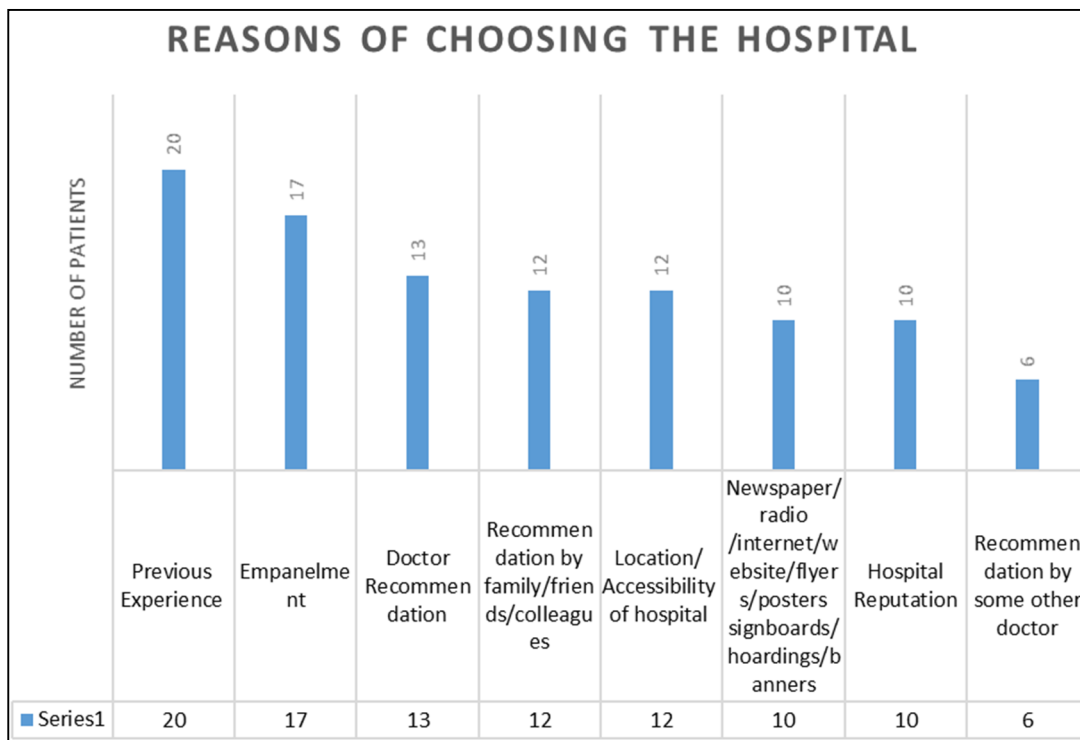


Availability of medicine
Average rating: 3.0



Waiting time at the pharmacy
Average rating: 3.0

H) REASONS OF CHOOSING THE HOSPITAL :



I) HYPOTHESIS TESTING OF SATISFACTION LEVEL OF CASH/CREDIT PATIENTS

As the hospital was empanelled with various boards, lot of credit patients were observed. The satisfaction level amongst credit patients was more as compared to cash patients. The cash patients were 54 and credit patients were 46 in the sample of 100 patients. The details of their overall satisfaction towards OPD services is mentioned below.

TABLE 2: OBSERVED FREQUENCY OF PATIENT SATISFACTION

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
Cash	0	0	8	38	8	54
Credit	0	0	12	32	2	46
						100

Chi-Square test was applied to test whether there is significant difference in Satisfaction level of the two categories of patients. The hypothesis framed is mentioned below:

H_0 : There is no difference in satisfaction level among cash and credit patients.

