

**“A STUDY ON PATIENT SATISFACTION IN UROLOGY
DEPARTMENT OF ASTER MEDICITY, KOCHI ”**

Dissertation submitted to
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In partial fulfilment of the requirement for the
Degree of Bachelor of Business Administration

Submitted by
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BHARATA MATA COLLEGE, THRIKKAKARA
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2021-2024**



BHARATA MATA COLLEGE

(AFFILIATED TO MAHATMA GANDHI UNIVERSITY, KOTTAYAM)

BONAFIDE CERTIFICATE

This is to certify that the study report entitled “**A STUDY ON PATIENT SATISFACTION IN UROLOGY DEPARTMENT OF ASTER MEDICITY, KOCHI**” is a record of original work done by **RACHEL TRESA PETER**(Registration no.210021080027) in partial fulfilment of the requirement for the degree of Bachelor of Business Administration under the guidance of **DR. SREEJA. S, ASSISTANT PROFESSOR, DEPARTMENT OF BACHELOR OF BUSINESS ADMINISTRATION**. This work has not been submitted for the award of any other degree or titled of recognition earlier.

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DECLARATION

This is to declare that this Bonafide record of the project work done by me entitled **“A STUDY ON PATIENT SATISFACTION IN UROLOGY DEPARTMENT OF ASTER MEDICITY, KOCHI”** in partial fulfilment of the BBA Programme of Mahatma Gandhi University under the guidance of **DR. SREEJA. S .ASSISTANT PROFESSOR**, and that the report has not found the basis for the award of any Degree/Diploma or other similar titles to any candidate of any other university.

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Place :

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CHAPTER-1
INTRODUCTION

1.1 INTRODUCTION TO THE TOPIC

A STUDY ON THE PATIENT SATISFACTION IN UROLOGY

DEPARTMENT ASTER MEDICITY, KOCHI

Patient satisfaction has become a crucial metric to assess the calibre of hospital services in the dynamic world of contemporary healthcare. The non-clinical elements of a hospital visit have a big impact on the patient's overall experience and perception of care, even though the clinical aspects of patient care are obviously very important. Patient satisfaction in the hospital is a crucial aspect of healthcare delivery, emphasizing the quality of care and overall experience that individuals receive during their medical treatment. It goes beyond just medical outcomes and encompasses various aspects of a patient's encounter with the healthcare system, including communication, facilities, staff behaviour, and the perceived effectiveness of care. Patient satisfaction is a crucial and often used metric to assess the calibre of medical service. Clinical results, patient retention, and medical malpractice lawsuits are all impacted by patient satisfaction. It has an impact on the prompt, effective, and patient-centred provision of high-quality medical treatment.

Patient satisfaction refers to the extent to which patients are happy with the care and services they receive from healthcare providers. It encompasses various aspects, including the quality of medical treatment, communication with healthcare staff, waiting times, cleanliness of facilities, and overall experience. High patient satisfaction is often associated with better health outcomes and increased adherence to treatment plans. Healthcare providers often measure and strive to improve patient satisfaction to enhance the quality-of-care delivery. Patient satisfaction is one of the most important metrics in the healthcare industry that captures the spirit of providing high-quality care. It is more than just a gauge of satisfaction; it also represents the efficiency, compassion, and general calibre of the medical care given. A wide range of variables are included in patient satisfaction, from the clinical results of medical procedures to the interpersonal relationships between patients and healthcare providers. Understanding and improving patient satisfaction has become essential as healthcare systems throughout the world continue to change. This is because doing so will guarantee patient well-

being as well as the effectiveness and efficiency of healthcare delivery. This introduction lays the groundwork for a discussion of the many facets of patient happiness, including its importance, factors that influence it, methods of assessment, and the consequences it has for patients and healthcare professionals.

One of the most important outcome indicators for assessing the calibre of healthcare is patient satisfaction. The shift in healthcare to a biopsychosocial model and the patient-centered care movement have played a significant role in raising the patient's voice to the forefront of medical decision-making. Since patients are now viewed as consumers of healthcare services, medical management has made it a priority to evaluate the quality of care from the patient's point of view. However, patient satisfaction is a complicated notion, and measuring it is made more difficult by the fact that, even if a number of theories were developed in the 1980s, there is still no firm conceptual theoretical foundation. Patient satisfaction, according to Linder-Perlz, is an individual's favourable attitude towards the many aspects of healthcare services. Numerous elements, which might change based on the psychosocial and cultural setting, can have an impact on this attitude. The discrepancy theory contends that in terms of psychological aspects, patient expectations are crucial in understanding the causes of reported discontent. Many authors maintain that patient expectations of ideal care and their actual experience of care are related, notwithstanding the debate surrounding the measurement of patient experience of quality of care or patient satisfaction. Most people agree that patient satisfaction is a multifaceted concept that encompasses a range of factors, such as doctor-patient relationships, accessibility, organisational features of the system, medical knowledge, clinical skills, and communication abilities.

Patient satisfaction is the state in which a person's expectations for a service or product are met or fulfilled. A patient's preconceived notions about a hospital are based on its reputation and associated costs when he first arrives. Even if recovering and returning to work is their primary goal, there are other variables that also have a role in how satisfied they are. On the basis on information gathered from many sources, people may have given a hospital a very low rating; but, when the hospital meets their expectations, they are satisfied. In a similar vein, people won't be happy if they have very high expectations from a hospital and find it falls short of their expectations. Specialisations are now more widely available in hospitals, and there is more competition and better facilities and technology. Patients' and their families'

expectations have multiplied numerous times. People's decisions about which medical facility to use are influenced by their expectations from any medical encounter. Low expectations discourage patients from seeking prompt medical attention, which has a detrimental impact on both the patient and the healthcare provider. High expectations, on the other hand, are a strong sign of a medical organization's standing in the community and are crucial for drawing in patients. However, even with fair, high standards of medical practice, an extremely high and unrealistic expectation might cause unhappiness.

Why is Patient Satisfaction Important to Hospitals?

Patient satisfaction is crucial to hospitals for several reasons, and it plays a significant role in the overall success and effectiveness of healthcare organizations. Here are some key reasons why patient satisfaction is important to hospitals:

- **Quality of Care:** Satisfied patients are more likely to adhere to treatment plans, follow medical advice, and actively participate in their healthcare. This contributes to better health outcomes and overall improvement in the quality of care provided by the hospital.
- **Patient Engagement and Communication:** Positive patient experiences foster better communication between healthcare providers and patients. When patients feel satisfied, they are more likely to communicate openly with their healthcare team, share relevant information, and ask questions, which can enhance the accuracy of diagnosis and treatment.
- **Reputation and Brand Image:** Patient satisfaction directly influences the reputation and brand image of a hospital. Satisfied patients are more likely to recommend the hospital to others, both through word of mouth and online reviews. A positive reputation can attract more patients, physicians, and partnerships, ultimately contributing to the hospital's success.
- **Patient Loyalty:** High levels of patient satisfaction contribute to patient loyalty. Satisfied patients are more likely to return to the same hospital for future medical needs, fostering a sense of loyalty that can lead to long-term relationships between patients and healthcare providers.

- **Financial Impact:** Patient satisfaction is linked to financial success for hospitals. In many healthcare systems, reimbursement rates are tied to patient satisfaction scores. Higher patient satisfaction scores may result in better financial performance through increased reimbursements and patient retention.
- **Legal and Regulatory Compliance:** Patient satisfaction is often linked to compliance with healthcare regulations and standards. Hospitals that prioritize patient satisfaction are more likely to meet regulatory requirements and standards, reducing the risk of legal issues.
- **Staff Morale and Job Satisfaction:** Positive patient experiences contribute to higher staff morale and job satisfaction. Healthcare providers often find greater fulfillment in their work when they see positive outcomes and satisfied patients. This can lead to a more positive work environment and better collaboration among healthcare teams.
- **Continuous Improvement:** Feedback from patient satisfaction surveys provides valuable insights for hospitals to identify areas for improvement. Continuous monitoring and analysis of patient feedback enable hospitals to implement changes, enhance processes, and address any issues that may arise, contributing to ongoing quality improvement.

How to Improve Patient Satisfaction?

Here are some strategies that healthcare organizations can employ to boost patient satisfaction:

1. Effective Communication:

- Ensure clear and open communication between healthcare providers and patients.
- Use plain language to explain medical information and treatment plans.
- Encourage patients to ask questions and address concerns.

2. Empathy and Compassion:

- Train healthcare staff to demonstrate empathy and compassion towards patients.
- Show genuine interest in patients' concerns and emotions.
- Acknowledge and validate patients' feelings.

3. Timely Access to Care:

- Minimize wait times for appointments, tests, and procedures.
- Streamline administrative processes to reduce delays.
- Provide convenient scheduling options for patients.

4. Respect for Patient Preferences:

- Involve patients in decision-making regarding their treatment and care plans.
- Respect cultural and personal preferences.
- Customize care plans to align with patients' lifestyles and values.

5. Quality of Care:

- Focus on delivering high-quality medical care and services.
- Implement evidence-based practices and stay updated on medical advancements.
- Regularly assess and improve clinical outcomes.

6. Patient Education:

- Provide clear and thorough information about medical conditions, treatments, and preventive measures.
- Use educational materials, multimedia resources, and technology for better understanding.
- Empower patients to actively participate in their healthcare.

7. Staff Training:

- Train healthcare providers and staff in customer service skills.
- Foster a culture of patient-centered care.
- Conduct regular training sessions to address communication and interpersonal skills.

8. Comfortable Environment:

- Maintain a clean and comfortable healthcare facility.
- Ensure a welcoming and calming atmosphere in waiting areas and patient rooms.
- Pay attention to the overall ambiance of the facility.

9. Feedback Mechanism:

- Establish a system for collecting and analyzing patient feedback.
- Act on feedback to make continuous improvements.
- Regularly assess patient satisfaction through surveys and other means.

UROLOGY DEPARTMENT

The Department of Urology at Aster Medcity offers state-of-the-art facilities for the analysis and treatment of genitourinary and kidney issues in adults and children. A highly qualified and experienced group of urologists and urology surgeons are accessible 24 hours a day.

The most advanced cutting-edge innovation and equipment's at the best urology hospital in Kochi are accessible to subspecialises in the fields of Pediatric Urology, Laparoscopic Urology, Endourology, Uro-oncology, Andrology, Neuro-urology, Female Urology and Reconstructive Urology. Alongside the support of the Nephrology administrations, we also take care of renal transplantation. The urology department in a multi-specialty hospital is a branch of medicine that focuses on the diagnosis and treatment of disorders related to the urinary tract and male reproductive system. Urologists are medical professionals specialized in this field and handle a wide range of conditions affecting the kidneys, bladder, ureters, urethra, and male reproductive organs.

Here are some key aspects of the urology department in a multi-specialty hospital:

1. Medical Conditions Treated

Urinary Tract Infections (UTIs): Infections of the bladder, urethra, and kidneys.

Kidney Stones: Formation of solid masses in the kidneys that can cause pain and blockages.

Prostate Disorders: Including benign prostatic hyperplasia (BPH) and prostate cancer.

Bladder Issues: Such as overactive bladder and interstitial cystitis.

Male Reproductive Health: Including erectile dysfunction, infertility, and testicular conditions.

Cancers: Urologists often diagnose and treat cancers of the urinary tract and male reproductive system.

2. Diagnostic Procedures:

Imaging Studies: X-rays, ultrasound, CT scans, and MRI scans are used to visualize the urinary tract and reproductive organs.

Cystoscopy: A procedure that allows direct visualization of the inside of the bladder and urethra.

Biopsies: Tissue samples may be taken for further analysis, especially in cases of suspected cancer.

3. Surgical Interventions:

- Urologists are trained in various surgical procedures, including minimally invasive techniques such as laparoscopy and robotic-assisted surgery.
- Common surgeries include kidney stone removal, prostatectomy (removal of the prostate), and bladder surgeries.

4. Treatment of Male Infertility:

- Urologists often collaborate with reproductive endocrinologists to address male infertility issues, offering treatments such as surgical interventions or assisted reproductive technologies.

5. Collaboration with Other Specialties:

- Urology departments often work closely with other departments such as nephrology, oncology, gynecology, and internal medicine to provide comprehensive care for patients with complex conditions.

6. Continuum of Care:

- Urologists may provide both outpatient and inpatient care, managing chronic conditions through regular follow-ups and addressing acute issues that require hospitalization.

7. Research and Education:

- Many urology departments engage in research activities to advance medical knowledge and treatment options. They may also be involved in educating medical students, residents, and fellows.

1.2 PROBLEM DEFINITION

This research aims to investigate and analyze the factors influencing patient satisfaction within the Urology Department at Aster Medcity in Kochi. The study will explore various aspects such as the quality of medical care, communication with healthcare professionals, waiting times, facilities, and overall patient experience. By identifying key areas of concern or excellence, the research intends to provide insights that can contribute to enhancing the quality of healthcare services and improving patient satisfaction in the specified department.

KEY ISSUES:

- **Communication Effectiveness:** Assessing how well healthcare professionals communicate medical information, treatment plans, and postoperative care instructions to patients.
- **Waiting Times and Appointment Scheduling:** Investigating patient perceptions regarding the waiting times for appointments, consultations, and diagnostic tests within the Urology Department.
- **Quality of Medical Care:** Evaluating the level of satisfaction with the medical care provided, including diagnostic accuracy, treatment effectiveness, and postoperative outcomes.
- **Staff Attitude and Empathy:** Examining the demeanor and empathy of healthcare staff towards patients, as it significantly impacts the overall patient experience.
- **Facility and Amenities:** Assessing the cleanliness, comfort, and adequacy of facilities in the Urology Department, including waiting areas, consultation rooms, and amenities.
- **Information Accessibility:** Analyzing how easily patients can access information about their conditions, treatment options, and available support services.

- Postoperative Follow-up: Investigating the effectiveness of postoperative follow-up procedures and the support provided to patients during their recovery phase.
- Patient Education and Informed Consent: Assessing the clarity and comprehensiveness of patient education materials, as well as the process of obtaining informed consent before medical procedures.
- Coordination of Care: Examining the coordination among different healthcare professionals involved in the patient's care, including surgeons, nurses, and support staff.

Feedback Mechanism: Evaluating the existence and effectiveness of a feedback system for patients to express their opinions, complaints, or suggestions for improvement in the Urology Department.

1.3 OBJECTIVES OF THE STUDY

The study's goal is divided into primary and secondary goals, and they are as follows:

Primary Objective:

- To determine the study on patient satisfaction of Urology department.

Secondary Objective:

- To identify the key factors influencing the patient satisfaction in urology department.
- To determine the evaluation of service quality.
- To identify areas of improvement in healthcare services.

1.4 SCOPE OF THE STUDY

The scope of the study encompasses a comprehensive examination of patient satisfaction within the Urology Department at Aster Medcity, Kochi, with a focus on the following aspects:

- Geographical Scope:

The study will be conducted exclusively at Aster Medcity in Kochi, limiting the scope to patients receiving urology services at this specific healthcare facility.

- Time Frame:

The research will cover a specific time frame, detailing patient experiences within a defined period to capture current and relevant feedback.

- Patient Demographics:

The study aims to include a diverse range of patient demographics, such as age, gender, socio-economic status, and medical history, to ensure a representative sample.

- Qualitative and Quantitative Data:

Both qualitative and quantitative research methods will be employed, combining survey responses with in-depth interviews or focus group discussions to provide a holistic understanding.

- Patient Journey:

The scope includes examining the entire patient journey within the Urology Department, starting from appointment scheduling, through consultations and diagnostic procedures, to postoperative care and follow-up.

- Healthcare Professionals:

The study will involve gathering feedback from various healthcare professionals within the Urology Department, including surgeons, nurses, and support staff, to understand their role in patient satisfaction.

- Facility and Infrastructure:

Assessing the physical facilities, amenities, and infrastructure within the Urology Department to identify areas that may impact patient satisfaction.

- Policy and Procedure Analysis:

The study may involve an examination of existing policies and procedures related to patient care and satisfaction within the Urology Department.

- Comparative Analysis:

Comparative analysis may be conducted to assess how the Urology Department's patient satisfaction levels compare with established benchmarks or other departments within the same healthcare facility.

- Recommendations:

The scope includes providing recommendations based on the study findings to enhance patient satisfaction and improve the overall quality of services within the Urology Department.

1.5 LIMITATIONS OF THE STUDY

- **Subjectivity:** Patient satisfaction is subjective and may not always reflect the quality of healthcare provided.
- **Expectations vs. Reality:** Patients' expectations may not align with what is feasible or appropriate in a healthcare setting, leading to skewed satisfaction ratings.
- **Language Barriers:** Patients from diverse linguistic backgrounds may struggle to effectively communicate their needs and understand healthcare instructions, impacting satisfaction.
- **Cultural Differences:** Cultural nuances may influence perceptions of care, making it challenging to meet the satisfaction criteria for all patients.
- **Health Literacy:** Limited health literacy among patients can affect their ability to comprehend and assess the care received, impacting satisfaction ratings.
- **Medical Condition:** Patients' medical conditions or pain levels can influence their perception of care and satisfaction, regardless of the quality of service.
- **Financial Concerns:** Financial constraints or insurance limitations may affect access to certain treatments or services, impacting satisfaction.
- **Staffing Issue:** Shortages in staff or high workload can lead to reduced quality of care and lower patient satisfaction.
- **Wait Times:** Long wait times for appointments, tests, or procedures can negatively impact patient satisfaction, even if the eventual care is of high quality.
- **Communication Challenges:** Ineffective communication between healthcare providers and patients can lead to misunderstandings and dissatisfaction.
- **Facility Conditions:** Poor infrastructure, cleanliness, or amenities in healthcare facilities can affect patient perceptions and satisfaction.

- **Privacy Concerns:** Lack of privacy or confidentiality breaches during consultations or procedures can lead to dissatisfaction among patients.
- **Follow-up Care:** Inadequate or insufficient follow-up care can impact patient outcomes and satisfaction with the overall healthcare experience.
- **Inadequate Pain Management:** Failure to adequately address pain levels can significantly impact patient satisfaction with their care.
- **Perceived Lack of Empathy:** Patients may feel dissatisfied if they perceive a lack of empathy or emotional support from healthcare providers.
- **Limited Treatment Options:** Patients may be dissatisfied if their treatment options are limited due to factors such as insurance coverage or resource availability.
- **Reliance on Surveys:** Sole reliance on patient satisfaction surveys may not capture the full spectrum of patient experiences or feedback accurately.
- **Bias in Reporting:** Patients may be hesitant to express dissatisfaction due to fear of reprisal or concerns about impacting their future care.
- **Complex Cases:** Patients with complex medical conditions or rare diseases may have unique needs that are challenging to meet, impacting satisfaction.
- **External Factors:** External factors such as family dynamics, social support, or personal stressors can influence patient satisfaction independent of the healthcare provided.

CHAPTER-2
LITERATURE REVIEW

REVIEW OF LITERATURE

Broad area: A study on patient satisfaction in Urology Department Aster Medicity, Kochi.

1. Sodani, P. R., & Sharma, K (2014), states that evaluating patient satisfaction with respect to different quality dimensions in the study hospital was the primary goal of the research. Eight quality dimensions, including general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctors, accessibility and convenience, and hospital services, were the subjects of a structured questionnaire used to gather data from inpatients. Three departments with the highest patient inflow—medicine, gynaecology, and surgery—accounted for a total of 100 inpatients. The majority of responders, who range in age from 31 to 45, were men.

