**INTRODUCTION:**

The role of government in ensuring that its country’s healthcare system provides optimal services for its population has been greatly emphasized upon 1 . All healthcare providers and programmes in our country have overwhelming emphasis on quantitative aspect of service delivered, which means that, in a quest to chase runaway targets, we neglect the concept of quality of care, which is also a right of clients 2. Out Patient Department in any hospital is considered to be a shop window of the hospitals 3. Now a days, patients are looking for hassle free and quick services. This demand is only possible with optimum utility of the resources through multitasking in a single window system of the OPD 4. Monitoring patient satisfaction has some advantages over other clinical outcome indicators.

Patient satisfaction indicators remain stable over time as oppose to clinical indicators which will be changed with technology and pace of medical progress 5. Customer satisfaction is a person’s feeling of pleasure or disappointment resulting for comparing a product/ service’s perceived performance or outcome in relation to his or her expectations 6. With above background the study was planned with following objectives.

1) To assess the level of satisfaction of patients attending AIIMS New Delhi, outreach opd, Jhajjar

2) To identify the areas of dissatisfaction at Government health facilities.

**Review Of literature :**

Patient satisfaction is determined by the cul-tural setting of the people served. Medical care that fulfills the social and emotional needs of thepatients is highly accepted. 1 It is determined by the interplay of two factors i.e. patient or client’sexpectations and the real services provided. If the performance falls short of expectations, the customer is dissatisfied and if the performance matches the expectations, it is satisfying. In case

the performance exceeds expectations, the client is highly satisfied or delighted. 2

Patient satisfaction means patient’s attitudes and perceptions towards healthcare services. 3Being intangible and subjective phenomenon, not easy to define 4 . Patient satisfaction is “The degree to which the individual regards the healthcare asuseful, effective and beneficial. 5 ” Patient satisfac-tion has been defined as an evaluation and reaction based on the fulfillment of expectations. 6,7 It is the “combination of experiences, expectations and needs perceived.” 8People’s use of health services is influenced by a range of psychological, social, cultural, eco-nomic and political forces. 9 Healthcare includes several services therefore there are several factorsof patients’ satisfaction from doctors, Nurses, treatment, general environment and management. 1 An attempt to evaluate the level of patient satisfaction related to different parameters of quality healthcare at the health facilities provides us with certain areas that need efforts to improve hospitals’ service quality. 10 Doctors, nurses and other paramedics makeup the staff of a health organization like hospital or clinic. Almost all the research on user perceptions includes questions about the personality, expertise, behavior and interpersonal skills of the doctors. 11 Patients have high expectations fromthe doctors in terms of showing care for the pa-tient 12 , extending consultation and support. 10,13 The study of doctor-patient relationship (DPR) is critical in customizing the doctors’ attitude according\to the user requirements. 14,15

**Asian data**

The Patient satisfaction data from Asian studies from Alam eta al, 16 Prasaana ,9 verma et al 17 have varied from around 50-80%. Factors like registration procedure ,Doctor behavior ,waiting times,transportation,doctor skill have been independently explored in these studies.18,19,20 However due to lack of a structured questionnaire covering all domains of patient satisfaction and lack of internal consistency, reproducibility these surveys give only partial information. Our study hence aims to fulfill this lacunae by covering all patient satisfaction dimensions like : Interpersonal manner of health service providers,Accessibility,Physical environment nad quality of medical care. 21

**Materials and Methods**

**a.** **Study design**

The study design was a cross-sectional study. The data was collected by interviewing patients who had utilized health services at the out-patient department (OPD) clinic of Jhajjar

**b.**  **Study population**

The target population of this study would included all patients who had utilized health services at the OPD clinic of Jhajjar. Sample would be patients who consume OPD clinic services of the hospital and were available at the time of data collection. Parents or grandparents were the respondents of patients whom their age less than 14 years old.

**c.** **Study site**

Jhajjar outreach clinic would be selected as the study health facility which catered to the population of Jhajjar district with the total number of 956,907 population( source 2011 census). There study would be carried out in winter season between December and January. Main occupation of the population is agriculture . Study population would be recruited from the patients who attend Jhajjar Outreach clinic.

