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A Study to Assess Patient Satisfaction in Outpatient Department at Ng Hospital Coimbatore

Mr. SASIPRAKASH.S.C[1] Dr. IYYAPPAN.K[2]

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ABSTRACT
One of the most crucial facets of hospital administration is the Out Patient Department (OPD) Services. The primary goal of the current study is to examine how satisfied outpatients are with the actions and treatment of medical, nursing, and caring staff members and to determine the link between the patient's perspective and their degree of satisfaction with the hospital's various facilities. 100 responders from the outpatient department make up the study sample. Information gathered through the use of a questionnaire. According to the study's findings, 90% of the respondents who were questioned expressed satisfaction with the services they offered. These studies aid in evaluating health services from the perspective of the patient, make it easier to spot problem areas, and assist produce thoughts on how to solve these issues. The primary aspect affecting patients' overall happiness is improving communication between patients and healthcare professionals. The availability of medicines at the pharmacy, the length of time it takes to complete services, the overall cleanliness of facilities, the quality of nursing services, the length of time it takes to receive laboratory results, and other crucial considerations can all help to increase patient loyalty.

KEYWORDS: Questionnaire, Waiting Time, Cleanliness, And General Satisfaction with The Outpatient Department

I. INTRODUCTION

One of the most crucial goals of any healthcare system is patient happiness, yet evaluating the effectiveness and responsiveness of healthcare systems is challenging since treatment outcomes both clinical and non-clinical have an impact on patient satisfaction. The degree to which a patient expresses happiness or discontent reflects on the overall quality of hospital treatment. Patient care and the standard of treatment are the hospital's main responsibilities. Although there are many different approaches used by healthcare facilities across the world, all strive to provide the greatest quality of treatment, including private hospitals, public hospitals, and university-based hospitals. The availability of infrastructure, patient care, patient outcomes, such as mortality and morbidity, etc., must all be taken into consideration in order to provide the maximum quality of treatment, according to Donabedian etal. One of the most crucial facets of hospital administration is the Out Patient Department (OPD) Services.

Patient preferences, health state, individual traits, and aspects of the healthcare system are all factors that might influence whether a patient is satisfied or dissatisfied, and this is a complicated phenomenon. Patients in the outpatient department have a number of issues that frustrate them, including overcrowding, treatment delays, improper guidance,

This indicates that after receiving treatment, the patient will return home rather than remaining in the hospital. Ambulatory Care Services is another name for OPD services. The clinic's glass serves as a metaphor for how a hospital operates and is the initial point of contact between a patient and hospital employees. It is commonly acknowledged that measuring patient satisfaction with healthcare is a crucial first step in determining how well services is delivered.

All medical device manufacturers must register their products with the Central Pharmaceutical Standard Control Office in accordance with a mandated ISO 13485 certification, according to a notification the Indian government released in January 2022. The purpose of this criterion is to guarantee the secure manufacturing and management of in-vitro diagnostics and medical devices.

etc. One of the greatest ways to determine patient satisfaction with the service and what actions may be performed to prevent customer dissatisfaction is to overcome this type of issue survey. The majority of patients often had the expertise necessary to assess the calibre of the service received and base their pleasure on their personal experiences in the past, but

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today's patients are better informed thanks to intense competition and improved technologies. about healthcare and have more demanding standards. Hospitals are utilising a range of strategies to enhance patient care and organisational effectiveness in response to a change in the idea of patient happiness. A reliable tool for gauging adult patients' levels of satisfaction is the Patient Satisfaction Questionnaire.

II. OBJECTIVE OF STUDY

- This study's primary goal is to gauge level of outpatients' satisfaction.
- Examine how satisfied outpatients are with the acts and treatment of medical, nursing, and caring staff.
- Determine the connection between the attitude of the patient and the degree of satisfaction.
- It is important to understand the patient's suggestions for improving the outpatient department's services as well as the elements that influence patient satisfaction levels.

III. RESEARCH METHODOLOGY

Sample Size: 100 responders from the outpatient department make up the study sample. Information gathered through the use of a questionnaire.

Sample design: Probability sampling, using stratified random sampling, is the sample design that was used. The data is gathered using a structured questionnaire that includes multiple choice and open-ended questions. In light of this, the questionnaire was utilised as the data collection method in the study. Each and every one of the survey's questions is designed to produce the data necessary for the analysis of the data.

Statistical Analysis: Basic percentages and charts are the statistical tools used to assess the data gathered. A questionnaire was used to obtain the information for the analysis. 100 patients answered to the survey after it was given to a group of patients.