TABLE 3: EXPECTED FREQUENCY OF PATIENT SATISFACTION

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
Cash	0	0	11	38	5	54
Credit	0	0	9	32	5	46
						100

The Chi-Square value was calculated using the formula.

$$X^2 = \sum \frac{(\text{observed} - \text{expected})^2}{\text{expected}}$$

The calculated value of Chi-Square is 4.30. The critical value of Chi-Square with $(2-1) \times (5-1) = 4$ degrees of freedom and with 5% level is 9.488. As the calculated value is less than the table value, the null hypothesis is accepted that there is **no difference in satisfaction level of cash and credit patients.**

FINDINGS

The findings of the OPD patient satisfaction in the hospital is mentioned below:

A) APPOINTMENT SYSTEM

- Time taken by appointment staff to give an appointment for doctor/service

FINDINGS: The common reasons stated by patients/attendants for giving low scores to appointment system was the presence of centralized number which than later connects to hospital at Jaipur, which often takes time. Also it was stated by the patients that the telephone lines often remain busy.

- Adequacy of the information provided by appointment staff

FINDINGS: Training should be provided to the staff so that 21% of neutral patients/ attendants can be converted to satisfied, Inculcating the basic greeting system with a kind gesture, Confirming the information adequately before transmitting it to the inquirer. 2% Dissatisfied people gave the reason of being so was that appointment was scheduled while doctor was on leave.

- Courtesy Shown by the staff providing information

FINDINGS: 64% patients/ attendants are coming under the category of Satisfied and very satisfied, and 32% neutral can be converted further by staff training and continuous feedback.

- Overall Impression of Appointment System

FINDINGS: Appointment system is the first contact point of patient and attendant which might turn into prospective patient needs to be strengthened so as patient satisfaction score can be increased by strengthening the system continuous monitoring patient feedback and auditing.

B) REGISTRATION/VOUCHERING/ APPOINTMENT (AT COUNTERS)

- **Ease of filling the registration forms**

FINDINGS: Major portion of patients were satisfied and 26% were neutral reason stated was that registration forms were available in English and most patients are coming from rural areas becomes difficult for them to fill the form without any assistance to resolve this issue staff at registration counter helps them in filling the form so that's how their work gets done.

- **Patient views regarding registration fees**

FINDINGS: Majority here also comprises of satisfied patients but 43% here are neutral reason stated they come from rural areas and they state that as the waiting time is high here so they have to stay in same city for a day or 2 increases their cost even if those patients are credit patients they have to bear other costs also.

- **Waiting time in the queue at counters for being attended**

FINDINGS: 31% stated that they were very dissatisfied because of the high waiting time in the queue. The reasons they stated included Lack of registration counters, Registration form only available in English, hence there should be some staff has to help them fill and understand the form, Patients/ attendants if unable to find consultant in cabin would enquire at registration counter which results in crowding of registration counters.

- **Views regarding O.P consultation fee**

FINDINGS: Optimum consultation fee charged from cash patients. There was marginal presence of dissatisfied patients.

- **Overall impression of registration/vouchering/appointment**

FINDINGS: Overall satisfaction pertaining to registration system was observed as good. Patients and attendants had no major issues which needed immediate attention from the staff. Appointment staff were adequately trained. Only issue was the centralized contact number, so sometimes transferring a line might take time.

C) CONSULTATION WITH THE DOCTOR

The **overall impression of consultation with doctor** was rated based on waiting time to see the doctor after completing registration, Information shared by the doctor about the health and treatment, courtesy shown by the consultant and time spent by the doctor.

FINDINGS: Doctors are the major stakeholders in hospital from provider side and here 69% patients were either very satisfied or satisfied, whereas 31 % were neutral, and there were no patients which were dissatisfied. Some the reasons that the patients stated were:

- Waiting time for consultation was high
- At times doctor was not present in hospital but their appointment was scheduled
- Patient care unaware about doctor's OPD
- Few were unhappy with consultant asking them to get tests done prior to consultation.
- Patients coming from outside Jaipur have to stay back because of high waiting time.

D) GENERAL COMFORT OF OPD PREMISES

The **Overall Impression of General Comfort of OPD Premises was rated, based on** Cleanliness in the OPD area, Comfort at the waiting area and Cleanliness of toilets.

