

**“STUDY ON PATIENT SATISFACTION AND SERVICE QUALITY
ASSESSMENT”**

*Dissertation submitted to Mahatma Gandhi University, Kottayam in partial
fulfillment of the requirements for the award of the degree of*

BACHELOR OF BUSINESS ADMINISTRATION

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CERTIFICATE

This is to certify that this Project entitled, “.....” is a record of genuine work done by **MEENAKSHI NAIR** under my guidance and supervision in partial fulfillment of the requirements for the award of the Degree of Bachelor of Commerce programme of the Mahatma Gandhi University and it is hereby approved for submission.

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award of any academic qualification, fellowship or any other similar title of any
other University or Board.

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INTRODUCTION

INTRODUCTION

Aster Medcity Hospital, located in Kochi, is a prominent healthcare institution known for its comprehensive range of medical services with a specific focus on Gynaecology. This project aims to conduct a thorough analysis of patient satisfaction and service quality within the Gynaecology Outpatient Services at Aster Medcity. The study seeks to identify key factors influencing patient satisfaction, assess the quality of services provided, and propose recommendations for improvement to the ongoing efforts of Aster Medcity in delivering high quality healthcare services in Gynaecology. The emphasis on patient happiness and service quality has become crucial in determining the overall success and reputation of healthcare facilities in the ever-changing healthcare landscape. Recognizing their significant influence on healthcare experience and results, this study explores the thorough evaluation of patient satisfaction and service quality. Globally, healthcare institutions are becoming more and more aware of the need for patient-centered care, which emphasizes the patient's whole health rather than just their medical condition. One important indicator is patient satisfaction, which shows how well healthcare services meet patients' requirements, preferences, and expectations. In addition, a systematic framework for assessing the efficacy and efficiency of healthcare delivery is provided by service quality assessment. As healthcare institutions strive to meet the evolving expectations of patients, this study seeks to contribute actionable insights that can inform strategic decisions, drive continuous improvement, and foster a patient-centric culture within healthcare settings. The findings are anticipated to be valuable not only for healthcare practitioners and administrators but also for policymakers aiming to shape a healthcare landscape that prioritizes patient satisfaction and service quality. Aster Medcity Hospital has long been recognized as a leading healthcare institution, distinguished by its commitment to clinical excellence, technological advancement, and patient-centric practices. Nestled amidst the vibrant healthcare landscape, Aster Medcity has continuously endeavoured to redefine the standards of care delivery, leveraging cutting-edge medical technologies and fostering a culture of empathy and compassion. However, in an era characterized by evolving patient expectations and increasingly stringent quality standards, the imperative to assess patient satisfaction and service quality assumes paramount importance in Aster Medcity's pursuit of excellence. Patient satisfaction and service quality assessment are closely linked in that patient satisfaction is often considered an outcome of service quality. When healthcare services meet or exceed patients' expectations and needs, it tends to result in higher levels of patient satisfaction. Conversely, deficiencies in service quality can lead to lower levels of patient satisfaction and potentially

impact patient outcomes, retention, and loyalty. Furthermore, patient satisfaction can be used as a useful metric to evaluate the success of initiatives aimed at improving service quality. Healthcare companies can find areas for improvement and streamline their service delivery procedures to improve overall service quality by asking patients for input and tracking their satisfaction levels. On the other hand, evaluations of service quality give medical professionals practical knowledge about the elements affecting the well-being of patients, empowering them to rectify deficiencies and give top priority to actions that will improve patient experiences.

PROBLEM DEFINITION

Despite the critical importance of patient satisfaction in healthcare, there exists a gap in understanding the specific factors influencing patient experiences and the overall quality of service provided. The current lack of comprehensive research leaves healthcare providers and policymakers without targeted insights to address issues such as inefficient service processes, suboptimal communication and more. This study aims to identify, analyze, and address these gaps, providing a thorough examination of factors affecting patient satisfaction and service quality within the healthcare system. Absence of universally accepted metrics for defining and measuring patient satisfaction and service quality in healthcare settings. Difficulty in comparing and benchmarking institutions due to varied interpretation and application of assessment criteria. Insufficient inclusion of patient perspectives and experiences in the development of service quality assessment methodologies. Potential mismatch between healthcare provider priorities and patient expectations, impacting the relevance and effectiveness of quality assessments. Existing approaches to assessing patient satisfaction and service quality in hospitals often lack a standardized measurement framework, leading to inconsistency in evaluation methods and difficulty in comparing results across different healthcare facilities. Understanding the specific factors that drive patient satisfaction and influence perceptions of service quality within hospital environments is essential but often underexplored. Gaps exist in identifying and prioritizing patient preferences across diverse demographics and medical conditions. While patient feedback is invaluable for identifying areas of improvement, many hospitals struggle with effectively collecting, analyzing, and integrating this feedback into quality improvement initiatives. This hinders the ability to address patient concerns in a timely and meaningful manner. Hospitals frequently face resource constraints and operational challenges that impact their ability to deliver high-quality care and optimize patient satisfaction. Balancing the allocation of resources with the imperative to enhance service quality presents a significant dilemma for healthcare administrators.