2. Sharma, R., et al (2022), states that this article aims to ascertain the level of satisfaction of selected IPD wards at Multi Specialty Hospital on a quarterly basis, based on evidence generated by patient satisfaction levels. The purpose of the proposed research project is to analyse the key variables that influence patient satisfaction and the provision of high-quality care. Through a review of the literature and expert opinion, 44 different parameters spread across eight different dimensions that contribute to the quality of hospital service with particular reference to the In Patients Department were identified. Using a 5-point Likert scale, the responses are gathered via a structural questionnaire.

3. Pai, Y., et al (2011), states that customers who are satisfied with a provider's performance tend to stick with them and recommend them more favourably (Youssef, 1996). Given that healthcare is concerned with an individual's health and well-being, it is a high-engagement service. Healthcare providers should understand the factors that are strongly linked to patient satisfaction and continuously redesign processes in order to manage quality. Zineldine (2006) discovered that patient satisfaction encompasses satisfaction with a variety of hospital aspects and is a cumulative construct. Our research supports Zineldine's (2006) study by reiterating that patient satisfaction is a collective construct that encompasses satisfaction with various hospital service components, including front desk, food and beverage, housekeeping, discharge process, hospital facilities, medical/clinical, and nursing services.

4. Vigneshwaran, S., & Devi, B. (2014), states that one efficiency technique that must be used in tandem with another to produce results that make sense is the time and motion study. Through this research, it will be possible to estimate the length of time that customers wait during the billing process and make recommendations for potential improvements to the department's efficiency. The aim of the research is to ascertain the activities involved in the outpatient billing department's process flow, determine the precise duration required for outpatient billing, and enhance patient contentment. There were 122 samples used in this descriptive analysis. To analyse the issue, Pareto, Control chart, Histogram, and Cause and Effect tools were used.

5. Dawood-Khan (2023) , states that his study investigates the factors that influence patient satisfaction in a developing nation's healthcare system. Three models were developed to conceptualize the impact of auxiliary, supportive, and healthcare services. The hypotheses were tested with data gathered from 748 in-patients from five super specialty hospitals in Tiruchirappalli, southern India, after the measurement properties of the survey instrument were verified. Patient satisfaction was significantly improved by the services provided by the doctors, the intensive care unit (ICU), the operation theatre (OT), and the outpatient department (OPD). The findings also imply that an important factor in raising patient satisfaction was the provision of supportive services, such as nursing, technical, and administrative support.

6. Gayatri, P., et al (2023), states that evaluation of 419 outpatients made up the sample size. Over 90% of patients were satisfied with outpatient services overall. According to 410 patients, the main satisfaction indices that contributed to 98% of the scores were physician care, attentive listening, and ease of access to care. The waiting times for appointments with consultants, the registration counter, and the availability of laboratory reports were the main sources of dissatisfaction expressed by outpatients.

7. Niveditha, M.S (2015), states that the last ten years have seen the successful application of manufacturing concepts such as Just-in-Time, Lean and Six-Sigma, Japanese 5S, Materials Requirement Planning, Scheduling, and Capacity Management in the Western Healthcare industries. These theories and concepts have been used in this study to enhance the OPD process flow and raise patient satisfaction in an Indian multispecialty hospital. Typically, the busiest area of a hospital is the Outpatients Department (OPD). The length of time patients must wait for a consultation, the erratic flow of walk-in patients, the lack of adequate and ineffective OPD

reception staff, and patients who fail to show up for their appointments are among the common issues faced.

8. Mahesh, B. P., et al (2018), states that cardiology is a very important specialty in medicine because, in some cases, sudden deaths can occur if routine checks are not done. Cardiology treats heart conditions, including circulatory system disorders. Cardiologists are doctors who specialize in cardiology, and paediatric cardiologists are paediatric cardiologists. The cardiology department's adult patient population is examined in this paper; specifically, the outpatient division is focused on. In Bangalore, India, a small private hospital's cardiology department has observed that its patient wait times are excessively long—they can occasionally approach an hour.

9. Persis, D. J., et al (2022), states that globally, healthcare has become increasingly important. Healthcare companies now understand the value of lean six sigma (LSS) and other continuous improvement techniques. The authors of this study investigate how LSS can enhance patient care. To assess a multispecialty hospital's operational excellence, a case study methodology was chosen. A novel method called SDMMMAICS was used to analyse the data that was collected. The analysis contributed to the operational excellence of the cardiology department by assisting in the removal of bottlenecks and improving important performance metrics like patient turnaround time (TAT), workforce utilization, and organizational profits.

10. Swain, S., & Kar, N. C(2018), states that six key areas have been identified by this study as the means by which hospital patients evaluate the quality of care they receive. Technical quality, procedural quality, infrastructure quality, interactional quality, personnel quality, and social support quality are the six categories of quality. Under these six main categories, another 20 hospital service quality dimensions are identified. Clinical process, outcome quality, admission, discharge, waiting time, patient safety, billing and cost, follow-up, atmosphere, resource availability, food accessibility, staff attitude, individualised attention, information availability, staff competency, reliability, diversity, hospital image, and social responsibility are some of these characteristics. According to the conceptual framework, there is a direct correlation between patient satisfaction, service quality, and behavioural intention.

11. Puri, I.(2020) states that the front office executive at Max Hospitals manages the movement of people throughout the company and makes sure that each receptionist completes their duties on time. Their responsibilities include taking calls, tending to patients, managing the front desk, and keeping track of patients' contact information. An individual who works in the hospital front office and oversees multiple tasks is known as a front office executive. All hospital patients' data and records are maintained by this department. It also has a significant impact on how people perceive the organization's services in general. Being the initial point of contact at work, a front office executive plays a crucial role in the administration team.

12. D’Cunha, S., & Suresh (2015), states that what customers want is quality. Stated differently, quality serves as a gauge for customer satisfaction. Customers are the final arbiters of service quality, so customer-focused quality management is one of the most crucial components of successful businesses. Patient satisfaction in the healthcare sector is positively impacted by the way patients perceive the quality of the services they receive. Dissatisfaction results when expectations and perceptions of quality attributes and results diverge. Patients are satisfied when service performance meets their expectations. When a performance surpasses expectations, the quality of the services is delightful. It is clear that healthcare professionals must be conscious of how their patients feel about the quality of their care. Patient satisfaction is the main metric used to assess the quality of care when determining patient perceptions.

13. Kharub, M., et al (2023), states that by reducing wait times in a hospital's outpatient department, this research seeks to increase patient satisfaction. To accomplish the goal, Lean Six Sigma—which stands for define, measure, analyse, improve, and control—was applied. The following were used: VoC, VoB, COPIS flow chart, I-MR charts, fishbone diagram, DOE cube plot, project charter, and fitting line plots. Long patient wait times were caused by a variety of factors, including fluctuating staffing levels, physician availability, early morning meetings, a shortage of personnel to staff registration counters, and a lack of established procedures. Patient satisfaction statistically decreases with waiting time. Patients were more satisfied when doctors were on-site, according to the design of experiment (DOE). A waittime of 8.350 minutes was ideal.

14. Swain, S., & Singh, R. K(2021), states that in the case of insured and uninsured patients, this study finds a significant difference in the pattern of influence of perceived service quality on patientsatisfaction. The number of technical and functional service quality dimensions that are significant predictors of patient satisfaction among insured and uninsured is primarily responsible for this discrepancy.

15. Begin, A. S., et al(2022), states that according to this survey study of 217 doctors, ordering diagnostic tests was less common among primary care physicians who had a low tolerance for uncertainty than it was among those who had a high tolerance. Although associations were non-monotonic, primary care physicians with lower uncertainty tolerance scored lower on patient experience measures than those with higher uncertainty tolerance.

16. Ahuja, S., & Swami, S.(2016), states that in order to keep and satisfy their patients, multispecialtyhospitals in India are improving the quality of care they provide on a daily basis. Hospital wait times are a major factor in the quality of care that patients receive, whether it be a diagnosis or medical treatment. As a result, this is now a very difficult factor to satisfy the patients. Many processes and techniques are used to shorten the wait time. The purpose of this study is to examine how long patients spend waiting overall in the emergency room, outpatient department, and sample collection department.

17. Frazee, R., et al(2016), states that "Meaningful use" of an electronic health record (EHR) is required by the American Recovery and Reinvestment Act in order to qualify for current financial incentives and stay out of financial trouble in the future. The early lessons learned by medical facilities that have successfully switched from paper to electronic records will have an impact on surgeons continued nationwide adoption of an EHR. Three months after the institution's adoption of the EHR, we polled our surgeons to find out how they felt about it. A total of thirty-five residents and twenty-four senior staff members completed 59 surveys.

18. Harikumar, P., & Saleeshya, P. G(2021), states that our model shows a hospital with limited resources operating in an Indian specialty cluster, subject to comparable risks. The model does not take into account the use of data and analytics from electronic medical records because these are still in their infancy in the majority of government and private hospitals in India, and significant advancements are required to produce novel insights and influence performance evaluation.

19. Bhoomadevi, A., et al(2018),states that the primary goal of the Six Sigma tool is to eliminate defects in the process in order to reduce variations. The inpatient admission and discharge process—during which patients go through the admission, treatment, and dischargeprocesses— is the subject of this study. The primary goals of the study are to enhance patient flow and determine how long each step of the admission and discharge procedures takes. For two months, the admissions and discharges process were observed. The study involved the collection of 70 samples. This process uses the define, measure, analyze, improve, and control (DMAIC) process as its research design. Every patient's admission and discharge procedures were watched, and the corresponding times were recorded.

20. KS, S., & Barkur, G.(2023), states that a major force behind the most recent healthcare reform is patient-centred care. Consumers of healthcare have also grown more conscious of and concerned about the calibre of care. Healthcare organizations now place a greater emphasis on assessing patient satisfaction and the quality of healthcare services. The purpose of this paper is to evaluate the aspects of healthcare service quality as perceived by patients and theimpact that perception has on patient satisfaction and care outcomes. Ten hospitals in India provided a total of 1169 responses to a pre-validated structured questionnaire. The quality ofclinical services, diagnostic services, administrative services, supportive services, coordination among healthcare professionals, and patient integration in healthcare decisions are among the five primary dimensions of healthcare service quality that our study has identified.

21. Govindaraj, P., & Venkatraman, M. (2014),states that rising healthcare consumerism in the modernera is transforming the traditional doctor-patient relationship into a provider-consumer one. Patients are now more likely to sample healthcare providers, ask questions, participate in decision-making, and switch services if they are not satisfied as a result of adopting a consumerist approach. The health of patients—both physical and mental—is the primary concern of the healthcare sector. When using health services, patients are typically uncomfortable, either physically or mentally.

22. Jain, V., & Garg, R (2019),states that this study demonstrated that the fundamental quality of the medical service provider is the appropriate way to measure the quality of the services beingprovided to patients in order to attain patient satisfaction.

23. Garrison, G. M., (2002), states that according to our research, incorporating computers into doctor visits doesn't have to negatively impact patients' satisfaction. It is comforting that our patients accept and even welcome computers in the examination room, given the growing role of computers in medicine^{4,5} and the significance of the physician-patient relationship in treating and preventing many common primary care diseases.

24. Pink, G. H., (2003), states that this study's goal was to find out how patient satisfaction and efficiency related to a sample of general acute care hospitals in Ontario, Canada. Data from a patient survey conducted throughout the province in the middle of 1999 were used to create a hospital-level patient satisfaction measure. Data from a cost model utilized by the Ontario Ministry of Health—the main source of funding for hospitals in the province—was utilized to create an efficiency metric. The model also included indicators of hospital size, teaching status, and rural location, all of which were consistent with earlier research. According to the study's findings, there does seem to be evidence, at a 95% confidence level, that hospital efficiency and patient satisfaction are inversely correlated.

25. Javadekar, S., (2017), states that the average total satisfaction score was 173.9 ± 11.6 , with a range of 137 to 189 out of 200. In comparison to other patients, those who were admitted to surgical wards, younger patients, and patients who stayed for longer periods of time expressed greater satisfaction.

26. Naveen, Y. P., & Srinivas (2018), states that Chhattisgarh is a state full of possibilities and dreams. They make contributions to the state's GDP. The hospital industry is a burgeoning sector that confronts intense competition from private hospitals. The state primarily contributes richly to the districts of Durg and Raipur for healthcare. The hospital, which is owned by the State Government, offers high-quality services. Ambedkar Hospital, Dr. Bhim Rao, is one of the best examples. The topic's goal is to confirm the clinical and non-clinical factors influencing the quality of care given by state- and privately-owned hospitals, with a focus on the qualitative aspects.

27. Dutta, R., et al (2021), states that one of the service sectors with the fastest growth in India is the healthcare sector. To run healthcare delivery in a qualitative way, advanced technology and expertise are needed. One of the most technologically advanced and dynamic sectors is the healthcare sector, which necessitates maintaining a balance between work-ethics and generating

profit from the provision of healthcare services. Although patients have easy access to the internet, they are also misinformed despite their increased knowledge. In India, patients and their families are attempting to monitor every step of the healthcare delivery process and associated expenses.

28. Mojdehbakhsh, R. P., (2021), states that within a week, the main objective was to switch to telemedicine for 50% of all outpatient Gynaecologic Oncology (GynOnc) visits during the COVID-19 pandemic. Attaining 100% documentation of telemedicine consent was the secondary objective. The examination of patient satisfaction ratings was the third objective. Estimating the amount of CO₂ emissions that were avoided was an additional objective.

29. Shukla, R., et al (2019), states that the goal of this study is to better understand how patients and their companions perceive the range of hospitality services offered to them when they are admitted for treatment at multispecialty hospitals with international accreditation. The study also sheds light on how these service components relate to one another and how they affect the general level of satisfaction of patients visiting Delhi NCR for medical tourism.

30. Siewert, B., et al (2016), states that the 380 communication errors that occurred in a radiology department, 37.9% directly affected patient care, and 52.6% may have done so in the future. The majority of communication errors (52.4%) had an impact that was comparable in severity and happened at steps other than result communication. The Joint Commission has identified communication errors as the primary root cause of 65% of hospital sentinel events [4], which are widely acknowledged in the radiology literature [1-3]. These errors have also been linked to an estimated 44,000–98,000 medical error–related deaths in the US each year.

31. Awasthy, R., & Gupta (2017), states that in essence, NCR-Delhi is a family-run multispecialty hospital located in Delhi. Even though it had performed well in its early years, it had experienced numerous issues and numerous management and procedure changes. Two years ago, an outsider became its Facility Director (FD). He implemented several changes in these two years. He hasn't been able to completely turn the hospital around, though. He is primarily dealing with operational, personnel, and financial concerns. The hospital is currently experiencing a severe financial crisis, which is leading to delays in salary disbursement and a shortage of resources for day-to-day operations.

32. Sirohi, S., & Singh, R(2016), states that medical care now revolves around the evaluation of servicequality. Hospitals now offer a wider range of specializations, better facilities, upgraded technology, and fiercer competition. Additionally, patient and family expectations have skyrocketed. When patients and their families visit the hospital, they expect not only top- notch care but also additional amenities to make their stay more comfortable. Having an awareness of what patients expect from a service and how that service is perceived helps in developing and executing patient satisfaction programs. The study's goal was to gauge the level of care provided to IPD patients at a private hospital in the Madhya Pradesh district of Indore.

33. Chakraborty, P., & Poddar(2018), states that the Indian hospital industry is currently facing fierce competition. In order to stay in business and draw in patients from overseas, hospitals must adapt their traditional processes to take a more customer-centric approach. Owing to the significant amount of super-specialty hospitals it offers, Kolkata is steadily rising to the top of the Indian medical tourism map. Thanks to our reasonably priced facilities, highly qualified medical and paramedical staff, and experience, patients from Middle Eastern and African countries are now coming here.

34. Babu, M. A., (2011),states that the ownership of hospitals by physicians has long been a contentious issue. Physician ownership and hospital profits from imaging, lab testing, and procedures, according to critics, put doctors in a conflict of interest when it comes to giving patients unbiased care. Advocates contend that doctors can oversee every aspect of thepatient experience when they own a portion of a hospital, which could improve patient satisfaction and results. Since the health reform laws were passed, physician-owned specialty hospitals have come under increased scrutiny and are now subject to more stringentrestrictions on their ability to grow and expand.

35. Bilimoria, K. Y., (2021), states that between November 1, 2019, and April 28, 2020, 200,987 surveys out of 844,483 eligible encounters were completed, yielding an overall response rate of 23.8%. When telehealth and in-person visits were compared during the COVID era, the provider's LTR scores were comparable (mean LTR: 9.72 vs. 9.74, $p = 1.00$)(Table 1). The COVID-19 era's in-person and telehealth visit scores were both significantly higher than those of the pre-COVID era (mean LTR: 9.64 $p < 0.001$ for both comparisons). When analysing new patient visits separately, there were no differences found in scores between pre-COVID and COVID eras for

new patients, nor were there differences found in comparisons between telehealth and in-person visits. The clinic LTR results were similar to the provider LTR results.

36. P. Venkatesh & V. Selvakumar(2022), states that the topic that interests me the most is still customersatisfaction. Organizations aim to minimize expenses while concentrating on increasing profits. Profits can rise when expenses are reduced and sales are increased. Sales growth is aided by customer satisfaction, which fosters customer loyalty. A multifaceted concept, patient satisfaction with healthcare has emerged as a critical healthcare outcome. Thanks to technological innovation, healthcare providers' behaviours have changed dramatically in recent years. The health care system is currently a challenge for all governments, states, political parties, and insurance companies because of the fierce competition in the industry. Previously controlled by public and nonprofit hospitals, the private sector is now more involved in the provision of healthcare.

37. Malik, J., & Sharma (2017), states that the study identified nine factors that contribute to hospitalchoice: infrastructure and amenities, clinical effectiveness, reputation, recommendation, reputation, ease of access to services, professional competence, and personal constituents. Meanwhile, the three most important factors influencing patients' decisions were clinical effectiveness, personal constituents, and professional competence.

38. Sean T. Bomher, (2020),states that improving patient experience in healthcare is receiving more and more attention. The majority of children's hospitals have a patient experience department or team that works with operations to improve performance in this area while also championing and measuring patient experience. We describe the actions ourpaediatric health system's patient experience team takes to measure, advocate for, and enhance the quality of care for our patients and their families. Our suggested framework for these kinds of initiatives combines proactive measures to enhance patient experience with reactive measures to address negative experiences that patients and their families may have had.

39. Dhillon, (2016), states that hospitals must evaluate patients' satisfaction with differentservices as they become more conscious of their rights and demand better care. Sensing the need, a tertiary-care corporate hospital's in-patient services needed to be surveyed to identify any gaps. Content and technique: A structured questionnaire was used to conduct a cross- sectional descriptive survey. For each parameter and the overall experience as a whole, percentage scores

and weighted averages were determined. Findings: Of all the in-patient services, admission services received the highest level of overall satisfaction (99%), while lodging and physical facilities received the lowest level (88%) of satisfaction.

40. Conrad M. (2018), states that the rate of malnutrition diagnoses was consistently low across academic medical centres, suggesting that missing a diagnosis is a global problem. The prevalence of malnutrition diagnoses was correlated with institutional variables, indicating that institutional culture affects the diagnosis of malnutrition. To improve the identification of malnutrition, quality improvement initiatives seem to be required, with an emphasis on improved structure and process.