FINDINGS: Hospital maintains perfect clean and safe environment for everyone visiting the premise with adequate space for them to sit with comfortable ambience.

E) LAB INVESTIGATIONS AND DIAGNOSTIC PROCESS

- **Views regarding the amount paid for investigations.**

FINDINGS: Though the hospital charges optimum fee and has introduced packages for different diagnostic tests but as the market dynamics are changing and many other competitors are emerging customer should be made aware of the offerings.

Some of the other findings included:

- Patients who were neutral stated that they were not told about packages available in hospital which would have costed them slightly more with a lot more diagnostic tests,
- Though the board was placed on registration counter regarding the tests but the staff should also tell patient/ attendant regarding them thereby increasing the patient satisfaction and subsequently increasing the revenue for hospital.
- **Waiting time prior to the test**

FINDINGS: The patients were dissatisfied with the long waiting time, and also they stated that there was no staff to attend them. They said that extra staff should be appointed after identifying the peak hours to reduce the waiting time.

- **Overall impression of lab investigations and diagnostic process**

FINDINGS: Staff should work on following the strict TAT, Dispatch of the reports and validation should be done promptly, and there should be planning of rooster to combat inadequacy of the staff.

F) IMAGING AND RADIOLOGY

- **Waiting time prior to the test.**

FINDINGS: The reason for dissatisfaction was that appointments were made without conforming the presence of radiologist in the department and the number of equipments were less. Also according to hospital policy that if there is a requirement of emergency or for IPD patients for any radiology imaging procedure, those patients should be given priority which further increases the waiting time for OPD patients.

- **Time taken to receive the report.**

FINDINGS: The patients were not much satisfied with the waiting time to get report from radiology department. There was no turnaround time (TAT) for radiology department and also junior staff was deployed.

G) PHARMACY

- **Availability of medicine**

FINDINGS: The patients were dissatisfied long queues and unavailability of medicines.

- **Waiting time at the pharmacy**

FINDINGS: The patients were dissatisfied because of high waiting time, and complained of less number of counters for medicine dispatch and billing.

G) REASONS OF CHOOSING THE HOSPITAL

FINDINGS: Maximum patients gave the reason of choosing the hospital was their previous experience or through recommendation.

H) HYPOTHESIS TESTING OF SATISFACTION LEVEL OF CASH/CREDIT PATIENTS**FINDINGS**

The calculated value of Chi-Square is 4.30. The critical value of Chi-Square with $(2-1)*(5-1) = 4$ degrees of freedom and with 5% level is 9.488. As the calculated value is less than the table value, the null hypothesis is accepted that there is **no difference in satisfaction level of cash and credit patients.**

RECOMMENDATIONS/SUGGESTIONS

After conducting the research some of the recommendations are mentioned below:

- The hospital should to formulate a committee which will analyze the feedback thoroughly and regularly.
- Hospital must follow the TAT, any gap from the given TAT is a serious quality issue in the hospital.
- Proper training of the staff should be imparted.
- There should be scheduled auditing for TAT and patient satisfaction.
- SOP and manuals describing the patient satisfaction should be in place.

- Responsiveness: all the staff members should have responsiveness towards patients as well as their concerns and issues.
- Recruit the staff who have comparatively better empathy towards the one visiting health facility.
- The communication channel should be improved.
- Hospital staff should be easily approachable and accessible.

For encouraging staff towards building a better satisfaction with patients:

- Recognizing and rewarding the staff member/ group who has worked and achieved better scores from patients, recognition inspires other staff members for working same as them.
- Involving each and every staff member, giving ownership to every stakeholder that a patient should not return dissatisfied at least from hospitals side because a hospital cannot alter his perception but can definitely give him a better experience
- Coordination of both clinical and non-clinical departments must be done in achieving good patient satisfaction scores and thereby good patient footfall.