SOURCES OF DATA

Primary Data: A well-constructed questionnaire is used to obtain the primary data directly from the respondents.

Secondary Data: The term "secondary data" refers to information that has been gathered by another party and has already been published in books, websites, journals, or articles.

Limitations Of Study: The study's focus on a single hospital and its small sample size of outpatient responders at Ng Hospital Private Limited in Coimbatore. The project will take three months to complete.

HYPOTHESIS

- ❖ One-way annova analysis
- ❖ Chi-square analysis

IV. REVIEW OF LITERATURE

According to **Sodani and Sharma (2011),** satisfaction is characterised as a consumer's emotional reactions to a particular consuming experience. A characteristic of a good or service, as well as the good or service itself, must be judged to offer a satisfying degree of consumption-related fulfilment. **(1)**

(Campbell, 1999; Ibrahim, Chompikul, & Isaranurug, 2008) Customer satisfaction is how a customer feels about services they have gotten and the outcomes of their care. Program evaluators have made use of it to improve the capacity of healthcare practitioners to deliver services that satisfy the needs of patients. **(2)**

Fitzpatrick (1991) found that contented patients are more likely to adhere to treatment plans and utilise medical services to their advantage. Patient satisfaction was therefore considered a stand-in indication for other metrics used to support and validate health care policies. Additionally, several studies had revealed that patients' satisfaction with nursing care reflected the growing public responsibility of hospitals as well as the results of their patient care experience **(Kumari etal., 2009) (3)**

(Jawahar, 2007; Prasad, Kumar, Agrawal, & Mohan, 2012). It's critical to comprehend the idea of patient satisfaction because all hospital's patients are aware of its importance. It is in charge of promoting the hospital's positive reputation and patients' happiness with their hospital visits, both of which are crucial for hospital administration. **(4)**

(**Abramowtitz et al., 1987; Kumari et al., 2009).** The degree to which demands for both general healthcare and conditions-specific care are met is correlated with patient satisfaction. Patient satisfaction is a multifaceted concept that takes into account a patient's level of satisfaction with their overall experience as well as the technical quality, interpersonal manner, communication, financial considerations, time spent with doctors and nurses, registration, pharmacist service, accessibility to health care services, convenience, and the state of the facilities during their medical treatment. Patient satisfaction is a tool for gauging hospital treatment quality and bringing down administrative burden**. (5)**

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If the services do not satisfy the patients' wishes, the degree of satisfaction will be poor. However, if their expectations are satisfied, the patients will express a high degree of pleasure. Additionally, if services exceed expectations, patients will feel extremely content and delighted. **(Bowen DE, Brown SN, Swartz TA, and Stephen; 1993) (6)**

Many individuals have the firm idea that some independent elements, such as living conditions, gender, age groupings, and even the status of the patients whether they are single, married, or widowed, etc. might be directly associated to the high levels of favourable evaluations of patients. However, several other researches came to the opposite conclusion, claiming that there is minimal correlation between socio-demographic factors and satisfaction levels **(Doborah L., 1997) (7)**

Hot topics like high-quality medical treatment and patient happiness are today being critically examined on a global scale. The importance of patients' pleasure is dependent on high technology, a humanistic approach, educational backgrounds, communication, and methods of transmitting skilled service quality to the patients. **(1991; Al-Bashir M., Armstrong D.) (8)**

V. DATA ANALYSIS AND INTERPRETATION

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON AGE

AGE	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Below 30	16	16
31 To 40	27	27
41 To 50	21	21
51 To 60	25	25
Above 60	11	11
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the above table, out of 100 respondents, 27% are between the ages of 31 and 40. This is followed by 25% who are between the ages of 51 and 60, 21% who are between the ages of 41 and 50, 16% who are under 30, and 11% who are over 60.

Figure 1

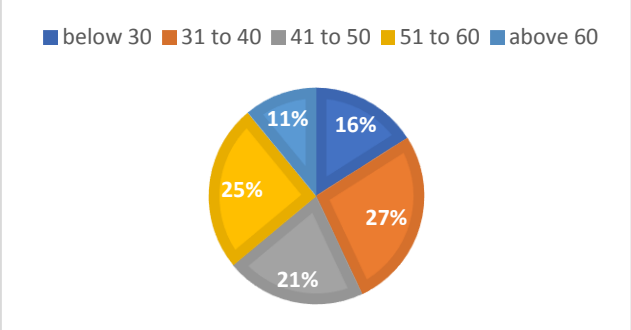

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON GENDER

GENDER	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Male	61	61
Female	39	39
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the above data, men make up 61% of the respondents, while women make up 39%.