OBJECTIVES OF THE STUDY

It is crucial to set objectives for the study to have a clear and definite purpose and aim to move forward with the research realising its multifaceted and vast scope.

The following are the objectives of this study:

1. Evaluate the overall satisfaction level of patients to identify areas of improvement in healthcare services.
2. Identify factors influencing patient loyalty and retention within the healthcare system.
3. Assess the accessibility and convenience of healthcare services from a patient's perspective.
4. Investigate the role of healthcare staff attitudes and behaviour in shaping patient satisfaction.

SCOPE OF THE STUDY

This study aims to perform a thorough evaluation of the gynaecology department at Aster Medcity in terms of patient satisfaction and service quality. Through a combination of clinical and non-clinical service delivery facets, this study aims to comprehend the experiences of female patients undergoing gynaecological care. Prenatal care, family planning, gynaecological surgeries, infertility treatments, menopausal care, and routine gynaecological examinations are among the clinical services that are the subject of this investigation. Evaluations will also be conducted for non-clinical services like staff communication, reservation scheduling, waiting times, registration procedures, cleanliness, and facilities. To measure satisfaction levels and aspects of service quality, the study will combine quantitative and qualitative techniques, such as patient surveys, interviews, and data analysis from patient feedback. Beyond that, the use of technology in gynaecological care. This study aims to explore the subtle aspects of patient experiences in the gynecology department, in addition to evaluating clinical and non-clinical services. It will examine elements including the degree of patient involvement in care decision-making, the communication between patients and providers, and the emotional support offered by medical personnel. For complete patient-centered care to be delivered in gynecological settings, it is imperative to comprehend these components. Additionally, within the gynecology department, the study will specifically focus on the distinct requirements and inclinations of various patient groups. Aspects that may affect patient satisfaction and opinions of service quality include age, cultural background,

socioeconomic status, and prior healthcare experiences. The study attempts to advance equitable access by recognizing and addressing these differences.

LIMITATIONS OF THE STUDY

A hospital's gynecology department may face a number of obstacles when conducting research on patient satisfaction and service quality evaluation. A few of these restrictions consist of:

1. **Sample Selection Bias:** If the sample population does not fairly reflect the variety of patients receiving gynecological care, then they may be vulnerable to sampling bias. The findings' generalizability may be impacted, for example, by the underrepresentation of patients with particular medical conditions or demographic groups.
2. **Self-Reported Data:** Information obtained from patients through surveys or interviews is primarily based on self-reported information, which can be skewed by memory errors, social desirability biases, or incorrect interpretations of survey questions. Responses from patients may be dependent on their experiences or impressions, which may not always line up with impartial assessments of the caliber of care.
3. **Limited Scope of Assessment:** The study might concentrate on a single facet of the gynecology department's patient satisfaction or service quality, possibly ignoring other crucial factors. For instance, the evaluation might place a strong emphasis on the quality of clinical care while ignoring non-clinical factors like amenities or communication.
4. **Cross-Sectional Design:** A cross-sectional design limits the study's ability to record more than just a moment in time in terms of patient experiences. This makes it more difficult to evaluate how satisfaction or service quality has changed over time, and it might miss seasonal or patient volume variations.
5. **Resource Restrictions:** The breadth and depth of the study may be limited by a lack of time, money, and staff. For example, the research might not be able to perform in-depth.
6. **External Factors:** Unexpected events (like natural disasters or public health emergencies) or concurrent changes in healthcare policies could affect patient satisfaction and service quality in the gynecology department, confounding the study results. These external factors are beyond the control of the research.
7. **Single-Center Study:** Research results may not transfer to other contexts with dissimilar organizational cultures, patient populations, or resource availability if it is carried out

in a single hospital or other healthcare facility. To improve the findings' external validity, multi-center research might be required.

8. Response rate and non-response bias: Non-response bias is the phenomenon wherein respondents' characteristics deviate from those of non-respondents, and it can be introduced by low survey or interview response rates. This may have an effect on the validity and representativeness of the sample.
9. Ethical Considerations: Carefully considered ethical issues include patient privacy and confidentiality, informed consent, and possible harm from study participation. Ethical limitations could prevent sensitive data from being collected or restrict access to specific patient populations.
10. Subjectivity in Measures of Satisfaction: Because it is based on personal experiences, expectations, and preferences, patient satisfaction is inherently subjective. Despite efforts to standardize satisfaction measures, subject interpretations may introduce variability into the data, making cross-study or cross-setting comparisons difficult.

Validating and ensuring the validity and reliability of research on patient satisfaction and service quality assessment in the gynecology department of a hospital requires acknowledging these limitations and minimizing their potential impact through careful study design, data collection methods, and interpretation of findings.