CONCLUSIONS

General Comfort of the OPD premises has maximum index score of 3.97, followed by overall Impression of Appointment System as 3.94, whereas low scores were observed for waiting time in the queue at counters, radiology, laboratory & pharmacy. The areas having low scores needs immediate attention, root cause analysis with proper closure. Also there has been no significant difference in patient satisfaction for cash and credit patients, which is a good indicator. The average rating of cash patients was 4.0, and for credit patients the average rating was 3.78.

LIMITATIONS

Some of the limitations of the study are mentioned below:

- Sample size small i.e. 100, because of the inclusion criteria so the results cannot be generalized. However, getting even this sample size was difficult because respondents had lack of interest in giving feedback.
- The responses were based on their personality, perceptions, those whose last experience of visiting any health facility was good rated their current experience based on previous exposure and similarly vice versa.
- Some of the patients have filled the Hospital's feedback form earlier, so they had relatively no interest in giving feedback.
- Many patients in this hospital come from, rural background and they don't find it relevant to share their views.
- The responses could be biased as respondents thought giving actual feedback might alter or cause hindrance to their care.
- In few areas, example pharmacy, radiology and laboratory, hospital management was not comfortable in allowing to take feedback in order to have apprehension not to disclose low scores to external body.

SCOPE FOR FURTHER RESEARCH

The study can be done in any hospital and apart from OPD, patient satisfaction survey could be done in In-patient department (IPD) for getting the overall patient satisfaction.

REFERENCES

BOOKS

1. Anne-Marie Nelson, "Improving Patient Satisfaction Now: How to Earn Patient and Payer Loyalty", An Aspen Publication, Inc., A Wolters Kluwer Company, Maryland, USA.
2. Bitner Mary Jo, Zeithaml Valarie, Pandit Ajay, "Services Marketing", Tata McGraw Hill Education (2007), New Delhi.
3. Eric N. Berkowitz, "Essentials of Health Care Marketing", Jones and Bartlett Learning, 2011 Edition, USA.
4. Kotler Philip, Shalowitz Joel, Stevens Robert J., "Strategic Marketing for Health Care Organizations: Building A Customer-Driven Health System", Jossey-Bass, A Wiley Imprint, 1st Edition Mar. 2008, USA.
5. Patrick J. Shelton, "Measuring and Improving Patient Satisfaction", 2000 1st Edition, An Aspen Publication, Inc., A Wolters Kluwer Company, Maryland, USA.
6. Patrick T. Buckley, "The Complete Guide to Hospital Marketing", 2009 Edition, Hcpro Incorporated, USA.
7. Stephen Walter Brown et al., "Patient Satisfaction Pays: Quality Service for Practice Success", 1993, An Aspen Publication, Inc., A Wolters Kluwer Company, Maryland, USA.
8. Vincent Charles, "Patient Safety", Second Edition, Wiley-Blackwell, USA.

RESEARCH PAPERS/ARTICLES

9. "Patient Satisfaction Survey as a Tool Towards Quality Improvement", Rashid Al-Abri* and Amina Al-Balushi, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910415/>
10. Gadallah M, Z. B., Patient satisfaction with primary health care services in two districts in Lower and Upper Egypt, Eastern Mediterr Health J, 2003 May;9(3):422-30. <https://www.ncbi.nlm.nih.gov/pubmed/15751936>
11. Georgoudi Ekaterina, Kyriazis Stavros, "Measurement of Patient Satisfaction as a Quality Indicator of Hospital Health Services: The Case of Outpatient Clinics in General Hospital", Science Journal of Public Health, Volume 5, Issue 2, March 2017, Pages: 128-135.
12. Hageman Mg, R. D. "Do 360-degree feedback survey results relate to patient satisfaction measures?", May 2015, <https://www.ncbi.nlm.nih.gov/pubmed/25287521>
13. Measurement of Patient Satisfaction as a Quality Indicator of Hospital Health Services: The Case of Outpatient Clinics in General Hospital, Science Journal of Public Health, Volume 5, Issue 2, March 2017, Pages: 128-135, Georgoudi Ekaterina et al., <http://www.sciencepublishinggroup.com/journal/paperinfo?journalid=251&doi=10.11648/j.sjph.20170502.10>
14. Ranjeeta Kumari, MZ Idris, Vidya Bhushan, Anish Khanna, Monika Agarwal, and SK Singh, "Study on Patient Satisfaction in the Government Allopathic Health Facilities of Lucknow District, India", Indian J Community Med. 2009 January; 34(1): 35-42. <http://europepmc.org/articles/PMC2763650>
15. Rashid Al-Abri and Amina Al-Balushi, Patient Satisfaction survey as a tool towards quality improvement, Oman Medical Journal, Jan. 2014., <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910415/>
16. Study of Patient Satisfaction at Cardio Thoracic and Neurosciences Centre at AIIMS, New Delhi, India, JIMSA July-September 2012 Vol. 25 No. 3 <http://me-dind.nic.in/jav/t12/i3/javt12i3p179.pdf>