**d. Sample size determination**

It has been calculated by using the formula,

Sample Size(n)= z2 p(1-p) /d2

assuming a Beta error = 0.2 corresponding power of 80%, and

Z = Z-score when 95% confidence interval for estimating client satisfaction, Z was equal to 2.58

When Alpha error = 5 % corresponding to 99% confidence interval) Where,p=prevalence of patient satisfaction, d= allowable error 6.5%

As we presume maximum variability, hence p=0.5;

Sample size thus yielded is of 393. Adding a figure of 10% for incomplete interviews, the total number come out to be 430 which is rounded off to a figure as 450 and will be interviewed . As per limited resources and time this sample size is considered feasible. As the study was undertaken at primary level, a total of 450 patients and or attendants is to be included in study and to be interviewed.

e. **Sampling technique**

Systematic random sampling was applied to draw the patients in order to get information about the aspects of those health services. The sampling data collection would be done once a week on different days to cover heterogeneity in patient population across days. Patient would be selected one within a k interval. The k interval is calculated by using this formula:

**k=** a/n x d

k = sampling interval k

a = actual number of patients consumed services at the OPD clinic per day( n= 225)

d = 8 ( equivalent to 8 weeks, thus spread over 2 months)

n = required number of patients consumed services at the OPD clinic (n=450)

Thus by this formula k = 4.

**f.** **Research Instrument**

The research instrument would be a structured questionnaire which has been adapted from well validated questionnaire for primary health care satisfaction in Thailand. 22The questionnaire was translated into Hindi language which is used locally in the study area.

A pretest of 30 questionnaires would be conducted in the OPD clinic of prior to the actual data collection for its reliability and feasibility. In pretest, the value of Cronbach's alpha coefficient f satisfaction parts would be determined . We would proceed with the study only if cronbach alpha of greater than 0.7 would be found and the questionnaire would be easily answerable for our patients and data collectors in our limited resource setting.

The questionnaire would be divided into three sections focusing on the following:

a. Patient's demographic features

b. Patient's satisfaction towards health services at the OPD clinic of Jhajjar Community Hospital;

c. Patient's suggestions and comments for improving health services at the OPD

Two data collectors(nurses) would be used who would not wear aprons so that bias of influence could be avoided. The data collectors would be informed about the study by the researcher to have a clear understanding and unbiased approach to the data collection process.

All patients would be taken from those who visited the OPD clinic. Hospital for both first and repeated visitors. The first number would be randomly selected and then the numbers were selected by adding the interval number (four patients) up to all samples would be selected. All the patients will be interviewed, when they will be leaving the health facility after getting OPD services. Informed written consent is to be taken from all the participating patients before the start of the interview. The prescribing doctor is to be largely kept unaware of the procedure to avoid the bias in their behavior with the patient. socioeconomic classification will be done according to B.G Prasad classification. The selected patients were requested to be interviewed to get their views.

**g. Data analysis**

Frequency and percentage would be calculated for predisposing characteristics (age, gender, education level, occupation, marital status, attitude), enabling resources (income, health insurance, transportation cost and travel time), need factor (health problem) and for the level of patient satisfaction in each category of age, education, occupation, marital status, income, , traveling time, transportation cost, and health problem groups. Minimum, maximum, mean and standard deviation would be also calculated for quantitative data.

Mean, standard deviation, median, inter-quartile range and quartile deviation would be calculated for patient satisfaction, expectation and attitude as the data being rated in scale.

Chi-square test would be performed to determine relationships between the satisfaction level and age, gender, marital status, education, occupation, income, expectation, attitude, traveling time, transportation cost and health problem of patients. Pearson correlation test would be performed after the failure of detection for the association between attitude and satisfaction by the Chi-square test.

The Internal consistency and reproducibility would be mea-sured as part of the reliability testing of the translated tool. The internal consistency of the questionnaire would be measured in three subscales namely:Cronbach ’ s coefficient alpha, inter-item, item-subscale

and subscale-subscale correlations.According to the international literature a desired or

adequate level for coefficient alpha is 0.70 or above even if this criterion level according to should be considered in the light of its dimensionality or construct validity.

The Kappa coefficient (k) would be applied for evaluating the test – retest reproducibility on 100 questionnaires . In order to study the structural validity of the question-naire, texploratory factor analysis would be done using applied a Varimax (oblique) rota-tion and subsequent Cronbach ’ s alpha was carried out on the 450 questionnaires.

All these analysis would be carried out using SPSS 18.0

.

**h. Scoring**

A 5 scale scoring, developed by Ware and his colleagues (Ware, Snyder, and Wright, 1976)7 for patient satisfaction questionnaire, is to be adopted. scaled it will be scaled as 20%= poor satisfaction, 21-40%= dissatisfied, 41-60% satisfied, 61-80%= good, 81-100%= excellent.

Response would also be also rated in a 5 point likert scale as “strongly agree’,’agree”, “neither agree or disagree”, “disagree” and “strongly disagree”.