REVIEW OF LITERATURE

1. 1.Mbau, R., et al. (2023) states that the dearth of studies using mixed methodologies and combining qualitative inquiry is revealed by the scant evidence on health system efficacy, particularly in low- and middle-income nations.
2. 2.Antonopoulou, M., et al. (2021) states that the treatment of hospital wastewaters using homogeneous and heterogeneous photocatalysis is a promising technology that can be used on a small scale in laboratories.
3. 3.Rathi, R., et al. (2022) states that the requirement for operational excellence in hospital operations became clear during the pandemic caused by the Covid-19. With the aid of the lean and six sigma tool set, the Lean Six Sigma methodology can assist an organisation minimise wastes and variance.
4. 4.Giedelman, C., et al. (2021) states that robotic surgery has been shown to have positive effects and successful results in a variety of medical fields. Due to the expensive cost of this technology and the growing demand for it, installation of this technology requires appropriate planning.
5. 5.Khan, M. T., et al. (2021) states that Healthcare institutions, in most cases without prior treatment, release ECs and bacteria into aquatic systems, endangering the environment's sustainability and overall health. Given the high toxicity and pollutant load of hospital waste water (HWW), it is important to build the appropriate infrastructure and treatment strategies based on the type of healthcare facility that discharges the HWW and the catchment area.
6. 6.Covic, A., et al. (2021) states that contrary to intravenous furosemide therapy alone, intravenous HSS with furosemide may result in shorter mean hospital stays, lower mortality rates, fewer readmissions, and significantly better 24-hour urine output, weight loss, and serum creatinine levels.
7. 7.Lee, S. M., et al. (2021) states that the post-COVID-19 period would see the emergence of a new standard for hybrid healthcare services. While some of the contactless services used during the pandemic may switch to the more conventional face-to-face services, the innovative contactless healthcare services that were used

during the pandemic would be used or even advanced in the post-pandemic period because of the speeding up technological developments.

8. Burroni, L., et al (2021) states that utilising lean management techniques, healthcare organisations can cut errors, shorten wait times, and boost production.
9. Parida, V. K., et al (2022) states that due to a variety of
9. Parida, V. K., et al (2022) states that due to a variety of operations and services offered, hospitals play a significant role in the development of enormous amounts of wastewater and solid waste. Additionally, it was shown that high-income countries produced more wastewater than upper- and lowermiddle-income countries.
10. Zheng, W. Y., et al (2021) states that high-quality targeted research is urgently needed to show the advantages and hazards of integrating technology as hospitals work to increase the effectiveness and security of their prescription processes for controlled drugs.
11. Worthington, A. C. (2004) states that in hospitals, organisational size and whether it is a teaching or research institution appear to be positively correlated with efficiency, while remoteness, a limited range of services, high levels of unionisation, and market concentration appear to be negatively correlated with inefficiency.
12. Kraus, T. W., et al (2005) states that healthcare volume, efficiency, and quality are frequently discussed in conjunction. With an emphasis on the volume impacts, we examine how these dimensions interact in surgical hospital administration. Under efficiency is the best method of cost control when there are limited resources. External quality perception is crucial to draw patients and increase volumes.
13. Rosko, M. D. (1990) states that cost-containment or reduction strategies for the healthcare industry include increasing technical efficiency. Arguments that prospective payment will make hospitals run more efficiently and prevent cost increases by putting the health care organisation (HCO) at financial risk for profit or loss are widespread.
14. Cantor, V. J. M., et al (2018) states that it is likely that the use of integrated analysis with DEA as the central approach will play a key role in the future given the continued goal of researchers and health practitioners to improve healthcare efficiency assessment.
15. Mihailovic, N., et al (2016) states that in several nations, payment systems based on diagnosis-related groups (DRGs) have been gradually implemented. The greater efficiency, transparency, and shorter average duration of stay are benefits of the DRG payment system that are reflected in reduced average length of stay.

16. Iversen, T. (1993) states that if the government's willingness to pay grows because of longer patient wait times, in a non-cooperative financial game with the hospital as the leader, the outcome can be excessive waiting times.
17. Moons, K., et al (2019) states that even though patient care is the priority in hospitals, logistics-related tasks are crucial to guaranteeing the security, accessibility, and cost of supplies. The correct patients should receive the right supplies in the right amount and condition at the right time.
18. Prior, D., et al (2010) states that efficiency is defined as the ability to produce something at the best possible rate. If the performance of other units in the sample does not indicate that some of the hospital's inputs or outputs may be improved without affecting some of its other inputs or outputs, the hospital is said to be fully efficient.
19. Ravaghi, H., et al (2020) states that a few of the identified models and methodologies may be used to estimate the necessary number of beds at the hospital and regional levels in a variety of situations because there are no established norms in this area. Additionally, it's critical to take into account other planning strategies for hospital capacity, such as care pathways, to address the shortcomings of "bed numbers".
20. Mullins, A., et al (2020) states that the effectiveness of Electronic Health Record (EHR) design and deployment on patient outcomes is essential to ensuring that EHRs provide a return on investment for stakeholders while enhancing the experience of patients utilising the healthcare system.
21. Ebrahimi, S. M., et al (2020) states that significant amounts of antibiotics are sewage-released into the environment. By being poisonous, having allergic effects, being non-biodegradable, and, most importantly, hastening the development of antibiotic resistance, these emerging contaminants pose dangers to human health and the environment.
22. Fong, A. J., et al (2016) states that during the intraoperative phase, there is significant room for improving operating room efficiency. Although little research has been done, surgeons may play a special role in procedural efficiency. Task standardisation, gathering and utilising meaningful data, and sustaining efficient team communication were common themes.
23. White, H. L., et al (2011) states that the development of more accurate conceptual and statistical models that pinpoint and quantify underlying mechanisms influencing provider-outcome associations in quality should also be part of future research.