CHAPTER-3
INDUSTRY PROFILE

3.1 BRIEF HISTORY OF THE INDUSTRY

In addition to discussing significant global events that affected and influenced the healthcare industry as it exists today, this article offers a brief history of the sector. This article provides a brief overview of the history of global healthcare, covering the prehistoric, colonial, and contemporary periods. This piece delves into the diverse philosophies that have shaped the trajectory of global health and initiated the movement towards the internationalisation of the healthcare industry.

Home Remedies:

Ancient humans relied on their homes for health care as, for a large portion of human civilization's history, everything from birth to illness was managed by professionals in each home. A home remedy is a medical therapy that uses common ingredients such as spices, vegetables, or other ingredients to treat a sickness or ailment. It's possible that home remedies contain therapeutic qualities that help treat or cure the specific illness or condition. Initially, healthcare was just a reactionary medical practice in which people used trial and error to discover the curative qualities of plants and then shared that information with others. The use of plants as healing agents has long been practiced, even though there is no documentation to show when herbalism—the use of plants for therapeutic purposes—began.

Traditional Healthcare:

A therapeutic knowledge base evolved throughout time by replicating the behaviour of wildlife and was transmitted down through the generations. Although people have historically recounted their cures for illness, the causes of illness have not always been fully understood. The ancient world's medical knowledge was the product of years of experimentation and experience, a process of trial and error and eventual success, the results of which were documented by the second millennium B.C. Later, a wide range of cultures, including Persian, Egyptian, Greco-Roman, Indian, and Chinese cultures, turned to it as a topic of intentional study.

Ancient Pharmacology & Medical Practitioners:

Ancient medical professionals developed a thorough understanding of the regional flora and created the theories and methods of ancient pharmacology. The "Treatise of Medical

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Diagnosis and Prognoses" from Mesopotamia is one of the oldest and most comprehensive instances. It consists of approximately forty tablets that contain prescriptions and treatises that describe medical procedures based on logical observations of the body. The 'niche occupation' of healing was carried out by shamans and apothecaries, as tribal culture specialised certain castes. Like many ancient and indigenous people, Mesopotamian physicians were often shamanic, treating patients' ailments with charms and spells. However, in many societies, there were experts in herbal remedies who were called "physicians" due to their logical medical knowledge.

Impact of Colonialism on Healthcare:

Colonialism in the 19th and early 20th centuries led to the emergence of infectious diseases and tropical medicine, which in turn led to the development of public health for disease prevention in British colonies. Because infectious diseases spread new illnesses, they have a significant impact on public health. Native Americans become more susceptible to new diseases as a result of urbanisation and rising population density. National governments began focusing on defending their people from external dangers, such as infectious illnesses. As a result, health systems were established to control disease and monitoring systems were developed to respond to epidemics. As a result, there were significant advancements in immunisations, preventions, and treatments, as well as a shift in medical research from surveys to microscopic investigations and new trends in medical systems.

Impact of Therapeutic Revolution:

Medical research shifted its attention from a generalised pathology that dealt with physiology and disease transmission to a localised pathology at the beginning of the 19th century. When research began to concentrate on particular disorders in the 20th century, a shift known as the "therapeutic revolution" took place. Most people agree that the therapeutic revolution marked the beginning of medicine's effectiveness. It caused the medication's efficacy to increase. The originator of germ theory, Pasteur, deciphered the causes of numerous illnesses and helped create the first vaccinations. He disproved the commonly held belief that generation occurs spontaneously, paving the way for contemporary biology and biochemistry. The therapeutic revolution also enhanced medical research and led to the discovery of vaccines. Regarding illnesses like leprosy, anthrax, tuberculosis, plague, and malaria, significant progress was

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made. The therapeutic revolution ignited the trend towards the globalisation of medicine, started Western biomedicine on its current course, and produced a new understanding of disease and illness.

Impact of Primary Healthcare Movement:

Realising that non-health sector services were essential to population health and well-being and that medical care delivery was just a small portion of the solution to improving health and social conditions stemmed from the perceived failure of postwar illness eradication and infrastructure development. The 1970s saw a rise in interest in basic health care as a result of the realisation that health encompasses far more than what the health sector can do on its own. This led to calls for governments to develop national plans for the infrastructure of primary health care. Building fundamental healthcare services from the ground up was the driving force behind the primary health care movement. Models that were different from those of the United States and western medicine were promoted by nations like China and the Soviet Union. Organisations such as the World Health Assembly and the World Health Organisation advocated health care. One significant occasion in the movement's history was the International Conference for Primary Health Care in 1978. More than 130 governments sent delegates to the meeting.

Impact of Development Movement:

The post-World War II era gave rise to the health care development movement, which was based on the idea that global economic growth would be beneficial to all people, even if it meant some inequality. The development ideology held the implicit as well as the stated objective of a modern, globalised world that abandoned antiquated ideologies in the name of economic advancement. Neoliberalism, a market-driven approach to social and economic policy, promoted the "free-market" as a more effective tool for growth than government intervention and contended that overall economic progress will benefit both the majority of the poor in emerging countries and a wealthier minority. Policies for structural adjustment placed a strong emphasis on market-based resource distribution, a reduction in public sector spending, liberalisation, deregulation, and privatisation. It is thought that the poor's living conditions and health outcomes have not improved as a result of these particular growth-oriented policies.

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Globalization of Healthcare Industry:

The idea of a global health care industry is relatively new, and while the current healthcare sector is expanding globally on a daily basis, healthcare has historically been seen as a local industry unique to individual nations, so national healthcare systems have different practices and distinct developments. Every nation's health sector has a unique history and evolutionary trajectory. The trend towards the globalisation of the healthcare business is currently being driven by the ancillary healthcare industries' globalisation, recent technical advancements, and the standardisation of many industry features.

3.2 INDUSTRIAL PERFORMANCE -GLOBAL,NATIONAL & REGIONAL

The assessment of industrial performance on a global, national, and regional scale is a multifaceted exploration influenced by economic trends, geopolitical dynamics, technological advancements, and local policies. This narrative aims to delve into key indicators and factors that shape industrial performance at these three levels.

Global Industrial Performance:

The global healthcare industry is undergoing a transformative phase marked by the multifaceted impact of the COVID-19 pandemic and ongoing technological advancements. The pandemic has underscored the critical need for resilient healthcare infrastructure, accelerating the development and adoption of vaccines, while also prompting a rapid uptake of telehealth and digital health solutions. Technological innovations, including artificial intelligence and genomics, are driving personalized medicine and improving diagnostic capabilities. The pharmaceutical and biotechnology sectors are witnessing breakthroughs in therapeutic approaches, exemplified by the mRNA technology utilized in some COVID-19 vaccines. Nevertheless, global health inequalities persist, with disparities in access to healthcare resources and services. The collaboration between public and private sectors is increasingly vital, with joint efforts spanning vaccine distribution, research initiatives, and supply chain resilience. Mental health has gained prominence, leading to destigmatization efforts and an increased focus on comprehensive mental health services. Regulatory frameworks are evolving to accommodate technological advancements, reflecting a dynamic and interconnected landscape that requires continual monitoring for the latest developments.

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National Industrial Performance:

The healthcare industrial performance in India reflects a dynamic landscape. The government has undertaken initiatives like Ayushman Bharat to enhance healthcare accessibility and affordability for millions. There has been notable progress in expanding healthcare infrastructure, with a focus on rural areas. The COVID-19 pandemic accelerated the adoption of telemedicine, providing a technological boost to healthcare services. India's pharmaceutical industry remains robust, contributing significantly to global generic drug production. The country is a prominent destination for medical tourism due to its affordable and high-quality treatments. Challenges persist, including regional disparities and the need for a more extensive healthcare workforce. The public-private partnership model is crucial, with government initiatives emphasizing affordability, while the private sector contributes advanced technologies. India's active engagement in medical research and innovation, particularly in pharmaceuticals and biotechnology, adds to the sector's overall dynamism. It is recommended to refer to more recent sources for the latest developments in India's healthcare industry.

Regional Industrial Performance:

The healthcare sector in Kerala, stands out for its commendable achievements and notable features. With a robust public health system, the state has prioritized healthcare infrastructure, boasting a network of primary health centers, community health centers, and district hospitals. Kerala consistently ranks high in human development indicators, reflecting its success in areas such as life expectancy, maternal mortality rate, and infant mortality rate. The government has implemented various healthcare initiatives, including the Karunya Health Insurance scheme, aiming to provide financial assistance for medical treatments to economically disadvantaged sections of society. Kerala's response to the COVID-19 pandemic drew attention for its proactive measures, widespread testing, and public awareness campaigns. The state is home to reputable medical institutions and research centers contributing to medical education and research. With a rich tradition in Ayurveda and traditional medicine, Kerala promotes a holistic approach to wellness. It also serves as a prominent destination for health tourism, attracting individuals seeking Ayurvedic treatments and wellness services. While the state faces challenges such as an aging population and lifestyle diseases, ongoing efforts underscore its commitment to maintaining high healthcare

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standards and addressing evolving healthcare needs. For the latest updates, it is recommended to consult more recent sources.

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3.3 PROSPECTS & CHALLENGES IN THE INDUSTRY

1. Prospects in the Industry:

1.1. Technological Advancements:

The integration of advanced technologies, often termed Industry 4.0, presents unprecedented prospects for industries. Automation, artificial intelligence, and the Internet of Things (IoT) are reshaping manufacturing processes, enhancing efficiency, and fostering innovation. Industries that embrace these technologies can look forward to increased productivity, streamlined operations, and a competitive edge in an ever-evolving market.

1.2. Sustainability and Green Initiatives:

The global shift towards sustainability is creating promising prospects for industries willing to adopt eco-friendly practices. Green initiatives, encompassing renewable energy sources, circular economy practices, and reduced environmental footprints, not only meet growing consumer expectations but also open up new market opportunities. Industries aligning with sustainability goals are well-positioned to thrive in a market where environmental consciousness is paramount.

1.3. Digital Transformation in Supply Chains:

Digital transformation in supply chains offers a transformative prospect for industries involved in logistics and distribution. Blockchain technology ensures transparency and traceability, addressing concerns related to authenticity and ethical sourcing. Real-time data analytics optimize supply chain management, enhancing efficiency and responsiveness.

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Industries that embrace these changes are poised for more agile and resilient supply chains, meeting the demands of an interconnected global market.

1.4. Health and Biotechnology Industries:

Recent global events have underscored the critical importance of the health and biotechnology sectors. Prospects in pharmaceuticals, biomanufacturing, and medical technologies are on the rise. The development of personalized medicine, gene therapies, and advancements in healthcare infrastructure presents lucrative opportunities. The industry's response to global health challenges highlights its potential for growth and innovation.

1.5. Renewable Energy and Clean Technologies:

The growing emphasis on renewable energy sources and clean technologies is reshaping the prospects of the energy industry. Sustainable solutions such as solar and wind power, along with advancements in energy storage and smart grids, present opportunities for growth. Industries contributing to the transition towards cleaner energy alternatives are likely to benefit from changing regulatory landscapes and increasing environmental awareness.

1.6. E-commerce and Digital Platforms:

The surge in e-commerce and digital platforms is redefining prospects in the retail and service industries. Industries adapting to online transactions, digital marketing, and data-driven customer experiences are poised for growth. The flexibility to meet changing consumer behaviors and invest in e-commerce infrastructure positions industries for success in a digitally interconnected marketplace.

Challenges in the Industry:

2.1. Global Economic Uncertainties:

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Industries face challenges stemming from global economic uncertainties, including geopolitical tensions, trade disputes, and economic downturns. The interconnected nature of the global economy means that events in one region can have cascading effects on industries worldwide. Navigating these uncertainties requires strategic planning, risk management, and adaptability to changing market conditions.

2.2. Technological Disruptions and Workforce Transition:

While technological advancements offer prospects, they also present challenges related to workforce transitions. Automation and AI may lead to job displacement, requiring industries to invest in reskilling and upskilling programs. Managing this transition effectively is crucial to fostering a workforce that can harness the benefits of technological innovations.

2.3. Regulatory Complexity and Compliance:

The industrial sector faces challenges related to the complexity of regulatory frameworks and compliance requirements. Evolving regulations, especially in areas such as environmental standards, data privacy, and safety protocols, demand industries to stay abreast of legal changes and invest in robust compliance mechanisms. Failure to adhere to regulations can result in legal repercussions and damage to a company's reputation.

2.4. Supply Chain Vulnerabilities:

Global supply chains are susceptible to disruptions, as highlighted by recent events such as the COVID-19 pandemic. Industries face challenges related to supply chain vulnerabilities, including logistical issues, shortages of critical components, and geopolitical tensions affecting sourcing. Building resilient and diversified supply chains is imperative to mitigate risks and ensure business continuity.

2.5. Environmental and Social Pressures:

Increasing awareness of environmental and social issues is pressuring industries to adopt sustainable practices. While sustainability presents prospects, industries also face challenges in meeting stringent environmental standards, addressing social responsibility concerns, and

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managing reputational risks. Balancing profit motives with ethical and sustainable practices requires a strategic and integrated approach.

2.6. Cybersecurity Threats:

The rapid digitization of industries brings with it the challenge of cybersecurity threats. As industries become more reliant on digital infrastructure and interconnected systems, they become vulnerable to cyberattacks. Protecting sensitive data, ensuring the integrity of digital operations, and staying ahead of evolving cybersecurity threats are critical challenges that industries must navigate.

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CHAPTER-4

COMPANY PROFILE

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4.1 BRIEF HISTORY OF THE ORGANIZATION

Aster Medcity, set in a soothingly beautiful 40-acre waterfront campus, is a 670-bed quaternary care facility & one of the best hospital in Kochi, Kerala. Fulfilling the vision and dream of Dr. Azad Moopen, its beloved chairman, the center has been delivering quality healthcare at affordable cost through its Centres of Excellence and a multi-specialty hospital since 2013. It is the first JCI accredited quaternary care multispecialty hospital in the state and combines the best of talent and technology to provide holistic treatment with a multidisciplinary approach.

Across the years, Aster Medcity has evolved into a medical destination - one that attracts not just thousands of patients across the world; but also attracts and nurtures the best talent, keeps upgrading technology as well as fosters research, education and a distinctive work culture that is ethically and socially relevant.

Kerala's first quaternary care hospital, Aster Medcity has also been accredited by NABH, received NABH certification for Nursing Excellence, Green OT (Green Operation Theatres) Certification by Bureau Veritas all within a year of opening its door to the world.

With a multidisciplinary treatment approach at its core, Aster Medcity offers quality healthcare under Centres of Excellence in Cardiac Sciences, Neurosciences, Orthopaedics & Rheumatology, Nephrology & Urology, Oncology, Women's Health, Child & Adolescent Health, Gastroenterology & Hepatology, and Multi-Organ Transplantation. The multispecialty hospital inside the campus provides unmatched care by other specialties such as Internal Medicine, Infectious Diseases, Interventional Radiology, ENT, Plastic, Cosmetic & Microvascular Surgery, General Surgery, Psychiatry, Dentistry, Maxillofacial Surgery, Pulmonology, Ophthalmology, Nuclear Medicine, Centre for Fertility, Dermatology and Cosmetology to name a few.

Some of its clinical programs such as Physical Medicine & Rehabilitation (PMR), Bone Marrow Transplant, Liver Transplant, Kidney Transplant, Parkinson and Movement Disorders treatment including Deep Brain Stimulation (DBS), Spine Surgery, Epilepsy Surgery, Cardiac Electrophysiology benefited hundreds of people across the world. Aster Minimal Access Robotic Surgery (MARS) program has successfully performed over 1200 robotic-assisted surgeries by transplant surgeons, urologists, and gynecologists. The hospital also is one of the very few in the region to offer full-fledged Extra Corporeal Membrane Oxygenation (ECMO) facilities reviving critically ill patients.

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Aster medicity provides houses state-of-the-art facilities with a multispeciality hospital and eight specialty centres for cardiac sciences, orthopaedics and rheumatology, neurosciences, nephrology and urology, oncology, gastroenterology and hepatology, women's health, child and adolescent health.

It is one of the best multispeciality hospitals in Kochi, Ernakulam is equipped with advanced technology and equipment, including a complete digital integration system with auto pilot anaesthesia machine and isocentric C arm, the Da Vinci Robot for precision and accuracy in surgical procedures and 256-Slice CT providing the fastest and lowest radiation CT scan, and utilises robotic surgery. Aster Medcity Kochi, Ernakulam has received the Kerala State Pollution Control Award and the Dhanam Award for NRK Brand of the Year in 2016.

According to CRISIL, India is fast emerging as a major medical tourist destination. India is highly competitive in terms of healthcare costs compared to developed countries, and is a particularly attractive destination for patients from South-East Asia and the MENA region.

Aster Medcity multispeciality hospital in Kochi, Ernakulam, Kerala is readily accessible from major cities across India for domestic medical value travellers. We intend to increase our marketing efforts to attract medical value travellers to Aster Medcity hospital and our other hospitals from our targeted markets in the MENA region, especially the GCC states and India.

CURRENT BOARD OF DIRECTORS

The Board of directors of Aster medicity consist of

- **Dr. Azad Moopen** Founder Chairman and Managing Director
Aster DM Healthcare
- **Dr. Nitish Shetty**, Chief executive officer
- **Mr. Farhan Yasin**, Vice President
- **Mr. Sunil Kumar MR**, Joint Chief Financial Officer
- **Prof. Dr. Somashekhar S P**, Chairman – Medical Advisory Board
- **Mr. Devanand KT**, Regional CEO Telangana & Andhra Pradesh
- **Mr. Ramesh Kumesh S**, CEO, Aster Hospitals Bangalore
- **Mr. Srinath Melta**, Country Head -Sales & Marketing, Revenue Cycle Management
- **Mr. Durga Prasanna Nayak**, Head -HR

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- **Mr. Sreeni Venugopal**, Chief Informaation Officer & Chief Information Security Officer
- **Dr. Anup R Warriar**, Chief of Medical Services
- **Mr. Hemakumar Nemmal**i, Head – SCM

ORGANISATIONAL CHART

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4.2 MISSION, VISION STATEMENT AND QUALITY POLICY FOLLOWED

MISSION

The mission of the healthcare industry is a multifaceted commitment aimed at promoting and enhancing the health and well-being of individuals and communities. Central to this mission is the delivery of patient-centered care that prioritizes the unique needs and preferences of individuals, ensuring compassionate and accessible healthcare services. Beyond treatment, the industry places a significant emphasis on preventive measures and wellness initiatives, encompassing vaccination programs, health screenings, and lifestyle education.

The mission of Aster medicity is-

- To provide high-quality healthcare services at affordable cost
- They strive to offer exceptional medical care to their patients while upholding ethical standards and ensuring accessibility to all members of the community
- Embracing cutting-edge technology and innovation medical practices to enhance diagnosis, treatment.

VISION

The future of the healthcare industry holds a promising transformation driven by technological advancements, patient-centric care models, and a focus on preventive medicine. Telemedicine and remote patient monitoring are expected to become integral parts of healthcare delivery, providing accessible and convenient services while reducing the burden on traditional healthcare infrastructure. Artificial intelligence and machine learning will revolutionize diagnostics, treatment planning, and personalized medicine, enhancing efficiency and accuracy.