Figure 2

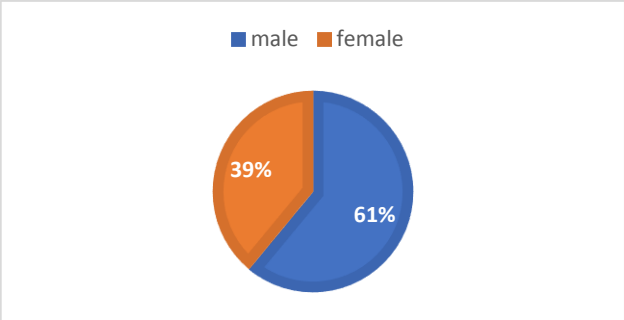

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON NO OF TIME VISITED HOSPITAL

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Below 3 times	09	09
3 to 4 times	01	01
4 to 5 times	11	11
Above 5 times	79	79
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the aforementioned table, out of 100 respondents, 89% have visited the hospital more than five times, 11% have visited four to five times, 9% have visited less frequently than three times, and 1% have visited three to four times.

Figure 3

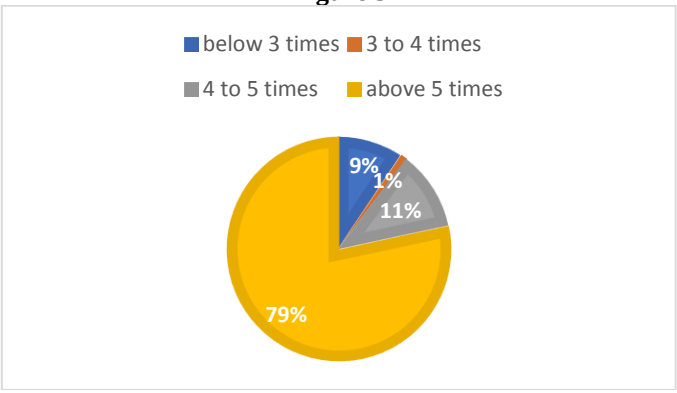

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON COMFORT AND CLEANLINESS OF WAITING AREA

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Very satisfied	10	10
Satisfied	30	30

Neutral	10	10
Very dissatisfied	15	15
Dissatisfied	35	35
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the above table, out of 100 respondents, 50% are happy with the comfort and cleanliness of the waiting room, followed by 10% who are neutral, 10% who are extremely satisfied, 10% who are unsatisfied, and 15% who are very dissatisfied**.**

Figure 4

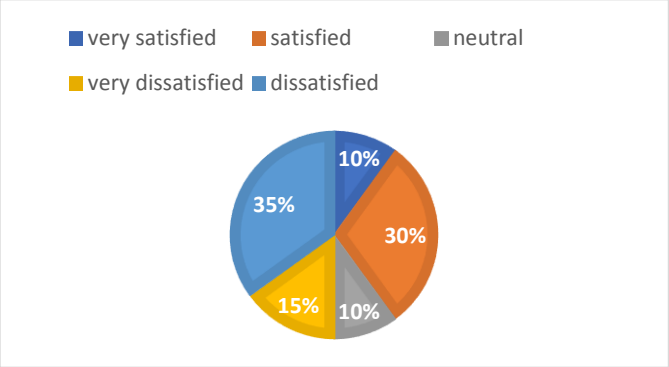

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON TIME SPENT WITH DOCTOR

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Excellent	-	-
Very good	50	50
Good	10	10
Fair	20	20
Poor	20	20
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the above table, out of 100 respondents, 50% are extremely satisfied with their time spent with doctors, followed by 10% who are satisfied with it, 20% who are fair, and 20% who are dissatisfied.