Hospitalists differ from other inpatient physician groups in specific ways related to their care structures.

24. Shiell, A. (1992) states that an inventive solution to issues that health care systems all around the world are facing is managed competition in the industry. Due to the transfer of budgetary authority from service providers to purchasing agencies, the idea has the potential to improve the overall efficiency of the healthcare system.
25. Wu, R. C., et al (2012) states that despite the recent decade's tremendous development in information and communication technology, there is no proof that the effectiveness of professional communication among health care providers has improved. Given how important communication is, we encourage more research into information and communication technology that is intended to enhance doctors' ability to communicate with one another. Measures of patient-focused results and practitioner efficiency should be included of outcome measures.
26. Verlicchi, P., et al (2015) states that the best option for managing and treating hospital effluent must be determined based on a technical and economic feasibility study that would concentrate on the most effective measures able to reduce the (macro and micro) pollutant load discharged into the surface water environment. This is because the best option is strictly correlated to hospital size and catchment area dimension.
27. Shiell, A. (1992) states that a novel solution to issues that health care systems all around the world are facing is managed competition in the industry. Intuitively, it is appealing to combine administrative control over resource allocation and overall spending with market incentives to promote productive efficiency. Due to the transfer of budgetary authority from service providers to purchasing agencies, the idea has the potential to boost the overall efficiency of the healthcare system.
28. Jack, E. P., et al (2009) states that due to continuing variations in demand patterns that are driven by demographics and recent changes in how these services are delivered, responses to demand uncertainty in the field of healthcare services is a particularly topical study topic. It seems sense, on the surface, to combine market incentives with administrative control over resource allotment and overall spending to encourage productive efficiency. The plan can increase the general effectiveness of the healthcare system since it transfers financial control from service providers to purchasing organisations.
29. Al Aukidy, M., et al (2018) states that the onsite treatment of hospital wastewater before discharge into municipal sewers should be regarded as a viable option and

afterwards implemented due to the lack of municipal wastewater treatment plants. Hospital wastewater management alternatives include discharging HWWs into municipal wastewater collection systems, where appropriate. It is advised to upgrade current WWTPs and enhance operation and maintenance procedures by employing skilled operators.

30. Hadji, B., et al (2014) states that a systematic examination of the relationships between hospital resources (considered productivity inputs) and financial and activity outcomes (considered productivity outputs and a small set of shared economic and activity indicators is pertinent for evaluating the productivity of a hospital, measuring trends, and carrying out national or international benchmarking).
31. Sarto, F., & Veronesi, G. (2016) states that there is a prevalent belief in health systems that having more clinicians in leadership and governance positions would improve the efficacy and efficiency of healthcare organisations on a larger scale. Numerous advantages for hospitals could result from increased doctor involvement in strategic decision-making.
32. Gualandi, R., et al (2020) states that being influenced by institutional, organisational, and patient situations, hospital patient flow is intricate and multifaceted. The creation and execution of intricate, diverse, and coordinated interventions are necessary to optimise hospital patient flow. By taking into account clinical results, providers' viewpoints, patients' experiences and satisfaction, in addition to process efficiency indicators, further study should analyse the various perspectives and demands of the key actors.
33. Lee, S. Y., & Alexander, J. A. (1999) states that hospital executives should be cautious and selective in their efforts to improve their facilities because organisational changes are not always advantageous for hospitals. In order to compete, hospitals would likely need to "run at least twice as fast" as their rivals, which will require them to abandon their preconceived notions and radically rethink both their organisational structure and strategy.
34. Graf, C. E., et al (2011) states that though it takes too much time to be done on a regular basis in the emergency room (ED), comprehensive geriatric assessments (CGAs) may be beneficial to fragile or chronically unwell patients. An alternative strategy is to only execute CGA on high-risk individuals who have been identified by a screening method in the first place and can improve the efficiency of overall healthcare.

35. Le Lagadec, M. D., et al (2017) states that Early warning systems (EWS) were created to inform medical personnel of a patient's clinical decline. The effectiveness of EWS, as assessed through statistical testing, varies greatly since it depends on the threshold scores used, the outcomes being monitored, and the cohort under consideration