Additionally, genomic medicine will play a significant role in tailoring treatments to individual genetic profiles, leading to more effective and targeted therapies. Collaboration between healthcare providers, technology companies, and policymakers will be essential to navigate regulatory challenges and ensure equitable access to innovative healthcare solutions. Overall, the vision for the healthcare industry is one of greater accessibility, efficiency, and personalized care, ultimately improving health outcomes for individuals and populations worldwide.

The vision for Aster medicity is to the transformation, driven by technology, patient-centered care models, and collaboration among stakeholders. By embracing innovation, promoting

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preventive medicine, and addressing disparities in access to care, the healthcare industry can improve health outcomes and enhance the well-being of individuals and communities worldwide.

QUALITY POLICY FOLLOWED

Aster Medcity, a leading healthcare facility, likely follows a quality policy that prioritizes patient safety, effective treatment outcomes, adherence to medical protocols, continuous improvement, and compliance with regulatory standards. This could involve measures such as rigorous quality assurance programs, staff training, accreditation processes, patient feedback mechanisms, and regular audits to ensure high standards of care are maintained.

some key points that might be part of Aster Medcity's quality policy:

1. Patient Safety : Ensuring the safety of patients through rigorous protocols, including infection control measures, medication safety, and minimizing risks during procedures.
2. Effective Treatment Outcomes : Striving to achieve positive treatment outcomes through evidence-based practices, advanced medical technologies, and multidisciplinary collaboration among healthcare professionals.
3. Continuous Improvement : Commitment to continuous improvement by regularly reviewing processes, implementing best practices, and incorporating feedback from patients and staff.
4. Compliance with Regulatory Standards : Adhering to all applicable regulatory standards and guidelines to ensure legal compliance and high-quality care delivery.

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5. Staff Training and Development : Investing in the training and development of healthcare professionals to enhance skills, knowledge, and competence in delivering quality care.

6. Patient-Centered Care : Focusing on patient needs, preferences, and satisfaction by providing compassionate, respectful, and personalized care experiences.

7. Accreditation and Quality Assurance : Obtaining relevant accreditations and certifications from recognized organizations to demonstrate commitment to quality and excellence in healthcare delivery.

8. Ethical Practices : Upholding ethical principles and integrity in all aspects of patient care, including confidentiality, informed consent, and fair treatment.

9. Resource Optimization : Efficiently managing resources, including medical equipment, facilities, and staff, to ensure optimal utilization and cost-effectiveness without compromising quality.

10. Risk Management : Identifying, assessing, and mitigating risks to patient safety and organizational integrity through proactive risk management strategies and protocols.

11. Transparency and Communication : Promoting open communication channels between healthcare providers, patients, and their families to foster trust, understanding, and shared decision-making.

12. Clinical Governance : Implementing robust clinical governance structures and processes to monitor and evaluate clinical performance, outcomes, and adherence to best practices.

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13. Research and Innovation : Encouraging research initiatives and innovation in healthcare delivery to advance medical knowledge, improve treatments, and enhance patient care outcomes.

4.3 BUSINESS PROCESS OF THE ORGANISATION – PRODUCT PROFILE

Aster Medcity offers a range of medical services and facilities. Here are some of the key offerings:

- Medical Services
- Surgical Services
- Emergency and Critical Care
- Diagnostic Services
- Wellness and Preventive Healthcare
- International Patient Services
- Technology Integration
- Research and Education

1. Medical Services: Aster Medcity, situated in Kochi, Kerala, offers a diverse range of medical services, spanning specialized departments like cardiology, neurology, and oncology. The hospital excels in surgical care, providing advanced procedures in cardiac surgery, neurosurgery, and orthopedics. With a 24/7 emergency department and intensive care units, Aster Medcity ensures prompt and specialized attention to both urgent and critical medical cases. The integration of advanced diagnostic services, international patient support, and a focus on wellness and preventive healthcare further contribute to the hospital's commitment to comprehensive patient care.

- Cardiology
- Neurology
- Oncology
- Gastroenterology
- Nephrology

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- Orthopedics
- Endocrinology
- Pulmonology
- Dermatology
- Rheumatology
- Urology
- Ophthalmology
- Obstetrics and Gynecology
- Pediatrics

2. Surgical Services: Aster Medcity in Kochi, Kerala, is recognized for its exemplary surgical services, offering advanced procedures across various specialties. The hospital boasts state-of-the-art surgical facilities and a team of skilled surgeons, particularly excelling in cardiac surgery, neurosurgery, orthopedic surgery, and other specialized surgical disciplines. With a commitment to innovation, Aster Medcity ensures that patients receive cutting-edge treatments and personalized care in modern operating theaters. This emphasis on surgical excellence positions the hospital as a trusted destination for those seeking high-quality and specialized surgical interventions.

- Cardiac Surgery
- Neurosurgery
- Orthopedic Surgery
- General Surgery
- Gastrointestinal Surgery
- Plastic and Reconstructive Surgery
- Urological Surgery

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3. Emergency and Critical Care: Aster Medcity in Kochi, Kerala, prioritizes emergency and critical care services to ensure swift and specialized medical attention. The hospital's 24/7 emergency department is equipped to handle a broad spectrum of medical emergencies, providing immediate and efficient care. Critical care units within Aster Medcity, including cardiac ICU and surgical ICU, feature advanced monitoring and life support systems for comprehensive management of critically ill patients. This commitment to emergency and critical care underscores the hospital's dedication to addressing urgent healthcare needs with the highest standards of medical expertise and technology.

- Emergency Department
- Intensive Care Units (ICUs)

4. Diagnostic Services: Aster Medcity in Kochi, Kerala, is equipped with comprehensive diagnostic services aimed at precise and timely healthcare assessments. The hospital's diagnostic facilities include advanced imaging modalities such as MRI, CT scans, and X-rays, contributing to accurate medical diagnoses. Additionally, Aster Medcity offers a range of laboratory tests, ensuring a thorough evaluation of patients' health conditions. The integration of cutting-edge diagnostic technologies underscores the hospital's commitment to delivering effective and personalized healthcare solutions through precise diagnostics.

- Imaging Services (MRI, CT scan, X-ray, ultrasound, etc.)
- Laboratory Services

5. Wellness and Preventive Healthcare: Aster Medcity in Kochi, Kerala, places a significant emphasis on wellness and preventive healthcare initiatives. The hospital offers comprehensive health check-up packages and programs designed to monitor and enhance overall well-being. Through these proactive measures, Aster Medcity aims to detect potential health issues at an early stage, allowing for timely intervention and personalized care. The focus on wellness and preventive healthcare aligns with the hospital's commitment to promoting a healthier community and preventing the onset of diseases.

- Health Check-up Packages
- Preventive Healthcare Programs

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6. International Patient Services: Aster Medcity in Kochi, Kerala, provides specialized services to cater to the needs of international patients, recognizing the importance of medical tourism. The hospital offers assistance with travel arrangements, including visa facilitation and accommodation, ensuring a seamless experience for patients traveling from abroad. Language support services are also provided to enhance communication and understanding during medical consultations and procedures. Aster Medcity's commitment to personalized care for international patients reflects its dedication to delivering world-class healthcare services on a global scale.

- Medical Tourism
- Assistance with Travel Arrangements
- Language Support

7. Technology Integration: Aster Medcity in Kochi, Kerala, is at the forefront of healthcare technology integration, employing cutting-edge medical advancements to enhance patient care. The hospital incorporates state-of-the-art diagnostic tools, such as MRI, CT scans, and advanced imaging, for accurate and efficient medical assessments. Through the integration of digital healthcare solutions, Aster Medcity ensures seamless communication, data management, and patient engagement. This commitment to technology not only improves diagnostic precision but also contributes to a more streamlined and patient-centric healthcare experience at Aster Medcity.

- Advanced Medical Technology
- Digital Healthcare Solutions

8. Research and Education: Aster Medcity in Kochi, Kerala, actively engages in medical research and education, contributing to advancements in the field of healthcare. The hospital fosters a culture of continuous learning, with ongoing educational programs for healthcare professionals to stay abreast of the latest medical knowledge and practices. Through participation in medical research initiatives, Aster Medcity seeks to contribute to scientific knowledge and improve patient outcomes. This commitment to research and education

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positions the hospital as a center for innovation and ensures the delivery of high-quality and cutting-edge healthcare services.

- Participation in Medical Research

- Educational Programs

4.4 STRATEGIES – BUSINESS , PRICING , MANAGEMENT

1. Business Strategies:

Multi-Specialty Approach: Aster Medcity is known for its multi-specialty healthcare services, covering a broad range of medical disciplines. This approach allows the hospital to serve diverse healthcare needs.

International Patient Services: Emphasizing medical tourism, Aster Medcity attracts international patients through dedicated services, streamlined processes, and a focus on providing world-class healthcare.

Technology Integration: Investing in and leveraging advanced medical technologies for diagnostics, treatments, and patient management can enhance the hospital's competitive edge.

2. Pricing Strategies:

Transparent Pricing: Many healthcare institutions, including Aster Medcity, often aim for transparent pricing structures, ensuring that patients understand the costs associated with their treatments.

Health Insurance Partnerships: Collaborating with health insurance providers helps make healthcare more accessible to a broader population and simplifies the financial aspects for patients.

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3. Management Strategies:

Quality Assurance: Ensuring high-quality healthcare services through continuous monitoring, adherence to medical standards, and obtaining relevant accreditations is a common management strategy.

Human Resource Management: Effectively managing healthcare professionals, ensuring proper training, and maintaining a positive work environment contribute to the hospital's overall success.

Patient-Centric Approach: A patient-focused management strategy involves prioritizing patient satisfaction, engagement, and personalized care to enhance the overall healthcare experience.

4.5 SWOT ANALYSIS OF THE COMPANY

Strengths

1. **Advanced Medical Facilities:** Aster Medcity is known for its state-of-the-art medical equipment and technology.
2. **Highly Skilled Medical Professionals:** The hospital boasts a team of experienced doctors and healthcare staff.
3. **Comprehensive Healthcare Services:** It offers a wide range of medical services, including specialized treatments and surgeries.
4. **International Accreditation:** Aster Medcity has received accreditations and certifications, indicating its high standards of healthcare.
5. **Patient-Centric Approach:** The hospital focuses on providing personalized care and attention to patients.

Weaknesses

1. **High Costs:** The advanced facilities and services offered by Aster Medcity may come with high treatment costs, limiting accessibility for some patients.
2. **Overcrowding:** The hospital might face challenges with overcrowding, leading to longer wait times and reduced patient satisfaction.

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3. **Limited Accessibility:** Its location may pose a challenge for patients living in remote areas or those without easy access to transportation.

4. **Dependence on Technology:** Reliance on technology could lead to vulnerabilities such as system failures or cybersecurity threats.

Opportunities

1. **Expansion of Services:** Aster Medcity can explore opportunities to expand its range of services or introduce new specialized treatments to attract more patients.

2. **Medical Tourism:** Leveraging its advanced facilities and expertise, the hospital can attract patients from overseas, contributing to revenue growth.

3. **Partnerships and Collaborations:** Forming partnerships with international healthcare organizations or research institutions can enhance its reputation and capabilities.

4. **Telemedicine:** Implementing telemedicine services can broaden its reach and provide healthcare access to patients in remote areas.

Threats

1. **Competition:** Increasing competition from other hospitals or healthcare providers offering similar services could pose a threat to Aster Medcity's market share.

2. **Regulatory Changes:** Changes in healthcare regulations or policies could impact the hospital's operations and financial stability.

3. **Economic Instability:** Economic downturns or fluctuations could affect patients' ability to afford high-cost treatments, impacting the hospital's revenue.

4. **Public Health Emergencies:** Outbreaks of diseases or public health emergencies can strain healthcare resources and disrupt normal operations at the hospital.

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CHAPTER- 5

RESEARCH METHODOLOGY

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5.1 STATEMENT OF THE PROBLEM

The project aims to understand and ensuring patient satisfaction in the urology department of Aster medicity, kochi. A self-prepared questionnaire was used to collect data on patient satisfaction.

5.2 RESEARCH DESIGN

Research design is the structured plan outlining the methodology and procedures used in a research study, guiding data collection and analysis to address a specific research problem or question. It encompasses key elements such as research type, data collection methods, sampling strategy, data analysis plan, time horizon, and ethical considerations.

5.3 SAMPLE DESIGN

Sample design refers to the process of selecting a subset of elements from a larger population for a research study. It involves defining the criteria for choosing the participants or observations that will represent the entire population, ensuring that the selected sample is representative and can provide meaningful insights into the research objectives.

5.3.1 POPULATION

Population refers to the entire group of individuals, items, or events that share common characteristics and are the subject of study. It represents the larger set from which a sample is drawn for research purposes. The population is the group about which the researcher wants to draw conclusions, and its size can vary depending on the scope of the study.

5.3.2 SAMPLING TECHNIQUE

A sampling technique is a specific method used to select a subset or sample from a larger population for a research study. Different sampling techniques have distinct advantages and limitations, and the choice of method depends on the research goals, resources, and characteristics of the population

- The sampling method used for the study is random sampling

5.3.3 SAMPLE SIZE

[Type here]

Sample size refers to the number of individuals, items, or observations selected for inclusion in a research study from the larger population. Determining an appropriate sample size is a critical aspect of research design and is influenced by various factors, including the research objectives, the characteristics of the population, the desired level of confidence, and the available resources.

- The sample size is 50

5.4 DATA COLLECTION DESIGN

The process of organising and putting into practice strategies for collecting data for a specific project or research topic is known as data collection design.

Determining the kind of data required to address the research question, choosing the best data collection techniques, and organising the data's acquisition, storage, and analysis are all steps in the design process.

5.4.1 DATA SOURCES

A data source is the origin or location from which researchers collect information or data for a specific research study. It represents the fundamental reservoir of data that is analyzed to draw conclusions and make inferences

Primary sources:

A primary source is an original, firsthand, or direct piece of evidence or information created or produced at the time under study. It is a direct and unmediated source of information that provides direct insight into a particular event, topic, or period.

Secondary sources:

A secondary source is an interpretation, analysis, or commentary that is derived from or based on primary sources. Unlike primary sources, which provide direct or firsthand evidence, secondary sources offer an indirect perspective or interpretation of events, ideas, or information. Secondary sources are created after the time under study and involve the synthesis, analysis, or evaluation of primary materials.

The source of data was collected by preparing a self-prepared questionnaire which is filled out by the patients, bystanders, or participants of this survey

5.4.2 DATA COLLECTION TOOLS

[Type here]

Surveys: Surveys can be conducted online, via email, or in person, and are used to gather information from many people.

- The data collection tool used for research is a questionnaire.
- Surveys: Surveys are a common data collection tool used to gather information on patient satisfaction. They can be administered online, by mail, or in person and can be designed to collect both quantitative and qualitative data.

A self-prepared questionnaire was prepared to collect data.

5.4.3 DATA ANALYSIS TOOL

Tables are created from the collected data. The percentages were calculated, and the analysis was done using the straightforward percentage approach. There is analysis, as well as varied conclusions and recommendations. With the aid of several tools, including percentages, tabulation, and charts, the data is evaluated and interpreted.

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CHAPTER -6
DATA INTERPRETATION
AND ANALYSIS

[Type here]

6.1 PATIENT OR BYSTANDER

The table shows the number of patients and bystanders who attended the survey.

Opinions	No. of respondents	Percentages
Patients	28	56%
Bystanders	22	44%
Total	50	100%

TABLE 6.1

The chart shows the number of patients and bystanders who attended the survey.

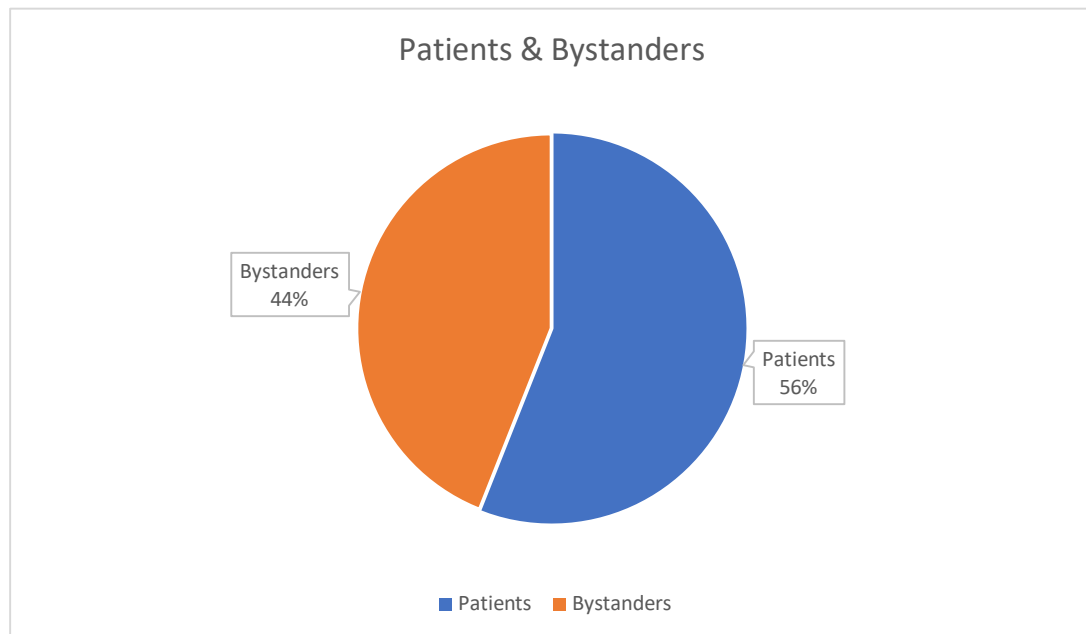


CHART 6.1

INTERPRETATION

According to the above data 56% of the survey was attended by the patients and 44% by the bystanders of the patients

[Type here]

6.2 GENDER

The table shows the gender of the patients in this survey from the Urology OP.

Opinions	No. of respondents	Percentage
Male	30	60%
Female	20	40%
Total	50	100%

TABLE 6.2

The chart shows the gender of the patients in this survey from the Urology OP.

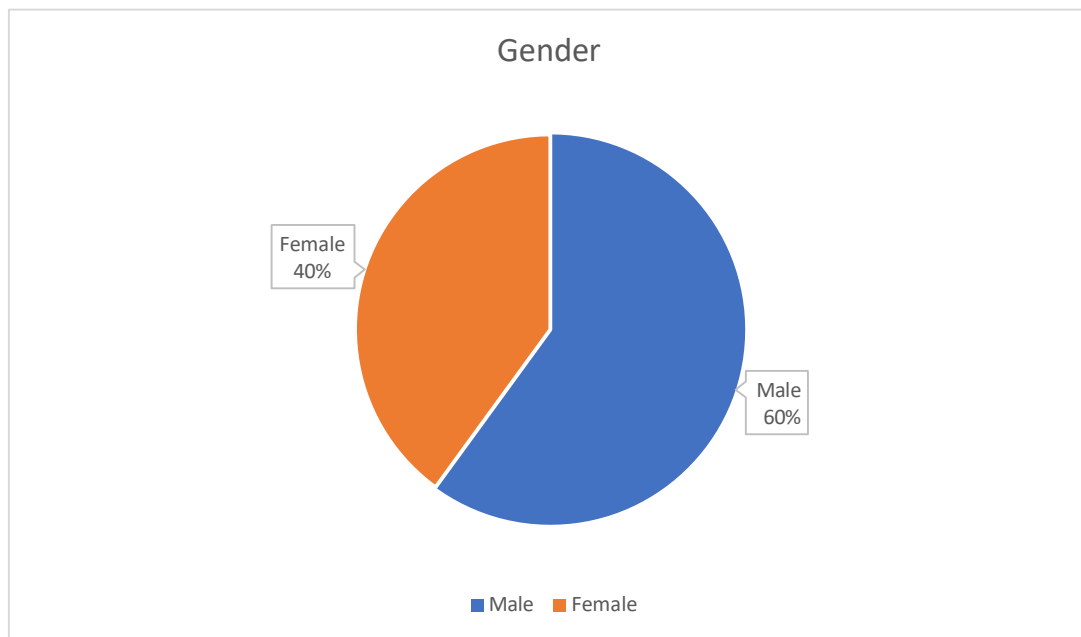


CHART 6.2

INTERPRETATION

According to the above data 60% of the patients are male and 40% of patients are female in this survey from the urology OP.