Figure 5

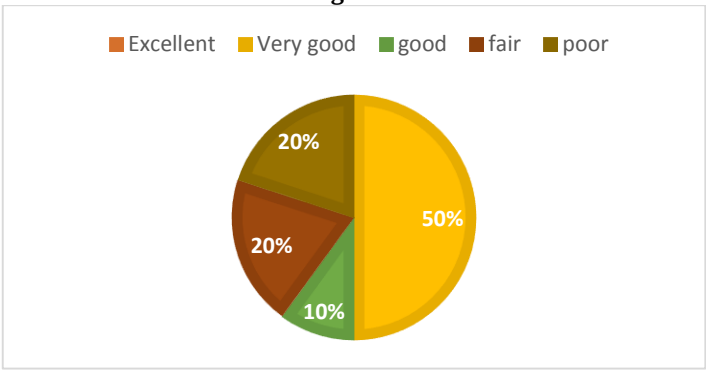

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TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON CARE RECEIVED FROM DOCTOR

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Excellent	05	05
Very good	50	50
Good	10	10
Fair	20	20
Poor	15	15
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the aforementioned data, out of 100 respondents, 50% rate their doctor visits as very good, followed by 10% who rate their doctor visits as good, 5% who rate them as exceptional, 20% who rate them as fair, and 15% who rate them as terrible**.**

Figure 6

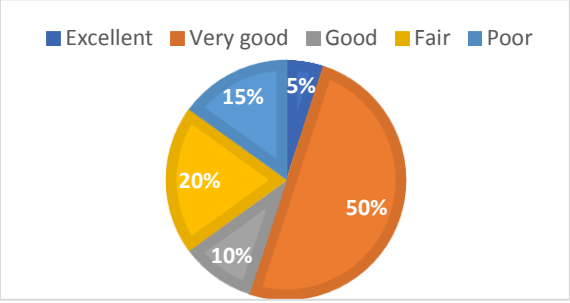

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON DOCTOR'S EXPLANATION OF TREATMENT

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Excellent	05	05
Very good	35	35
Good	15	15
Fair	15	15
Poor	30	30
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the above table, out of 100 respondents, 35% are extremely satisfied with their doctor's explanation of their therapy, followed by 15% who are also very satisfied,15%who are good, 5% who are indifferent, and 30% who are dissatisfied

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Figure 7

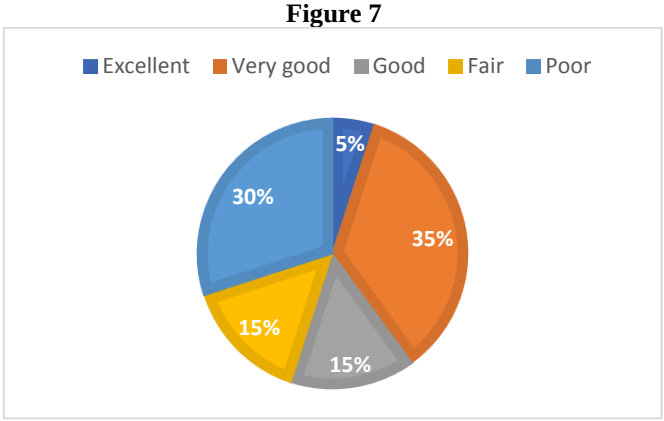

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON DOCTOR'S ADVICE TO STAY HEALTHY

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Excellent	-	-
Very good	30	30
Good	15	15
Fair	10	10
Poor	45	45
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the aforementioned data, out of 100 responses, 45% are poor, followed by 15% who are good, 10% who are fair, and 30% who are very good at following medical recommendations to keep healthy**.**

Figure 8

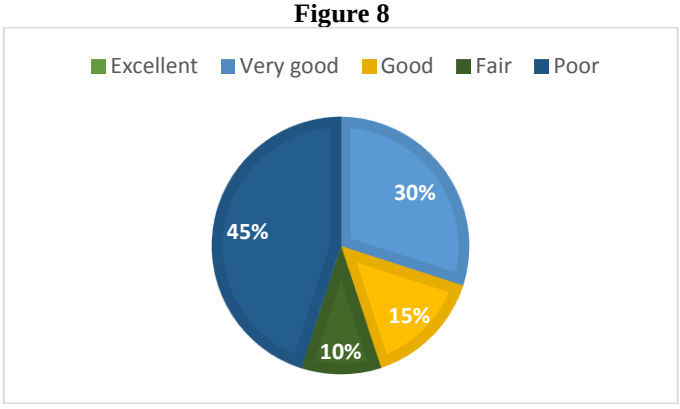

TABLE SHOWING THE DISTRIBUTION OF RESPONDENTS BASED ON OVERALL SATISFACTION OF OUTPATIENT DEPARTMENT

VARIABLES	NO OF RESPONDENTS	PERCENTAGE OF RESPONDENTS (%)
Very satisfied	05	05
Satisfied	40	40
Neutral	20	20