INDUSTRY PROFILE

BRIEF HISTORY OF THE INDUSTRY

The healthcare sector has changed dramatically over the course of centuries, but its origins can be found in prehistoric societies like Mesopotamia, Egypt, and Greece, where basic medical procedures were created using both empirical data and religious beliefs. Hippocrates, an ancient Greek physician, was one of the classical-era luminaries who helped codify medical ethics and establish methodical approaches to diagnosis and treatment. Healthcare and religious institutions frequently interacted during the Middle Ages, and during the Renaissance, science and medical knowledge saw a resurgence in Europe. Public health measures emerged as a result of overcrowding and sanitation issues brought on by industrialization and urbanization, which made the Industrial Revolution a pivotal moment. Notable medical developments occurred in the 19th and 20th centuries, including the discovery of anesthesia. Rapid technological innovation in the healthcare sector in recent decades has revolutionized models of diagnosis, treatment, and delivery of healthcare. The emergence of digital health technologies, including wearables, telemedicine, and electronic health records, has completely changed how patients are treated and managed. Furthermore, population health management, wellness promotion, and preventive care have all received more attention. Notwithstanding these developments, the healthcare sector continues to face obstacles like aging populations, unequal access to care, and growing healthcare costs. However, there are opportunities to address these issues and enhance health outcomes internationally thanks to continuous innovation and adaptation in healthcare delivery as well as advancements in medical science and technology. The history of Paraguay's healthcare industry is marked by a progression from limited access and resources to gradual improvements in healthcare infrastructure and services. In the early years, healthcare in Paraguay was often informal, with traditional healers and home remedies playing a significant role in addressing health needs. Formal healthcare services were scarce, particularly in rural areas, and access was limited for many citizens. During the 20th century, efforts were made to establish a more structured healthcare system. The government began investing in healthcare infrastructure, building hospitals and clinics, and expanding medical education programs. However, progress was slow, and disparities in access to healthcare persisted, with rural and marginalized communities often underserved. In recent decades, there has been a push for healthcare reform aimed at improving access, quality, and equity in healthcare delivery. This has included initiatives to strengthen primary care services, increase healthcare workforce capacity, and invest in healthcare technology and innovation. Partnerships between the government, non-governmental organizations, and international agencies have played a crucial

role in supporting these efforts and addressing pressing health issues such as infectious diseases, maternal and child health, and non-communicable diseases. While significant progress has been made, challenges remain, including limited healthcare funding, uneven distribution of healthcare resources, and ongoing health threats. Continued investment in healthcare infrastructure, workforce development, and public health initiatives will be essential to further improve healthcare outcomes and meet the evolving healthcare needs of Paraguay's population.

INDUSTRIAL PERFORMANCE GLOBAL, NATIONAL AND REGIONAL

GLOBAL LEVEL

The global industrial performance of the healthcare sector is a reflection of a dynamic environment marked by notable breakthroughs, difficulties, and inequalities. Technological innovation is a fundamental component of healthcare delivery, with innovations like wearable technology, telemedicine, precision medicine, and artificial intelligence transforming patient care on a global scale. These developments improve access to healthcare services as well as diagnosis and treatment, especially in underserved or remote areas where conventional healthcare infrastructure may be lacking. Globally, pharmaceutical developments, such as the creation of novel medications and treatments, also help to better patient outcomes and the management of disease. Still, there are some significant obstacles and inequalities evident in the healthcare sector's industrial performance. Millions of people worldwide do not have sufficient access to basic medical services, especially in low- and middle-income nations. Access to healthcare is still a serious problem. Factors like socioeconomic status, geographic location, and healthcare infrastructure contribute to the persistence of disparities in healthcare quality and outcomes. In addition, there are serious financial difficulties facing people, governments, and healthcare systems around the world due to the growing expense of healthcare, which is being driven up by factors such as aging populations, rising rates of chronic illnesses, and tech advances. A coordinated international effort is required to address public health emergencies and improve global health outcomes. This is further highlighted by global health threats such as infectious disease outbreaks, antibiotic resistance, and non-communicable diseases. The healthcare sector exhibits adaptability and resilience in the face of difficulty despite these obstacles. To address global health challenges, share best practices, and advance medical research, international collaboration between governments, healthcare

organizations, research institutions, and non-governmental organizations (NGOs) is essential. Furthering the advancement of medical science and technology and providing promising answers to challenging problems in healthcare is the continuous dedication to innovation and research. The global healthcare sector's industrial performance ultimately reflects a balance between progress and challenges, as well as opportunities for innovation and improvement to guarantee that everyone on the planet has fair access to high-quality healthcare services.

NATIONAL LEVEL

The healthcare sector's industrial performance is impacted by a number of factors at the national level, including governmental regulations, healthcare infrastructure, economic conditions, and societal demands. The healthcare industry plays a vital role in promoting public health and economic development in numerous nations. Many national healthcare systems exist, each with unique advantages, disadvantages, and effects on the provision and quality of healthcare. These systems range from privately run insurance-based systems to government-funded universal healthcare models. When it comes to the infrastructure supporting the healthcare industry, industrial performance can be evaluated by taking into account variables like the accessibility and availability of healthcare facilities, the density and distribution of healthcare professionals, and the sufficiency of medical technologies and equipment. Higher standards of healthcare access, quality, and utilization are generally found in nations with developed healthcare infrastructure. At the national level, government policies and regulatory frameworks significantly influence how the healthcare industry performs industrially. Aspects of healthcare delivery such as drug approvals, medical device safety, accreditation of healthcare facilities, and patient data privacy are governed by regulations. The performance of the sector is also impacted by government regulations pertaining to public health programs, workforce development, healthcare financing, and reimbursement. Long-term improvements in population health outcomes and lower healthcare costs can be achieved, for instance, through funding initiatives related to disease surveillance, health promotion, and preventive care. The state of the economy and healthcare spending have a big impact on how well the healthcare sector performs on a national scale. Economies that spend more on healthcare as a percentage of GDP typically have stronger healthcare systems. In general, a complex interaction of variables, such as healthcare infrastructure, legal frameworks, governmental regulations, prevailing economic conditions, and societal demands, shapes the industrial performance of