[Type here]

6.3 AGE

The table shows the age of the patients in this survey from the Urology OP.

Opinions	No. of respondents	Percentages
Below 25	8	16%
25-50 Years	17	34%
Above 50 Year	25	50%
Total	50	100%

TABLE 6.3

The chart shows the age of the patients in this survey from the Urology OP.

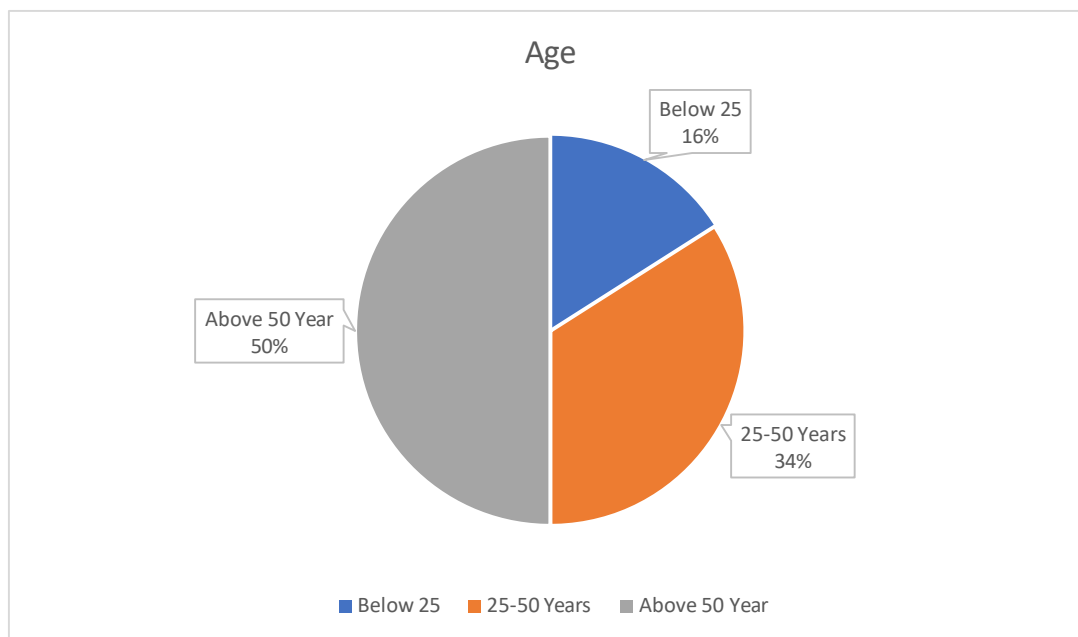


CHART 6.3

INTERPRETATION

According to the above data 16% of patients are in the age group below 25, 34% are between the age group 25-50 and 50% of the patients are in the age group 50 and above in this survey from the Urology OP.

[Type here]

6.4 MARITAL STATUS

The table shows the Marital Status of the patients in this survey from the Urology OP.

Opinions	No. of respondents	Percentages
Single	15	30%
Married	35	70%
Total	50	100%

TABLE 6.4

The table shows the Marital Status of the patients in this survey from the Urology OP.

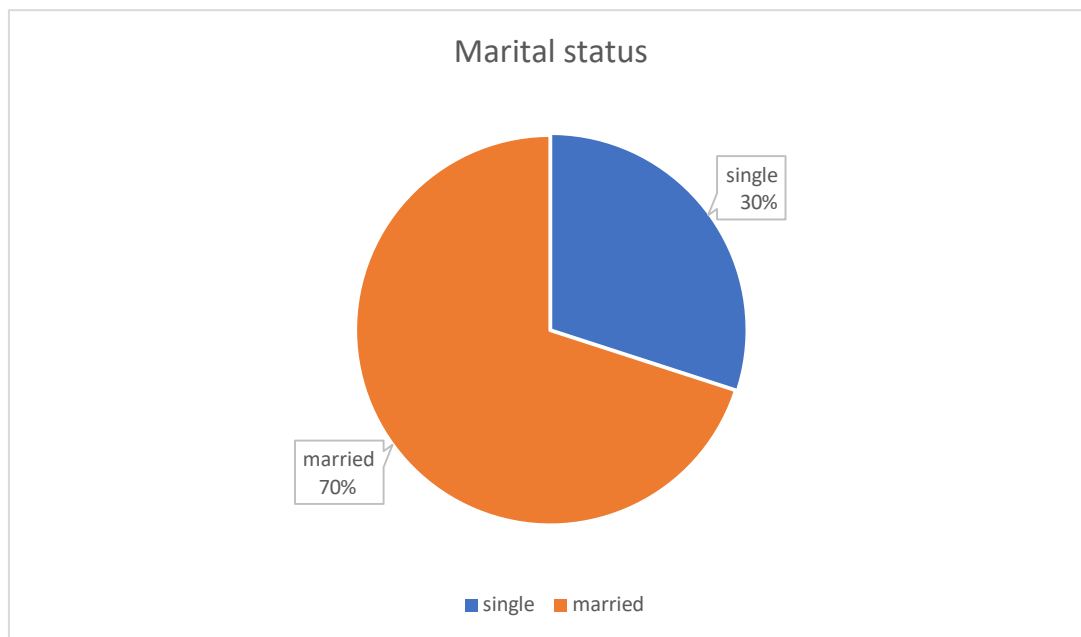


CHART 6.4

INTERPRETATION

According to the above data 30% of the patients are single and 70% of the patients are married.

[Type here]

6.5 EDUCATIONAL STATUS

The table shows the educational qualifications of the patients in this survey from the urology OP.

Opinions	No. of respondents	Percentages
School	12	24%
UG	33	66%
PG and above	5	10%
Total	50	100%

TABLE 6.5

The chart shows the educational qualifications of the patients in this survey from the urology OP.

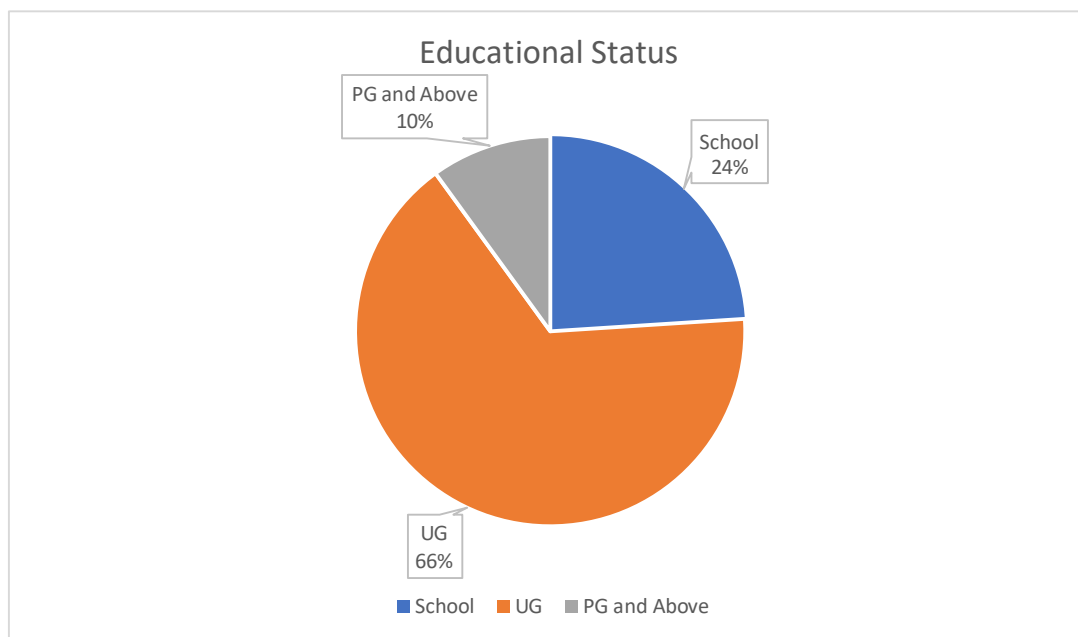


CHART 6.5

INTERPRETATION

According to the above data, 24% of the patients have a school education, 66% of the patients are graduated and 10% of patients are post-graduated and above qualified.

[Type here]

6.6 OCCUPATION

The table shows the occupations of the patients.

Opinions	No. of respondents	Percentages
Government employee	12	24%
Self-employed	20	40%
Unemployed	10	20%
Pensioner/Retired	8	16%
Total	50	100%

TABLE 6.6

The chart shows the occupation of the patients.

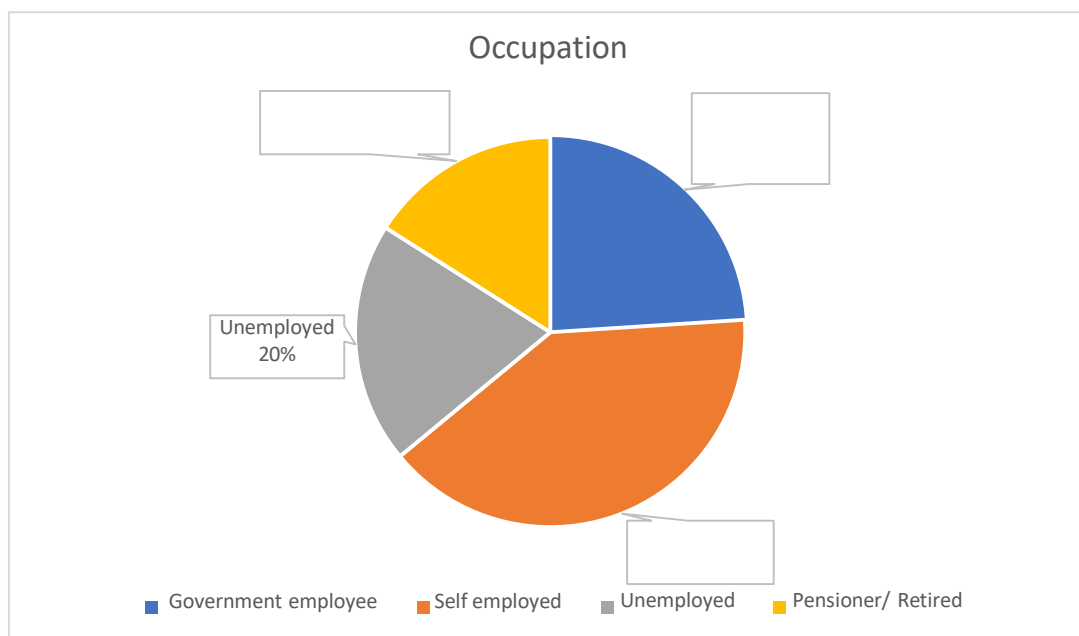


CHART 6.6

INTERPRETATION

According to the above data, 12% of patients are government employees, 40% of patients are self-employed, 20% of patients are unemployed and 16% of patients are either pensioners or retired.

[Type here]

6.7 DISTANCE TO HOSPITAL

The table shows the distance from home to hospital.

Opinions	No. of respondents	Percentages
Less than 1 km	2	4%
1-10 km	12	24%
10-20 km	16	32%
More than 20 km	20	40%
Total	50	100%

TABLE 6.7

The chart shows the distance from home to hospital.

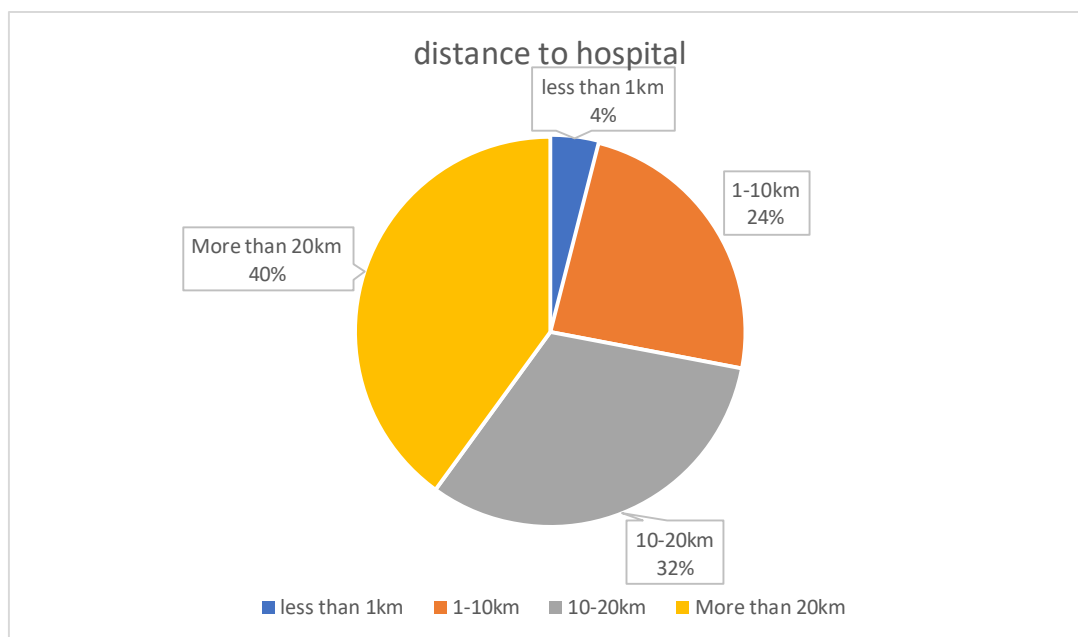


CHART 6.7

INTERPRETATION

According to the above data 4% of patients have distance to hospital from home less than 1 km, 24% of patients have distance between 1-10 km to hospital, 32% of patients have distance between 10-20 km and 40% of patients have distance more than 20 kms.

[Type here]

6.8 RESIDENCE STATUS

The table shows the residence status of the patients.

Opinions	No. of respondents	Percentages
KERALA	30	50%
OTHER STATES	10	17%
NRI	20	33%
TOTAL	50	100%

TABLE 6.8

The chart shows the residence status of the patients.

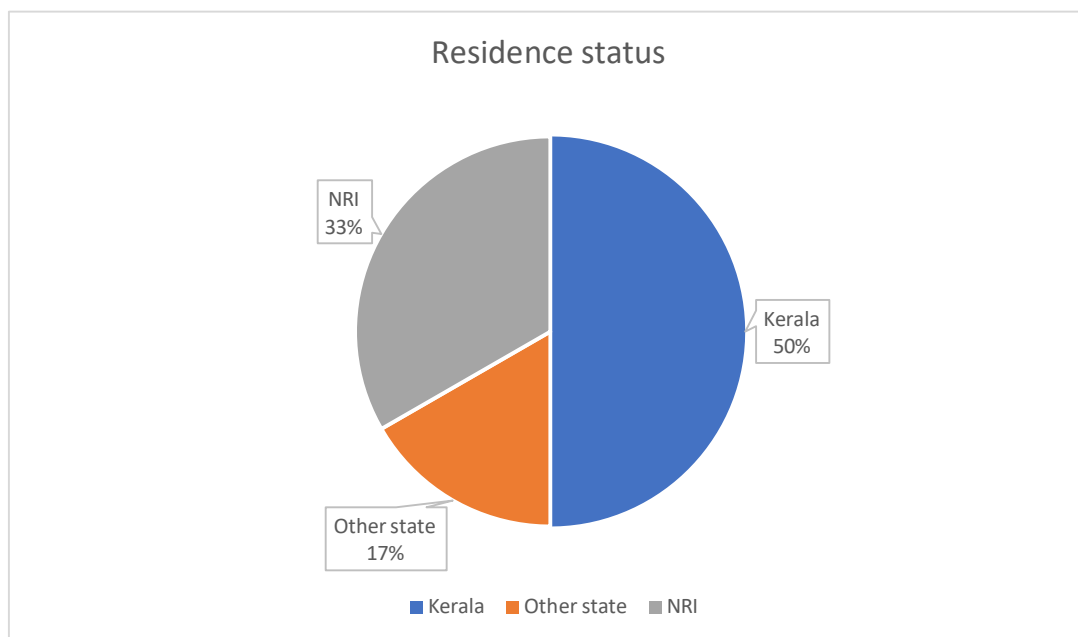


CHART 6.8

INTERPRETATION

According to the data, 50% of patients are from Kerala, 33% of patients from NRI, and 17% of patients from other states.

[Type here]

6.9 PARKING EXPERIENCE

The table shows the rating of the parking experience of the patients.

Opinions	No. of respondents	Percentages
Excellent	20	40%
Good	17	34%
Average	10	20%
Poor	3	6%
Total	50	100

TABLE 6.9

The chart shows the rating of the parking experience of the patients.



CHART 6.9

INTERPRETATION

According to the above data, 40% of patients are rated excellent, 34% of patients are rated good, 20% of patients are rated average, and 6% of patients are rated poor with the parking experience in the hospital.

[Type here]

6.10 SIGN BOARD AND DIRECTORIES

The table shows the satisfaction with the sign boards and directories of different departments in the hospital.

Opinions	No. of respondents	Percentages
Highly satisfied	31	62%
Satisfied	11	22%
Neutral	8	16%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.10

The chart shows the rating of the satisfaction with the sign boards and directories.

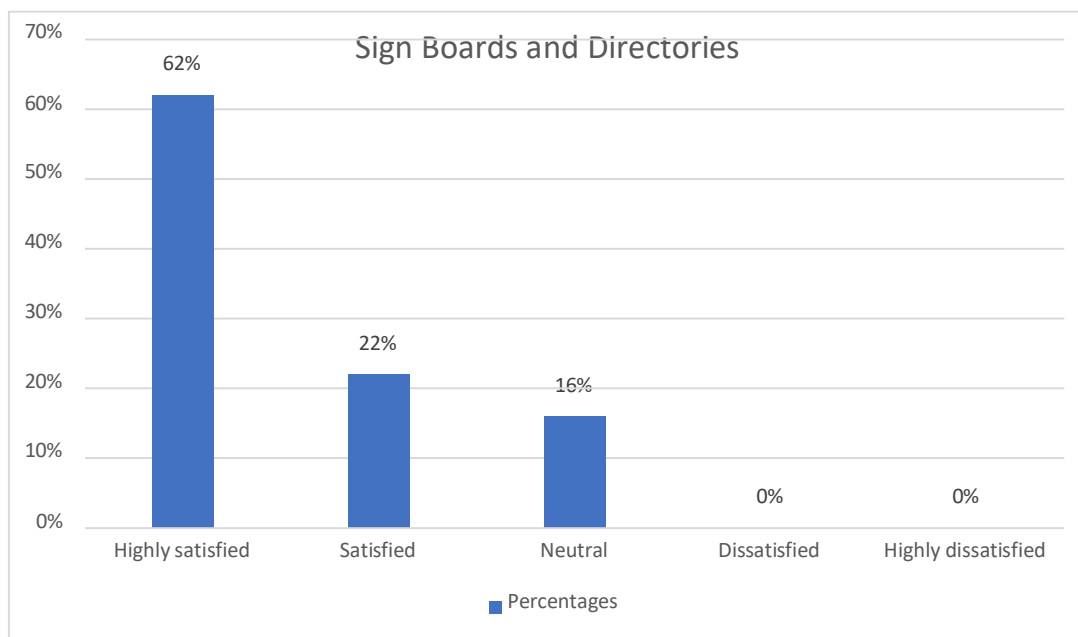


CHART 6.10

INTERPRETATION

According to the above data, 62% of patients are rated highly satisfied, 22% of patients are rated satisfied, 16% of patients are rated neutral, and patients are not rated dissatisfied and

[Type here]

highly dissatisfied towards the sign boards and directories to different departments.