APPENDIX/ANNEXURE

Questionnaire to Assess the Level of Patient Satisfaction					
Date: _____		Name of the Doctor/Consultant: _____			
Patient's Name: _____			Respondent Numt _____		
Who is filling	Patient / Friend / Parent / Spouse / Family / Others		Telephone Number - Optional: _____		
Email ID: _____		Patient's Monthly income (if dependent mention spouse/ guardian's income)			
Patient's Address: _____		Type of Patient : Cash/Credit: _____			
INSTRUCTIONS : To rate the following services that you receive kindly circle the number that best represents your opinions?					
		Scale	Ratings		
		VERY DISSATISFIED	1		
		DISSATIFIED	2		
		NEUTRAL	3		
		SATISFIED	4		
		VERY SATISFIED	5		
			1	2	3
			4	5	
A	Appointment System				
1	Time taken by appointment staff to give an appointment for doctor/service				
2	Adequacy of the information provided				
3	Courtesy shown by the staff providing the Information				
4	Overall impression of Appointment				
			1	2	3
			4	5	
B	Registration/Vouchering/ Appointment (at counters)				
1	Ease of filling the registration forms				
2	Your views regarding registration fee				
3	Waiting time in the queue at counters for being attendant				
4	Time taken by the counter staff				
5	Your views regarding O.P consultation fee				
6	Overall impressions of registration/vouchering/appointment				
			1	2	3
			4	5	
C	Consultation with the Doctor				
1	Overall impression of consultation with doctor based on based on waiting time to see the doctor after completing registration, Information shared by the doctor about the health and treatment, courtesy shown by the consultant and time spent by the doctor.				
			1	2	3
			4	5	
D	General comfort of OPD premises				
1	Overall impression of general comfort of OPD premises based on Cleanliness in the OPD area, Comfort at the waiting area and Cleanliness of toilets				
			1	2	3
			4	5	
F	Lab investigations and diagnostic process:				
1	Your views regarding the amount paid for investigations				
2	Waiting time prior to the test				
3	Overall impression of lab investigations and diagnostic process				
			1	2	3
			4	5	
G	Imaging and Radiology				
1	Waiting time prior to the test				
2	Time taken to receive the report				
			1	2	3
			4	5	
H	Pharmacy				
1	Availability of medicine				
2	Waiting time at the pharmacy				
			1	2	3
			4	5	
I	General Question				
<i>Why did you choose Manipal Hospital, Jaipur OPD as a patient? Tick all that apply ✓</i>					
Manipal Hospital Doctor Recommendation		<input type="checkbox"/>	Previous Experience		<input type="checkbox"/>
Recommendation by some other doctor		<input type="checkbox"/>	Recommendation by family member/ friend/ colleagues		<input type="checkbox"/>
Through Newspaper/ Radio/ other form of advertisements/ Camps / Hospital Reputation		<input type="checkbox"/>			

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