the healthcare sector at the federal level. Countries can work to enhance healthcare outcomes and guarantee the provision of equitable, efficient, and effective healthcare services to their citizens by tackling issues like disparities in healthcare access, growing healthcare costs, and concerns about the quality of care. In general, a complex interaction of variables, such as healthcare infrastructure, legal frameworks, governmental regulations, prevailing economic conditions, and societal demands, shapes the industrial performance of the healthcare sector at the federal level. Countries can work to enhance healthcare outcomes and guarantee the provision of equitable, efficient, and effective healthcare services to their citizens by tackling issues like disparities in healthcare access, growing healthcare costs, and concerns about the quality of care.

REGIONAL LEVEL

The dynamics and growth trajectory of the healthcare sector are shaped by a complex interplay of factors at the regional level. The healthcare industry is shaped by distinct market conditions, infrastructure development, regulatory frameworks, and socio-economic factors that vary across different regions. Initially, the characteristics of the market differ greatly amongst areas due to variables like disease prevalence, demographics, and population size. Greater need for healthcare services and goods is typically seen in areas with aging and larger populations, which propels industry expansion. Further impacting market dynamics are a region's economic prosperity and levels of disposable income, which have an effect on healthcare service affordability and utilization.

Secondly, the state of healthcare infrastructure plays a crucial role in determining industrial performance. Regions with well-developed healthcare infrastructure, including hospitals, clinics, and medical research facilities, are better positioned to meet the healthcare needs of their population and attract investments from healthcare providers and pharmaceutical companies. Infrastructure development initiatives, such as the establishment of medical cities or innovation hubs, can also spur growth and innovation within the industry. Thirdly, the working atmosphere of the healthcare sector at the regional level is greatly influenced by the regulatory framework. Regional variations exist in the laws controlling insurance coverage, pharmaceutical approvals, healthcare delivery, and intellectual property rights. These laws have the potential to help or impede the expansion of certain industries. An environment that is conducive to industry development is typically fostered by regions that have well-defined and advantageous regulatory frameworks that place a high priority on patient safety, innovation, and market competition. Regional differences in the use of technology and healthcare spending also have an effect on industrial performance. Technologically advanced areas frequently use innovations like electronic health records, telemedicine,

and AI-driven diagnostics to streamline healthcare delivery and enhance patient outcomes. In wealthy areas, increased healthcare spending per capita—whether via public or private channels—correlates with improved access to medical services and cutting-edge treatment options, spurring industry growth. To summarize, the healthcare sector's industrial performance at the regional level is influenced by a multitude of factors, including market dynamics, infrastructure development, regulatory frameworks, technological advancements, and patterns of healthcare expenditure. Stakeholders must navigate opportunities and challenges in the ever-changing healthcare landscape by having a thorough understanding of these regional nuances.

PROSPECTUS AND CHALLENGES IN THE INDUSTRY

PROSPECTUS

Numerous factors support the healthcare industry's prospects and together they create a promising future for stakeholders and investors. The growing need for healthcare services worldwide, fueled by aging populations, an increase in chronic illnesses, and a growing understanding of preventive care, is one important factor. Technological innovations that are transforming healthcare delivery, enhancing patient outcomes, and increasing access to care include wearables, telemedicine, and AI-driven diagnostics. The COVID-19 pandemic has also expedited the digital transformation of healthcare, emphasizing the value of virtual care, telehealth, and remote monitoring. Healthcare and technology are coming together to create enormous opportunities for innovation. Digital therapeutics, genomics, and precision medicine are just a few of the fields receiving significant investment. Additionally, regulatory changes are intended to expedite medication approvals, lower healthcare expenses, and enhance patient. Furthermore, the increasing emphasis on population health management, personalized medicine, and value-based care is changing healthcare delivery models and resulting in efficiency gains. The healthcare sector is positioned for sustained growth and transformation with the help of rising investments, technological advancements, and regulatory support. This presents attractive opportunities for investors looking to profit from the changing healthcare landscape. Apart from the previously mentioned factors, the global demand for healthcare services is increasing due to demographic changes like urbanization and altered lifestyles. Particularly in emerging economies, the middle class is growing and the economy is growing quickly, which is driving up infrastructure and healthcare spending. This offers healthcare organizations a lot of chances to get into new markets and increase their clientele. The development and commercialization of novel treatments and medical devices are also being sped up by alliances and partnerships between technology companies, pharmaceutical companies, and healthcare providers. Encouraging investment opportunities for long-term growth and value creation are presented by the healthcare industry, which is supported by

a number of factors including changing consumer preferences, technological innovation, demographic trends, and regulatory reforms.