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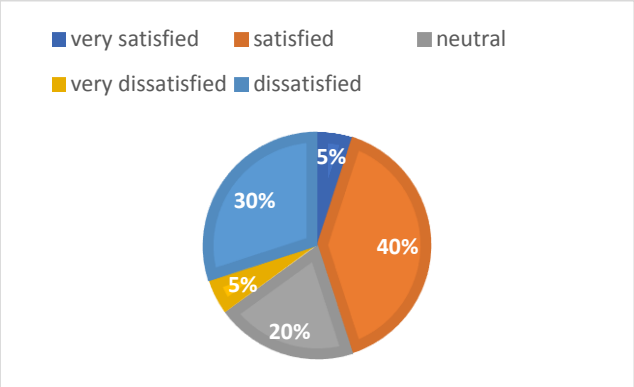
Very dissatisfied	05	05
Dissatisfied	30	30
TOTAL	**100**	**100**

PRIMARY DATA INTERPRETATION AS SOURCE

INFERENCE: According to the aforementioned data, the majority of respondents 40% are happy with the outpatient department as a whole. Following them are 5% of extremely satisfied respondents, 20% of neutral respondents, 30% of unsatisfied respondents, and 5% of very dissatisfied respondents.

Figure 9



TESTING OF HYPOTHESIS

CHI -SQUARE ANALYSIS

Null hypothesis: The satisfaction will not be the same between male and female patients.
Alternative Hypothesis: The satisfaction will be the same between male and female patient

satisfaction * gender Crosstabulation

Count

		Gender		
		Male	Female	Total
Satisfaction	very satisfied	3	3	6
	Satisfied	57	32	89
	Neutral	1	4	5
Total		61	39	100

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.185[a]	2	.123
Likelihood Ratio	4.165	2	.125
Linear-by-Linear Association	.732	1	.392
N of Valid Cases	100		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is 1.95.

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Descriptives

Gender

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
male	62	3.1935	1.36512	.17337	2.8469	3.5402	1.00	5.00
Female	38	2.3684	.88290	.14323	2.0782	2.6586	1.00	4.00
Total	100	2.8800	1.26555	.12655	2.6289	3.1311	1.00	5.00

INTREPRETATION:
From the test the minimum expected count is 1.95. but more cells expected count less than 5 .so null hypothesis is accepted; reject alternative hypothesis The satisfaction will not be the same between male and female patients.

ONE-WAY ANNOVA
Null hypothesis (H0): There is no significant difference among the age of gender for visiting the hospital**.**
Alternative hypothesis (H1): There is significant difference among the age of gender for visiting the hospital**.**

ANOVA

age

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	16.040	1	16.040	11.030	.001
Within Groups	142.520	98	1.454		
Total	158.560	99			

INTREPRETATION:
Table shows that the significant value is <0.05 so accept alternative hypothesis and reject null hypothesis. There is a significant different among the ages of gender for visiting hospital.

VI. SUGGESTIONS

The following recommendations for improving healthcare services for outpatients might be taken into consideration based on the results of the aforementioned data analysis..

- The welcoming environment during registration needs to be improved..
- The waiting area's cleanliness needs to be improved
- The nursing staff's attitude has to be improved.
- The canteen facilities need to be upgraded.
- The patient wait time needs to be well managed.
- The testing area should be kept clean at regular intervals.
- Appointments must be made at the proper interval time to prevent patient wait times from increasing.
- The length of the consultation's wait time has to be reduced.
- The patients should have access to a large parking space.
- For the convenience of the patient, the doctor's availability hours should be prominently listed on the notice board.

VII. CONCULSION

Working on this project was a lovely and educational experience for me. I experienced all of the project development phases while working on this project, which truly opened my eyes to the medical industry. I got a feel for the hospital business because of how much fun it was to work and how thrilling it was to tackle various issues and obstacles.

I learned how hospital management systems are created, how the hospital operates, and the numerous procedures thanks to this project. I relished every minute of the effort I put into this endeavour.

The study investigates the key factors that affect how general hospitals and private hospitals' outpatient clinics are perceived. The primary determinants of patient satisfaction when attending outpatient clinics and how they affect the patient's commitment to the institution.

The primary aspect affecting patients' overall happiness is improving communication between patients and healthcare professionals. The availability of medicines at the pharmacy, the length of time it takes to complete services, the overall cleanliness of facilities, the quality of nursing services, the length of time it takes to receive laboratory results, and other crucial considerations can all help to increase patient loyalty.

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