[Type here]

6.11 OVERALL CARE

The table shows the satisfaction of the overall care provided in the urology department.

Opinions	No. of respondents	Percentages
Highly satisfied	25	50%
Satisfied	15	30%
Neutral	10	20%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.11

The chart shows the rating of the overall care of the patients.

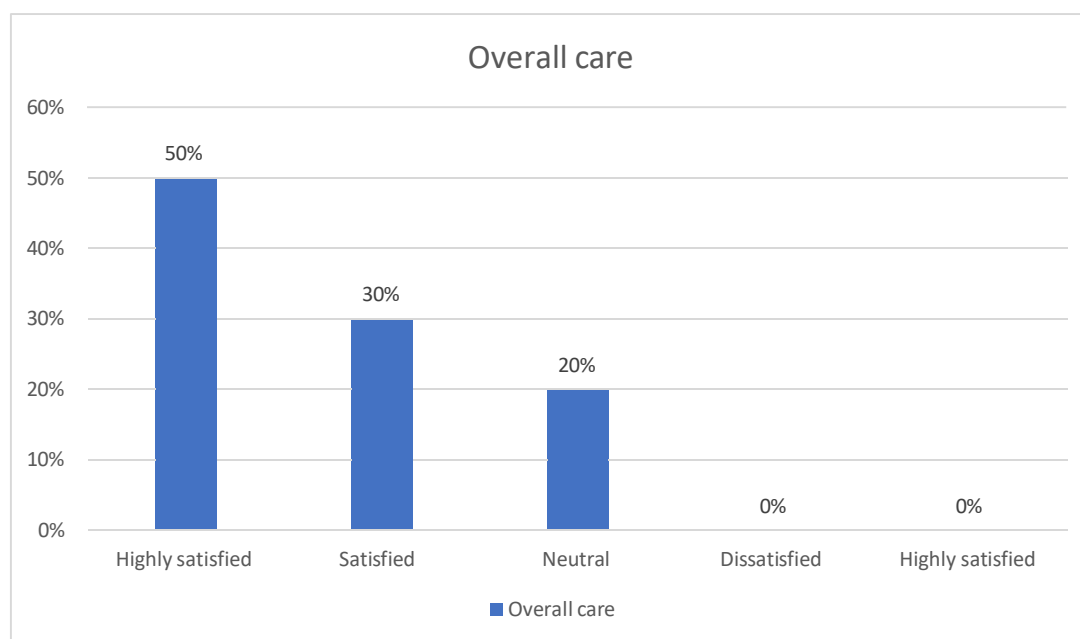


CHART 6.11

INTERPRETATION

According to the above data, 50% of patients are rated highly satisfied, 30% of patients are rated satisfied, 20% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied towards the overall care in the urology OP.

[Type here]

6.12 CLEANLINESS

The table shows the satisfaction of the cleanliness provided in the urology department.

Opinions	No. of respondents	Percentages
Highly satisfied	25	50%
Satisfied	18	36%
Neutral	7	14%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.12

The chart shows the rating of the cleanliness of the urology department.

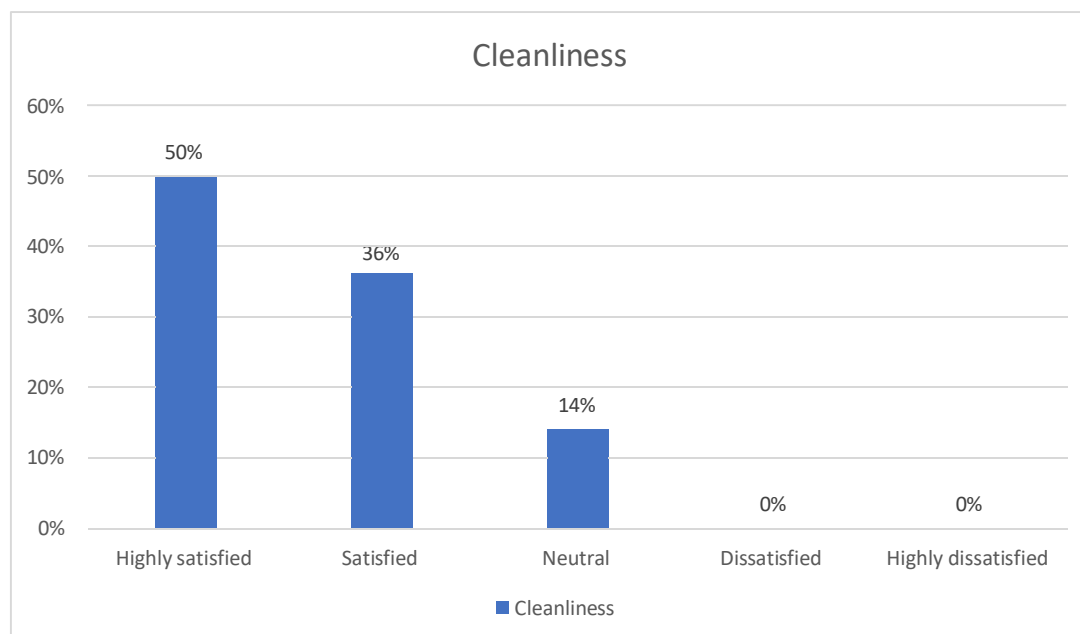


CHART 6.12

INTERPRETATION

According to the above data, 50% of patients are rated highly satisfied, 36% of patients are rated satisfied, 16% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with the cleanliness in the urology OP.

[Type here]

6.13 COMMUNICATION

The table shows the rate of communication between the patients and the healthcare providers in the urology department.

Opinions	No. of respondents	Percentages
5 Star	21	42%
4 Star	13	26%
3 Star	9	18%
2 Star	5	10%
1 Star	2	4%
Total	50	100

TABLE 6.13

The chart shows the rating of the communication between the patients and the healthcare in the urology department.

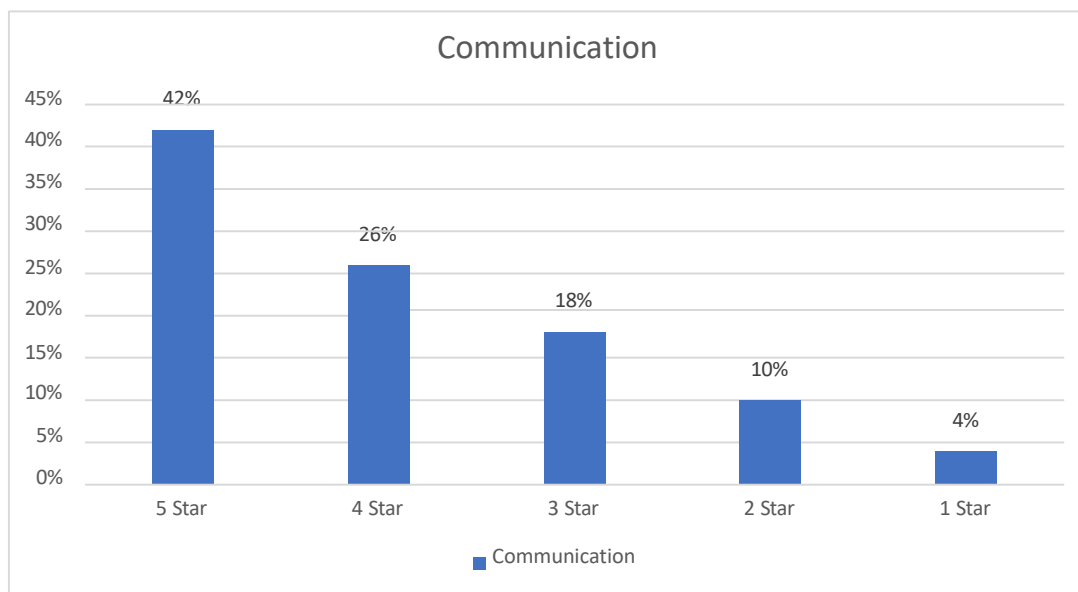


CHART 6.13

INTERPRETATION

According to the above data, 42% of patients are rated 5 stars, 26% of patients are rated 4 stars, 18% of patients are rated 3 stars, 10% of patients are rated 2 stars and 4% of patients are rated 1 star with the communication between the patients and healthcare in the urology OP.

[Type here]

6.14 WAITING TIME FOR APPOINTMENTS AND PROCEDURES

The table shows the satisfaction of the waiting times for appointments and procedures in the urology department.

Opinions	No. of respondents	Percentages
Highly satisfied	22	44%
Satisfied	12	24%
Neutral	8	16%
Dissatisfied	6	12%
Highly dissatisfied	2	4%
Total	50	100

TABLE 6.14

The chart shows the rating of the satisfaction of the waiting times for appointments and procedures in the urology department.

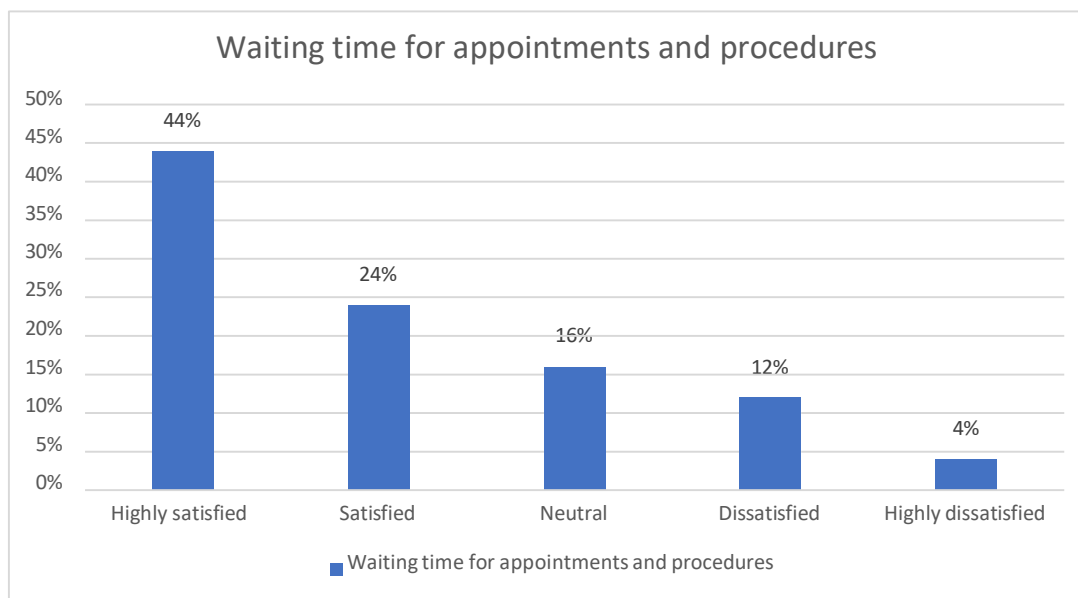


CHART 6.14

INTERPRETATION

According to the above data, 44% of patients are rated highly satisfied, 24% of patients are rated satisfied, 16% of patients are rated neutral, 12% of patients are rated dissatisfied and 4% of patients are rated with the waiting times for appointments and procedures in the urology OP.

[Type here]

6.15 RECOMMENDATION TO FRIENDS AND FAMILY

The table shows the recommendations to friends and family.

Opinions	No. of respondents	Percentages
Yes	40	80%
No	3	6%
Not Sure	7	14%
Total	50	100

TABLE 6.15

The chart shows the rating of the recommendations to friends and family.

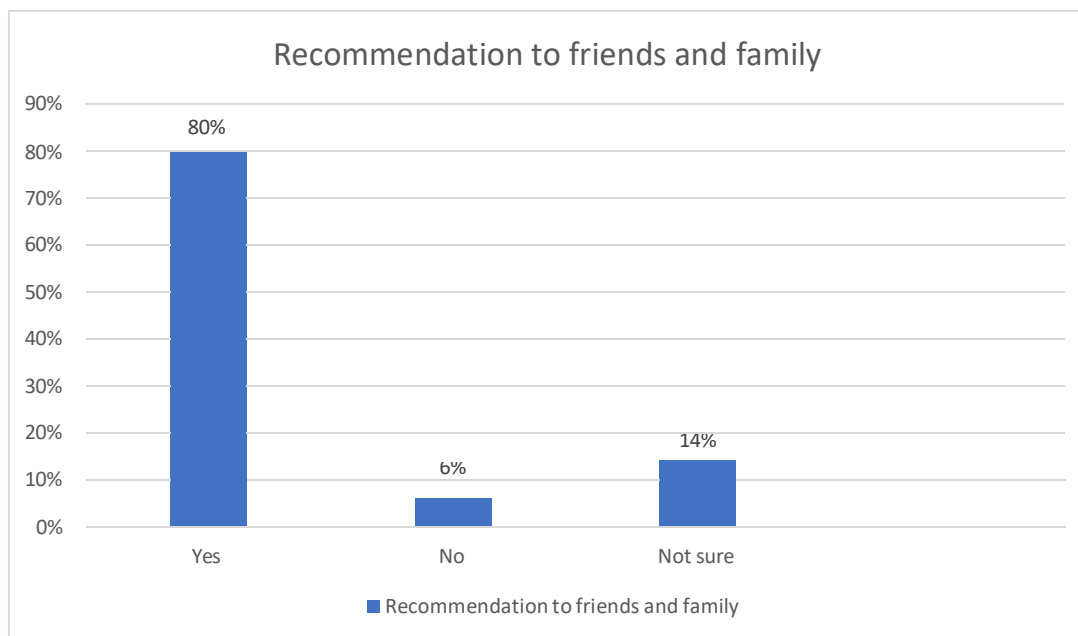


CHART 6.15

INTERPRETATION

According to the above data, 80% of patients are rated yes, 6% of patients are rated no, and 14% of patients are rated not sure to recommend the urology department to friends and family.

[Type here]

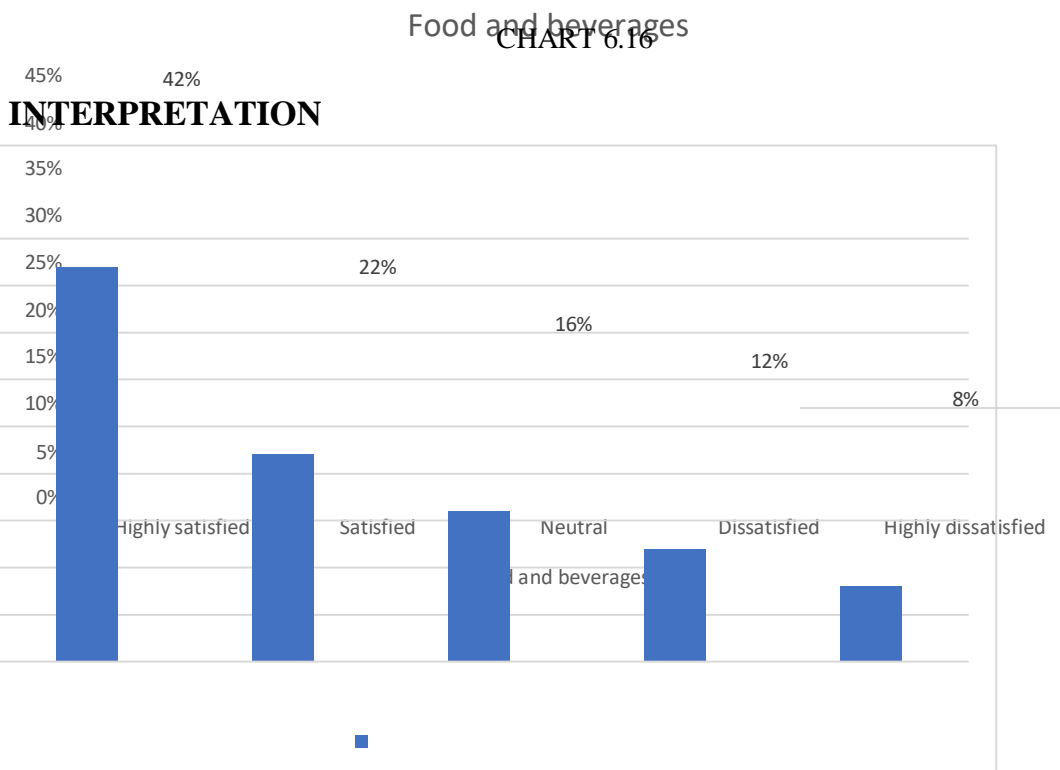
6.16 FOOD AND BEVERAGES

The table shows the satisfaction with food and beverages in the hospital.

Opinions	No. of respondents	Percentages
Highly satisfied	21	42%
Satisfied	11	22%
Neutral	8	16%
Dissatisfied	6	12%
Highly dissatisfied	4	8%
Total	50	100

TABLE 6.16

The chart shows the rating of satisfaction with food and beverages in the hospital.



According to the above data, 42% of patients are rated highly satisfied, 22% of patients are rated satisfied, 16% of patients are rated neutral, 12% of patients are rated dissatisfied and 8% of patients are rated the food and beverages in the hospital.

[Type here]

6.17 REGISTRATION AND BILLING PROCESS

The table shows the satisfaction with the registration and billing process and the time taken in the urology OP.

Opinions	No. of respondents	Percentages
Excellence	20	40%
Good	16	32%
Average	8	16%
Poor	6	12%
Total	50	100

TABLE 6.17

The chart shows the rating of satisfaction with the registration and billing process and the time taken in the urology OP.

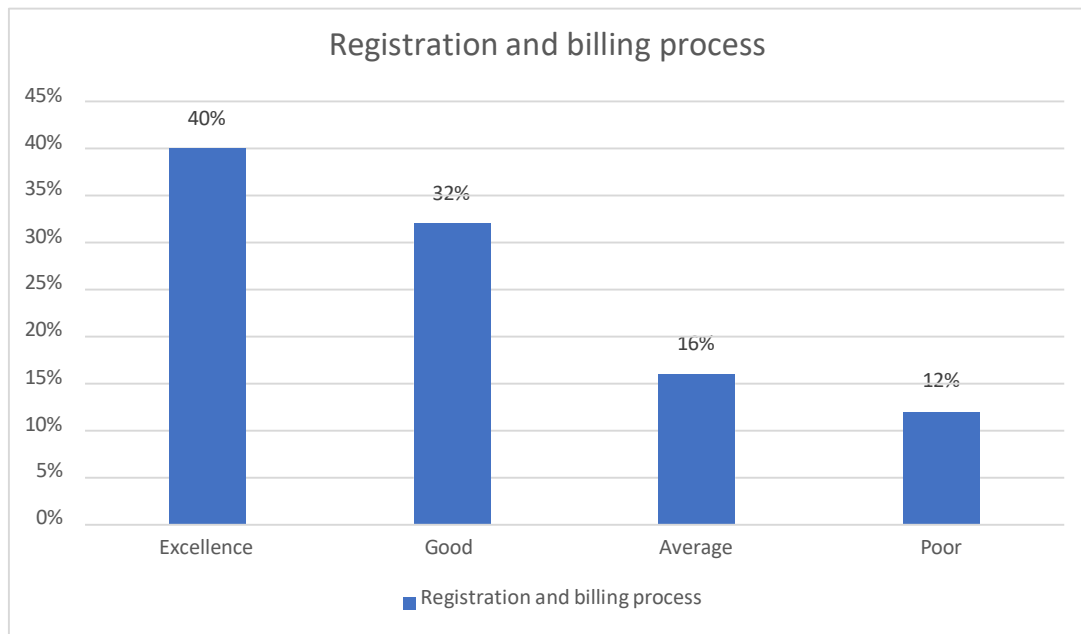


CHART 6.17

INTERPRETATION

According to the above data, 40% of patients are rated excellent, 32% of patients are rated good, 16% of patients are rated average, and 12% of patients are rated poor with the

[Type here]

registration and billing process and the time taken in the urology OP.