CHALLENGES

The healthcare sector faces a wide range of difficulties, from operational and structural problems to societal and technological shifts. The growing expense of healthcare is one major issue. The need for healthcare services rises as populations get older and medical technology improves, placing pressure on healthcare systems to deliver high-quality care while controlling costs. Inefficiencies in the system, such as administrative overhead and pointless procedures, exacerbate this problem by driving up costs for both patients and providers. Healthcare access is a major issue as well, especially for marginalized groups. Health outcomes remain unequal as a result of persistent disparities in healthcare access based on socioeconomic status, geography, and race. Inadequate availability of primary care, preventive services, and specialty care can worsen health disparities and lead to less favourable outcomes for communities that are marginalized. Furthermore, the healthcare sector struggles with the quick speed at which technology is developing. Although technological advancements like telemedicine, artificial intelligence, and electronic health records (EHRs) have the potential to improve patient care and streamline procedures, integrating these innovations into current systems presents substantial challenges. To guarantee the efficient and safe adoption of new technologies while upholding patient confidentiality and trust, concerns like interoperability, data privacy, and cybersecurity must be addressed. Healthcare organizations also face challenges as a result of the changing regulatory environment. The Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act (HIPAA) are two examples of complicated, frequently changing regulations that require substantial resources to comply with and may take focus and funding away from patient care. Providers and payers face additional complexity as a result of the unpredictability surrounding healthcare policy and reimbursement models, which hinders their capacity to make long-term plans and investments. In addition, the global COVID-19 pandemic has brought attention to and intensified pre-existing problems in the healthcare sector. The pandemic put pressure on the healthcare system, revealed weaknesses in supply chains, and emphasized the significance of efficient public health initiatives and readiness for upcoming medical emergencies. The healthcare sector is particularly concerned about worker shortages and burnout in addition to the issues already mentioned. The ability of healthcare systems to meet patient demand is strained by shortages of healthcare professionals, including

doctors, nurses, and allied health workers. An aging workforce, inadequate training programs, and the geographic dispersion of healthcare professionals are some of the factors causing a labor shortage. In addition, a lot of stress and burnout are experienced by healthcare professionals as a result of their demanding schedules, long hours, and emotional strain. This can lower the standard of patient care and raise turnover rates. In addition, there are still gaps in healthcare that are based on socioeconomic determinants of health like housing, education, and income, and these gaps exacerbate disparities in health outcomes. To address the underlying social and economic factors that impact health, healthcare providers, community organizations, policymakers, and other stakeholders must collaborate in a multi-sectoral approach to address these disparities. Reducing healthcare disparities and improving population health requires initiatives that promote health equity, such as targeted outreach programs, culturally competent care, and support for underserved communities. To sum up, the healthcare sector is confronted with a plethora of obstacles, such as increased expenses, unequal access, technological incorporation, adherence to regulations, readiness for pandemics, scarcity of workers, handling chronic illnesses, healthcare inequalities, and employee fatigue. To adopt creative solutions, enhance healthcare delivery, and promote health equity for all populations, stakeholders from across the healthcare ecosystem must work together in concert to effectively address these challenges.

COMPANY PROFILE

BRIEF HISTORY OF THE ORGANISATION

Aster Medcity Hospital is a well-known medical facility with cutting-edge technology and advanced medical services. It is situated in Kochi, Kerala, India. Founded by Dr. Azad Moopen in 1987, the hospital is a part of the Aster DM Healthcare network. Started as a single clinic in Dubai, Aster DM Healthcare has expanded to become one of the biggest healthcare providers in India and the Middle East. An important step toward the growth of Aster DM Healthcare's offerings was taken in 2014 with the opening of Aster Medcity Hospital. To provide patients from India and other countries with high-quality care, the hospital was intended to be a comprehensive medical facility with a wide range of specialties and cutting-edge treatments. As part of the Aster DM Healthcare network, Aster Medcity is a well-known healthcare facility with branches all over the world in addition to its flagship facility in Kochi, Kerala, India. Aster Medcity hospital, a quaternary care multispeciality hospital in a campus spread across 40 acres of land in Kochi, Kerala, India, to be positioned as a key destination for medical value travel. Aster Medcity Kochi, Ernakulam has 670 bed capacity and 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. One prominent location is the flagship Aster Hospital in the Middle East, located in Dubai, United Arab Emirates. Aster DM Healthcare has also made a name for itself in other nations. In Oman, for example, it runs Aster Al Raffah Hospitals & Clinics, which offer complete medical care to communities all around the Sultanate. Furthermore, Aster DM Healthcare has increased its presence in African nations, such as Nigeria, where it runs Aster Hospitals and Clinics, enhancing the region's healthcare delivery and infrastructure. In addition, Aster Medcity has expanded throughout Asia, including the Philippines, where it runs Aster Hospital & Clinics, providing cutting-edge medical treatment and encouraging community health and wellness. Aster Medcity maintains its dedication to offering compassionate, all-inclusive, and easily accessible healthcare services through its global branches, thereby promoting the welfare of people and communities across the globe. These facilities adhere to international standards of quality and patient care, providing a range of medical specialties and cutting-edge treatments. This cutting-edge hospital serves the various healthcare needs of the local and foreign populations in the United Arab Emirates by providing a broad range of medical services, including specialized care in cardiology, oncology, orthopedics, and more. Within a short period of time after its founding, Aster Medcity Hospital has become one of the most prestigious medical facilities in the area, drawing patients in search