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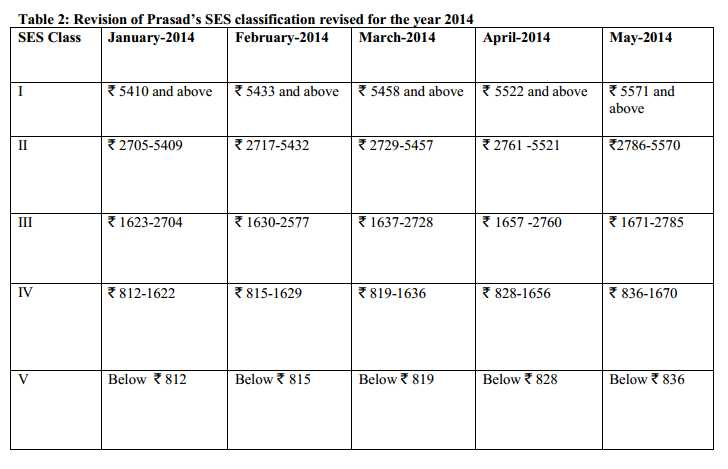
**Questionnaire**

1.Name: 2. UHID no:

3.Age /Sex

4.Education

4.Occupation

5.Income (**Socioeconomic Classification according to B G Prasad scale**)

6.Phone no.

7.Residence

8. Transport time

**SECTION : PATIENT SASTIFACTION TOWARDS HEALTH SERVICES AT THE OPD CLINIC OF AIIMS Outreach outpatient Department Jhajjar**

Based on the reaction of patient to each statement below, please tick (V) in the appropriate box to mark correctly the satisfaction level of patient with the following statements:

**Ware Snyder and wright Scale:** 5 = Excellent Satisfaction (81-100%) , 4 = Good Satisfaction(61-80%), 3 = Satisfied(41-60%), 2 = Dissatisfied(21-40%), 1 = Poor satisfaction(<20%)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No**  • | **Statements** | **Satisfaction level** | | | | |
| ***Interpersonal manner of health service providers*** | | **1** | **2** | **3** | **4** | **5** |
| **1** | Physicians examine and treat me in a very friendly and courteous manner |  |  |  |  |  |
| **2** | Physicians and their staff who treat me should give me more respect about my wishes |  |  |  |  |  |
| **3** | When I am receiving medical care, physicians and their staff should pay more attention to my privacy |  |  |  |  |  |
| **4** | I feel free to complain about my health problem when I am with my physicians. |  |  |  |  |  |
| ***Accessibility*** | |  |  |  |  |  |
| **5** | Staffs at the reception ease me to obtain all information I need about health services here |  |  |  |  |  |
| **6** | There are enough seats at the waiting area |  |  |  |  |  |
| **7** | I do not have to wait too long for getting medical care at this OPD |  |  |  |  |  |
| **8** | Here, I find it hard to get an appointment for medical care right away at this OPD. |  |  |  |  |  |
| **9** | Places where I get medical care are very conveniently located. |  |  |  |  |  |
| ***Physical environment*** | |  |  |  |  |  |
| 10 | The location of services is clean and has enough space to use |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 11 | **I** feel the atmosphere of this OPD is good |  |  |  |  |  |
| 12 | There are clear signs and directions to indicate where to go in the service area of this OPD |  |  |  |  |  |
| 13 | Facilities and equipment at the OPD are tidy |  |  |  |  |  |
| ***Availability of medical resources*** | |  |  |  |  |  |
| 14 | Physicians and their health staffs are available whenever I need during my visit. |  |  |  |  |  |
| 15 | I think my physician's office has adequate medical instruments and equipment needed to provide complete medical care. |  |  |  |  |  |
| ***Quality of care*** | |  |  |  |  |  |
| 16 | Physicians are careful to check everything when examining and treating me. |  |  |  |  |  |
| 17 | Medical instruments an equipment that physicians use when examining and treating me are very clean. |  |  |  |  |  |
| 18 | The ability of physicians, pharmacists who give me medical care services is perfect. |  |  |  |  |  |
| 19 | My physicians and their staff are very competent and have experiences with my medical problem. |  |  |  |  |  |
| 20 | Medications I receive are good and well-packed. |  |  |  |  |  |
| 21 | Registration procedure |  |  |  |  |  |
|  | |  |  |  |  |  |
| 22 | Time given by doctor |  |  |  |  |  |
| 23 | Overall Patient global satisfaction Doctors |  |  |  |  |  |

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