[Type here]

6.18 INSTRUCTIONS PROVIDED

The table shows the satisfaction with the instructions provided in the urology OP.

Opinions	No. of respondents	Percentages
Highly satisfied	20	40%
Satisfied	16	32%
Neutral	10	20%
Dissatisfied	3	6%
Highly dissatisfied	1	2%
Total	50	100

TABLE 6.18

The chart shows the rating of the satisfaction with the instructions provided in the urology OP.

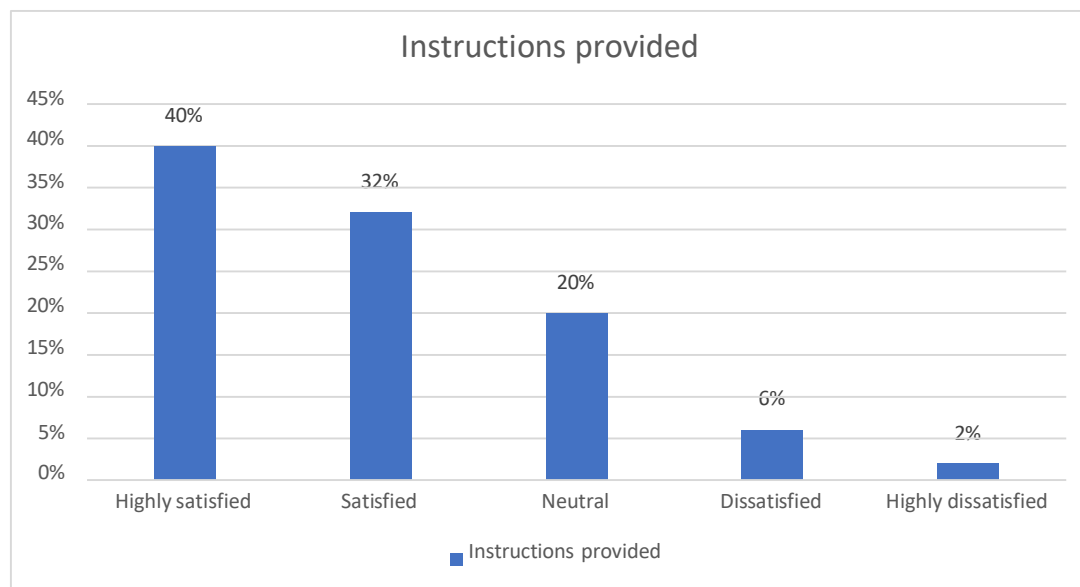


CHART 6.18

INTERPRETATION

According to the above data, 40% of patients are rated highly satisfied, 32% of patients are rated satisfied, 20% of patients are rated neutral, 6% of patients are rated dissatisfied and 2% of patients are rated with the instructions provided in the urology OP.

[Type here]

6.19 DRINKING WATER AND TOILET FACILITIES

The table shows the satisfaction of the drinking water and toilet facilities in the hospital.

Opinions	No. of respondents	Percentages
Highly satisfied	38	76%
Satisfied	8	16%
Neutral	4	8%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.19

The chart shows the rating of the satisfaction of the drinking water and toilet facilities in the hospital.

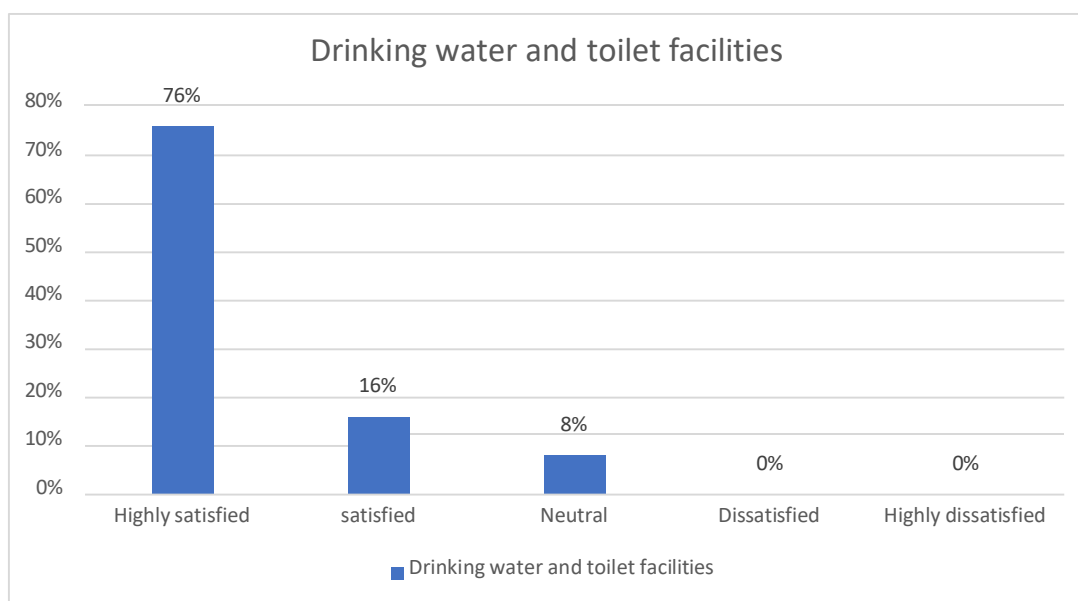


CHART 6.19

INTERPRETATION

According to the above data, 76% of patients are rated highly satisfied, 16% of patients are rated satisfied, 8% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with the drinking water and toilet facilities in the hospital.

[Type here]

6.20 VITALS CHECKING

The table shows the satisfaction with the vitals checking in the urology OP.

Opinions	No. of respondents	Percentages
Highly satisfied	23	46%
Satisfied	20	40%
Neutral	7	14%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.20

The chart shows the rating of the satisfaction with vitals checking in the urology OP.

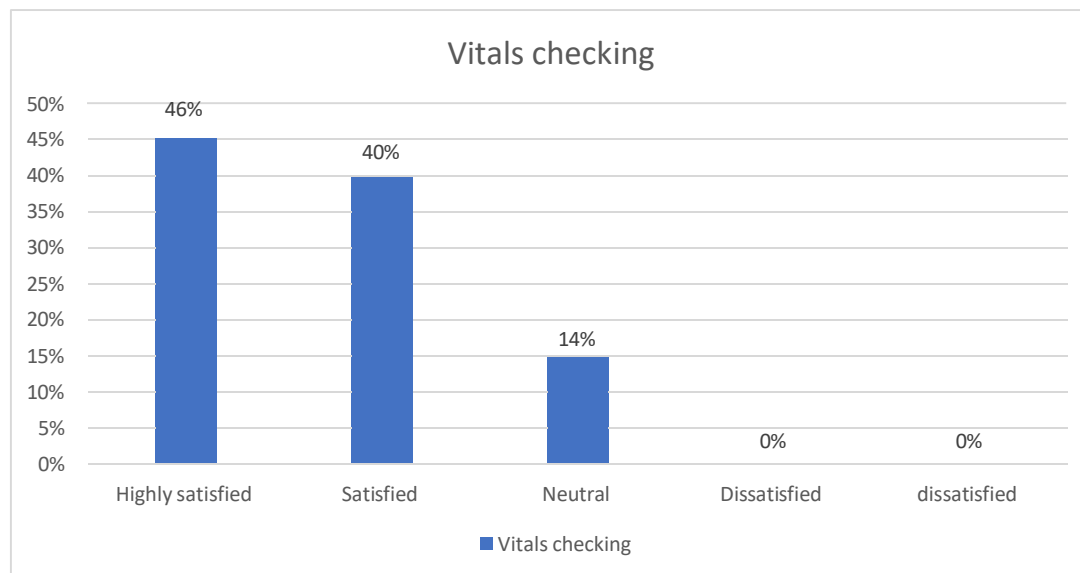


CHART 6.20

INTERPRETATION

According to the above data, 46% of patients are rated highly satisfied, 40% of patients are rated satisfied, 16% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with vitals checking in the urology OP.

[Type here]

6.21 SAMPLE COLLECTION

The table shows the satisfaction of sample collection in the urology OP.

Opinions	No. of respondents	Percentages
Highly satisfied	30	60%
Satisfied	15	30%
Neutral	5	10%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.21

The chart shows the rating of the satisfaction with the sample collection.

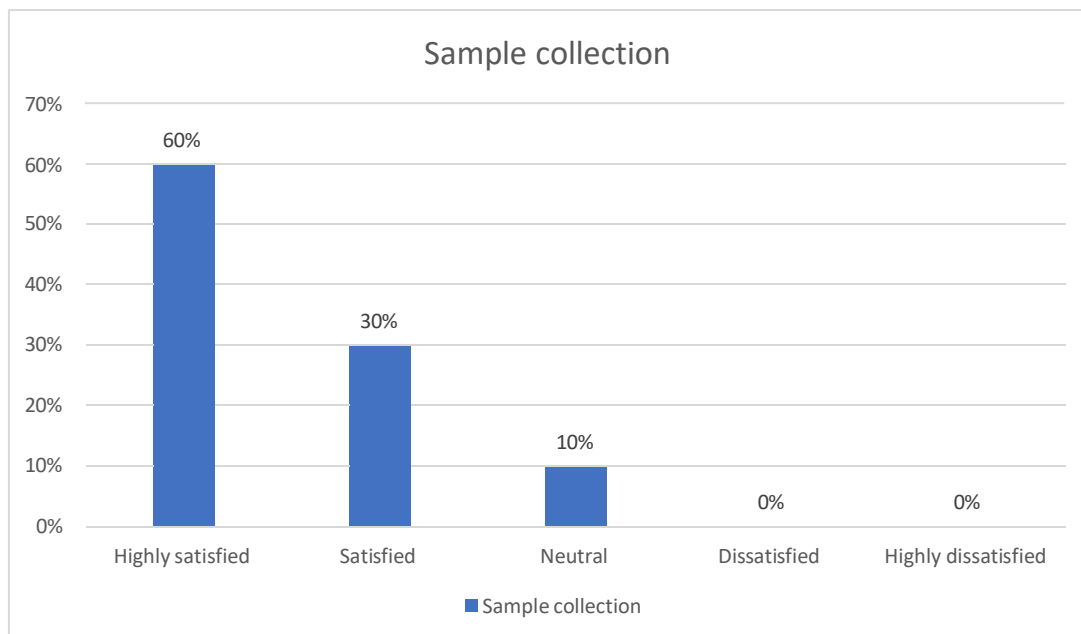


CHART 6.21

INTERPRETATION

According to the above data, 60% of patients are rated highly satisfied, 30% of patients are rated satisfied, 10% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with sample collection in the urology OP.

[Type here]

6.22 OVERALL COST

The table shows the satisfaction of patients with the overall cost of the hospital.

Opinions	No. of respondents	Percentages
Yes	30	60%
No	20	40%
Not sure	0	0%
Total	50	100

TABLE 6.22

The chart shows the rating of the satisfaction of patients with the overall cost of the hospital.

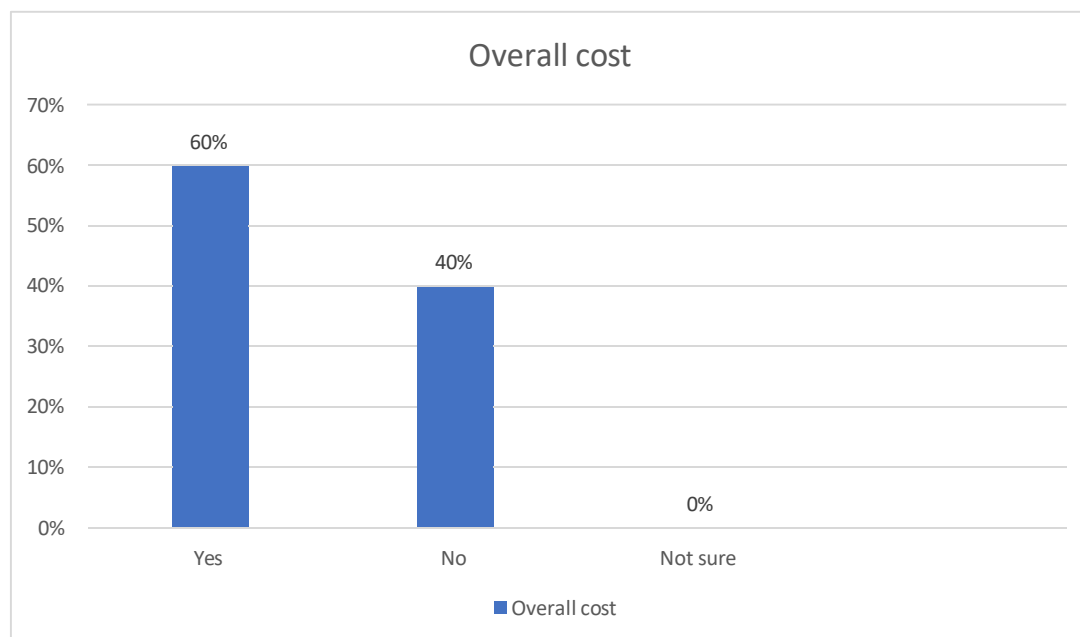


CHART 6.22

INTERPRETATION

According to the above data, 60% of patients are rated yes, 40% of patients are rated no, and 0% of patients are not rated not sure about the overall cost of the hospital.

[Type here]

6.23 APPOINTMENT TIME

The table shows satisfaction with the appointment time in the urology OP.

Opinions	No. of respondents	Percentages
Yes	37	74%
No	6	12%
Not sure	7	14%
Total	50	100

TABLE 6.23

The table shows the rating of the satisfaction with the appointment time in the urology OP.

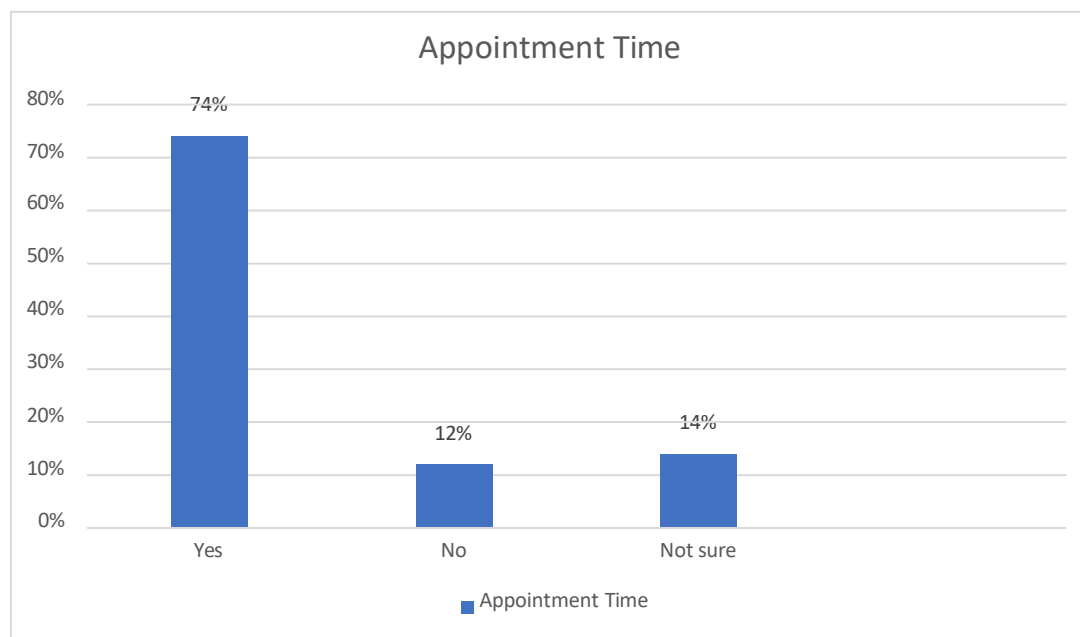


CHART 6.23

INTERPRETATION

According to the above data, 74% of patients are rated yes, 12% of patients are rated no, and 14% of patients are rated not sure about the appointment time in the urology OP.

[Type here]

6.24 TEST RESULT REPORTED

The table shows the satisfaction of the test result reported in a reasonable amount of time.

Opinions	No. of respondents	Percentages
Excellent	27	54%
Good	13	26%
Average	7	14%
Poor	3	6%
Total	50	100

TABLE 6.24

The chart shows the rating of the satisfaction of the test result reported in a reasonable amount of time.

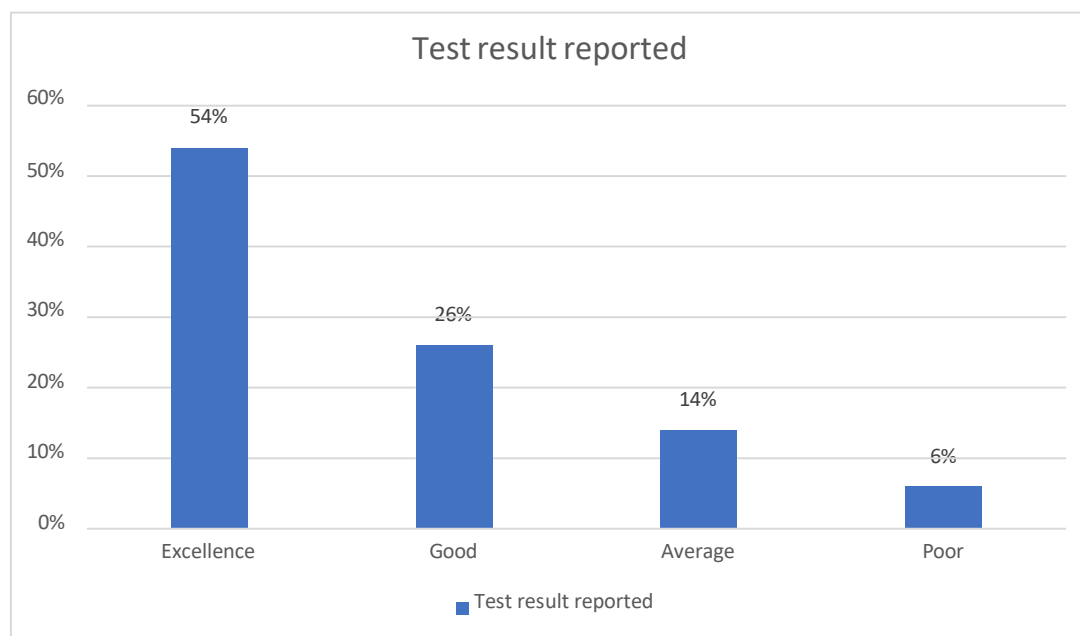


CHART 6.24

INTERPRETATION

According to the above data, 54% of patients are rated excellent, 26% of patients are rated good, 14% of patients are rated average, and 6% of patients are rated poor with the test result reported in a reasonable amount of time in the urology OP.

[Type here]

6.25 RESPONSE FROM OFFICE

The table shows the satisfaction of patients from our office to respond when you call the office with an urgent problem.

Opinions	No. of respondents	Percentages
Highly satisfied	20	40%
Satisfied	15	30%
Neutral	15	30%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.25

The chart shows the rating of the satisfaction of patients from our office to respond when you call the office with an urgent problem.

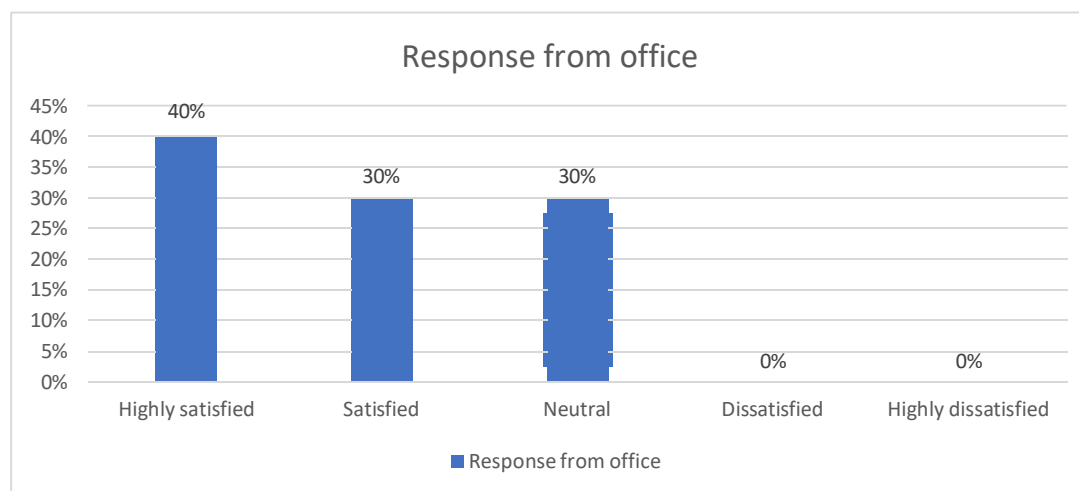


CHART 6.25

INTERPRETATION

According to the above data, 40% of patients are rated highly satisfied, 30% of patients are rated satisfied, 30% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied patients from our office to respond when you call the office with an urgent problem.

[Type here]

6.26 OVERALL QUALITY OF CARE

The table shows the rate of overall quality of care received during your stay at our hospital.

Opinions	No. of respondents	Percentages
5 Star	21	42%
4 Star	16	32%
3 Star	13	26%
2 Star	0	0%
1 Star	0	0%
Total	50	100

TABLE 6.26

The chart shows the rating of the overall quality of care received during your stay at our hospital.

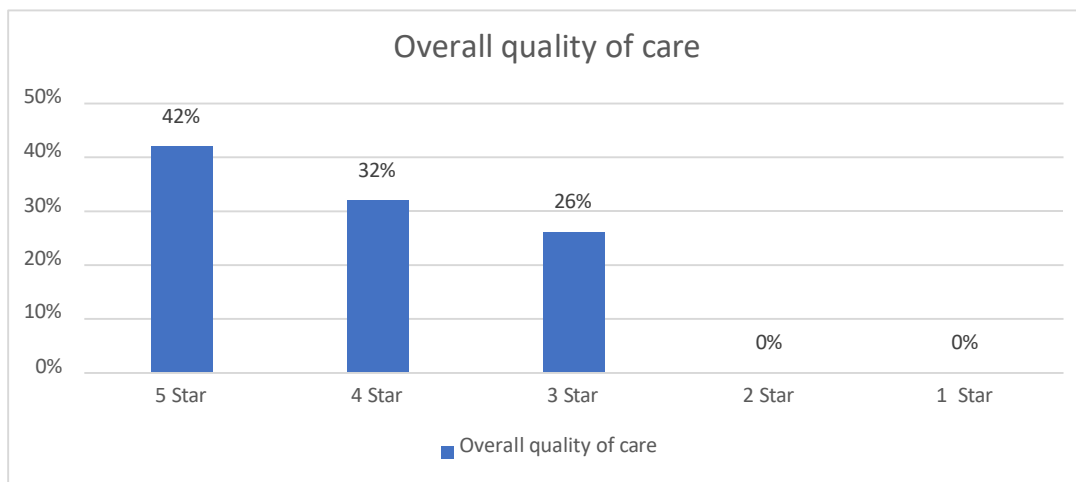


CHART 6.26

INTERPRETATION

According to the above data, 42% of patients are rated 5 stars, 32% of patients are rated 4 stars, 26% of patients are rated 3 stars, 0% of patients are rated 2 stars and 0% of patients are rated 1 star with the overall quality of care received during your stay at our hospital.

[Type here]

6.27 COMMUNICATION AND INFORMATION PROVIDED BY THE HOSPITAL STAFF

The table shows the satisfaction of patients with the communication and information provided by the hospital staff.

Opinions	No. of respondents	Percentages
Highly satisfied	21	42%
Satisfied	17	34%
Neutral	7	14%
Dissatisfied	5	10%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.27

The chart shows the rating of the satisfaction of patients with the communication and information provided by the hospital staff.

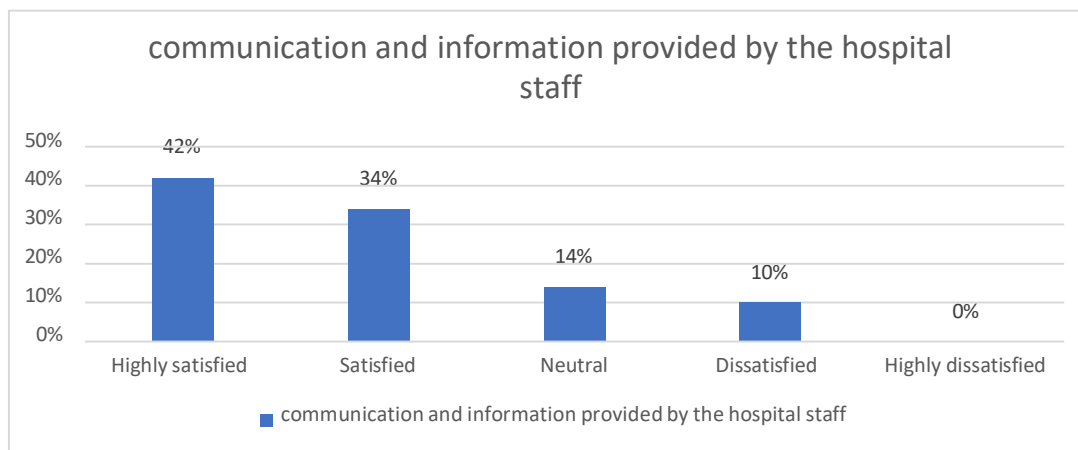


CHART 6.27

INTERPRETATION

According to the above data, 42% of patients are rated highly satisfied, 34% of patients are rated satisfied, 14% of patients are rated neutral, 10% of patients are rated dissatisfied and 0% of patients are rated highly dissatisfied patients with the communication and information provided by the hospital staff.

[Type here]

6.28 CONCERNS AND PREFERENCES

The table shows the satisfaction of the hospital staff and addresses the patient's concerns and preferences regarding your care.

Opinions	No. of respondents	Percentages
Yes, completely	35	70%
Yes, to some extent	10	20%
No, not really	5	10%
No, not at all	0	0%
Total	50	100

TABLE 6.28

The chart shows the rating of the satisfaction of the hospital staff and addresses the patient's concerns and preferences regarding your care.

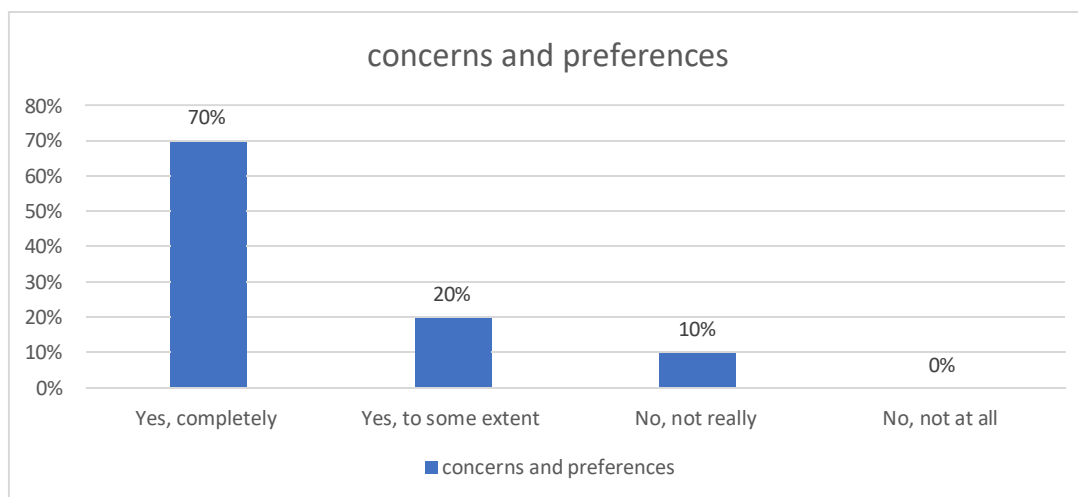


CHART 6.28

INTERPRETATION

According to the above data, 70% of patients are rated yes, completely, 20% of patients are rated yes, to some extent, 10% of patients are rated no, not really, and 0% of patients are rated no, not at all towards the satisfaction of the hospital staff and addresses the patient's concerns and preferences regarding your care.

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CHAPTER – 7
FINDINGS, SUGGESTIONS &
CONCLUSION

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FINDINGS

- 56% of the survey was attended by the patients and 44% by the bystanders.
- 60% of patients are male and 40% of patients are female.
- 16% of patients are below 25 age, 34% of patients are between 25 and 50 age and 50% of patients are 50 and above age.
- 15% of the patients are single and 35% of the patients are married.
- 25% of patients have a school education, 66% of the patients are graduated and 10% of patients are post-graduated and above qualified.
- 24% of patients are government employees, 40% of patients are self-employed, 10% of patients are unemployed and 8% of patients are either pensioners or retired.
- 4% of patients are traveling less than 1km to the hospital, 24% of patients between 1-10 km, 32% of patients between 10-20 km, and 40% of patients traveling more than 20 km to the hospital.
- 50% of patients are from Kerala, 17% of patients are from other states and 33% of patients.
- 40% of patients are rated excellent, 34% of patients are rated good, 20% of patients are rated average, and 6% of patients are rated poor with the parking experience in the hospital.
- 62% of patients are rated highly satisfied, 22% of patients are rated satisfied, 16% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied towards the sign boards and directories to different departments.
- 50% of patients are rated highly satisfied, 30% of patients are rated satisfied, 20% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied towards the overall care in the urology OP.
- 50% of patients are rated highly satisfied, 36% of patients are rated satisfied, 16% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with the cleanliness in the urology OP.
- 42% of patients are rated 5 stars, 26% of patients are rated 4 stars, 18% of patients are rated 3 stars, 10% of patients are rated 2 stars and 4% of patients are rated 1 star with the communication between the patients and healthcare in the urology OP.

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- 44% of patients are rated highly satisfied, 24% are rated satisfied, 16% are rated neutral, 12% are rated dissatisfied and 4% are rated with the waiting times for appointments and procedures in the urology OP.
- 80% of patients are rated yes, 6% are rated no, and 14% are rated not sure to recommend the urology department to friends and family.
- 42% of patients are rated highly satisfied, 22% are rated satisfied, 16% are rated neutral, 12% are rated dissatisfied and 8% are rated the food and beverages in the hospital.
- 40% of patients are rated excellent, 32% are rated good, 16% are rated average, and 12% are rated poor with the registration and billing process and the time taken in the urology OP.
- 40% of patients are rated highly satisfied, 32% are rated satisfied, 20% are rated neutral, 6% are rated dissatisfied and 2% are rated with the instructions provided in the urology OP.
- 76% of patients are rated highly satisfied, 16% of patients are rated satisfied, 8% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with the drinking water and toilet facilities in the hospital.
- 46% of patients are rated highly satisfied, 40% of patients are rated satisfied, 16% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with vitals checking in the urology OP.
- 60% of patients are rated highly satisfied, 30% of patients are rated satisfied, 10% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied with sample collection in the urology OP.
- 60% of patients are rated yes, 14% of patients are rated no, and patients are not rated not sure about the overall cost of the hospital.
- 74% of patients are rated yes, 12% of patients are rated no, and 14% of patients are rated not sure about the appointment time in the urology OP.
- 54% of patients are rated excellent, 26% of patients are rated good, 14% of patients are rated average, and 6% of patients are rated poor with the test result reported in a reasonable amount of time in the urology OP.
- 40% of patients are rated highly satisfied, 30% of patients are rated satisfied, 30% of patients are rated neutral, and patients are not rated dissatisfied and highly dissatisfied patients from our office to respond when you call the office with an urgent problem.

[Type here]

- 42% of patients are rated 5 stars, 32% of patients are rated 4 stars, 26% of patients are rated 3 stars, 0% of patients are rated 2 stars and 0% of patients are rated 1 star with the overall quality of care received during your stay at our hospital.
- 42% of patients are rated highly satisfied, 34% of patients are rated satisfied, 14% of patients are rated neutral, 10% of patients are rated dissatisfied and 0% of patients are rated highly dissatisfied patients with the communication and information provided by the hospital staff.
- 70% of patients rated yes, completely, 20% of patients rated yes, to some extent, 10% of patients rated no, not really, and 0% of patients rated no, not at all towards the satisfaction of the hospital staff and addresses the patient's concerns and preferences regarding your care.

SUGGESTIONS

- Implement a streamlined appointment scheduling system to reduce wait times.
- Provide clear communication about treatment plans and procedures.
- Ensure cleanliness and hygiene throughout the facility.
- Offer comfortable waiting areas with amenities like refreshments and reading materials.
- Train staff in empathy and effective communication skills.
- Develop a robust feedback system to address patient concerns promptly.
- Enhance accessibility for patients with disabilities.
- Implement digital solutions for medical records and appointment reminders.
- Foster a culture of respect and dignity towards patients from all staff members.
- Provide adequate parking facilities for patients and visitors.
- Offer interpreter services for non-English speaking patients
- Improve signage for easier navigation within the hospital.
- Conduct regular training sessions for staff on patient-centred care.
- Ensure timely response to patient inquiries and concerns.
- Offer support services for patients' families, such as counselling and accommodations.

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- Introduce patient education programs to promote understanding of medical conditions and treatments.
- Establish a dedicated patient advocacy team to assist patients with complex needs.
- Enhance the discharge process by providing comprehensive instructions and follow-up care plans.
- Implement technology solutions to reduce paperwork and administrative burdens on patients.
- Offer telemedicine services for follow-up appointments and consultations.
Collaborate with community resources to support patients' holistic health needs.
- Provide nutritional guidance and healthy meal options for patients.
- Invest in comfortable and well-equipped patient rooms.
- Ensure prompt resolution of billing and insurance-related issues.
- Continuously evaluate and improve services based on patient feedback and satisfaction surveys.

CONCLUSION

In conclusion, enhancing patient satisfaction at Aster Medicity requires a multifaceted approach that prioritizes efficient communication, compassionate care, and streamlined processes. By implementing strategies such as improved appointment scheduling, clear communication about treatment plans, and staff training in empathy, the hospital can create a more positive experience for patients. Additionally, investing in facilities, technology, and support services, along with actively seeking and responding to patient feedback, will further contribute to a patient-centred environment. By continuously evaluating and refining these efforts, Aster Medicity can strive towards providing exceptional care and fostering long-term patient trust and satisfaction.

Aster Medicity's commitment to patient satisfaction necessitates a comprehensive strategy encompassing various aspects of healthcare delivery. From optimizing operational efficiency to prioritizing empathetic communication and personalized care, every interaction and service offered should aim to exceed patient expectations. By fostering a culture of continuous improvement, actively listening to patient

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feedback, and leveraging technological advancements, Aster Medicity can consistently evolve to meet the evolving needs and preferences of its diverse patient population. Ultimately, by placing patients at the center of every decision and initiative, Aster Medicity can not only enhance satisfaction levels but also cultivate enduring relationships built on trust, compassion, and excellence in healthcare delivery.

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ANNEXURE

[Type here]

ANNEXURE 1 – QUESTIONNAIRE

Please take a few minutes to answer the questions mentioned below.

01. Are you the patient or the bystander?

.....

02. Gender

- Male
- Female

03. Age

- Below 25
- 25- 50 years
- Above 50

04. Marital Status

- Single
- Married

05. Education and Status

- School
- UG
- PG and above

06. Occupation

- Government Employee
- Self Employed
- Unemployed
- Pensioner / Retired

07. Distance to Hospital

[Type here]

- Less than 1 km
- 1-10 km
- 10-20 km
- More than 20 km

08. Residence Status

- Kerala
- Other State
- NRI

09. How would you rate your parking experience?

- Excellent
- Good
- Average
- Poor

10. Are you happy with the sign boards and directories for different departments?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

11. How satisfied are you with the overall care you received in the urology department?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

12. Were you satisfied with the cleanliness of the urology department?

[Type here]

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

13. How would you rate the communication between you and the healthcare providers in the urology department?

- 5 Star
- 4 Star
- 3 Star
- 2 Star
- 1 Star

14. How satisfied are you with the waiting times for appointments and procedures in the urology department?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

15. Do you recommend the urology department to friends and family?

- Yes
- No
- Not Sure

16. How satisfied are you with the food and beverage in the hospital?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

[Type here]

17. Are you happy with the Registration and Billing Process and the time taken in the Urology OP?

- Excellent
- Good
- Average
- Poor

18. Are you satisfied with the Instructions provided by the urology OP?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

19. Are you satisfied with the Drinking Water and Toilet Facilities?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

20. Are you satisfied with the Vitals checking in the Urology OP?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Dissatisfied

21. How was your experience during the sample collection?

- Highly Satisfied
- Satisfied
- Neutral

[Type here]

- Dissatisfied
- Highly Dissatisfied

22. Was the overall cost of your visit reasonable?

- Yes
- No
- Not sure

23. Keeping you informed if your appointment time was delayed?

- Yes
- No
- Not Sure

24. Your test results reported in a reasonable amount of time?

- Excellent
- Good
- Average
- Poor

25. The time it takes someone from our office to respond when you call the office with an urgent problem?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Satisfied

26. How would you rate the overall quality of care you received during your stay at our hospital?

- 5 Star
- 4 Star
- 3 Star

[Type here]

- 2 Star
- 1 Star

27. How satisfied are you with the communication and information provided by the hospital staff regarding your medical condition, treatment options, and discharge instructions?

- Highly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Highly Satisfied

28. Did the hospital staff address your concerns and preferences regarding your care?

- Yes, completely
- Yes, to some extent
- No, not really
- No, not at all

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ANNEXURE – 2 BIBLIOGRAPHY

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