of specialist care in a variety of specialties, including neurology, orthopedics, cardiology, and much more. Modern amenities and technologies are available at the hospital, such as robotic surgery, sophisticated intensive care units, and sophisticated diagnostic imaging. An additional factor enhancing Aster Medcity Hospital's standing for quality clinical results and patient care is its accreditation from both domestic and international healthcare organizations. As the community's healthcare needs grow, the hospital is committed to providing compassionate, all-inclusive, and easily accessible healthcare services, which is why it is keeping up its expansion of infrastructure and services. Aster Medcity Hospital is renowned for its dedication to medical education, research, and community outreach in addition to its cutting-edge medical services. To advance medical research and innovation, the hospital works with academic institutions and offers training programs for healthcare professionals. Aster Medcity Hospital works to enhance access to healthcare services, increase public awareness of preventive health measures, and address health disparities in marginalized populations through outreach programs and community health initiatives. For its high standards of patient safety and care quality, Aster Medcity Hospital has also received numerous honors and certifications. Renowned institutions like the Joint Commission International (JCI) have acknowledged the hospital for fulfilling stringent global healthcare requirements. The fact that Aster Medcity Hospital has earned these certifications is evidence of their commitment to providing top-notch medical care and guaranteeing the highest levels of patient satisfaction and security. Moreover, Aster Medcity Hospital has pioneered the adoption of digital healthcare solutions to enhance patient experience and improve clinical outcomes. The hospital utilizes telemedicine platforms, electronic health records, and other digital technologies to facilitate remote consultations, streamline care coordination, and empower patients to actively participate in their healthcare journey. In general, patients from all over India and overseas who are looking for cutting-edge medical care in a top-notch hospital setting are drawn to Aster Medcity Hospital, which has become a popular medical tourism destination. Aster Medcity Hospital is still a major player in determining the direction of healthcare delivery in the area and beyond because of its dedication to innovation, education, and patient-centered care. "We'll treat you better" Their dedication to offering top-notch medical care and placing a high value on their patients' happiness and well-being is reflected in their motto. It demonstrates their commitment to providing top-notch medical care and making sure that everyone receiving treatment at their facility has a positive experience.

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MISSION, VISION AND QUALITY POLICY FOLLOWED

MISSION

1. **Patient-Centric Care:** Provide individualized, compassionate medical attention based on each patient's particular needs. Throughout the patient's healthcare journey, make sure they are safe, comfortable, and satisfied.
2. **Medical Excellence:** Apply cutting-edge medical technologies and evidence-based practices to provide the best possible clinical care and treatment outcomes. To preserve knowledge and competence, encourage a culture of lifelong learning and professional growth among healthcare personnel.
3. **Innovation:** Embrace cutting-edge medical advancements and technologies to enhance diagnostic accuracy, treatment efficacy, and patient experience. Invest in research and

development initiatives aimed at improving medical practices, therapies, and healthcare delivery models.

4. **Community Engagement:** Engage with local communities to promote health awareness, preventive measures, and early intervention strategies. Collaborate with public health organizations, non-profits, and government agencies to address prevalent health issues and disparities.
 5. **Health Equity:** Advocate for equitable access to healthcare services, irrespective of socio-economic status, ethnicity, or geographic location. Support initiatives that aim to reduce healthcare disparities and improve health outcomes for marginalized and underserved populations.
 6. **Integrity and Ethics:** Uphold the highest standards of ethical conduct, integrity, and transparency in all aspects of healthcare delivery and business operations. Ensure compliance with regulatory requirements and industry standards to maintain trust and confidence among patients, staff, stakeholders.
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VISION

1. **Global Healthcare Excellence:** Aspire to be recognized globally as a leading healthcare institution, renowned for excellence in medical care, research, and education.
2. **Innovation and Technology Leadership:** Lead the way in adopting and implementing cutting-edge medical technologies, digital healthcare solutions, and innovative treatment modalities to improve
3. **Patient outcomes and experiences: Continuous Improvement and Growth:** Strive for continuous improvement and growth in all aspects of healthcare delivery, including clinical outcomes, patient satisfaction, and operational efficiency.
4. **Community Impact and Engagement:** Make a meaningful impact on the health and well-being of local communities by actively engaging in health promotion initiatives, preventive healthcare programs, and community outreach activities.
5. **Health Equity and Access:** Work towards achieving health equity by ensuring equitable access to high-quality healthcare services for all individuals, regardless of socio-economic status, geographic location, or other barriers.

6. Sustainable Healthcare Practices: Embrace sustainable healthcare practices that promote environmental stewardship, resource efficiency, and long-term sustainability in healthcare delivery.
7. Partnerships and Collaboration: Foster strategic partnerships and collaborations with healthcare organizations, academic institutions, government agencies, and other stakeholders to drive innovation, share best practices, and advance healthcare outcomes regionally and globally.
8. Employee Empowerment and Well-being: the empowerment, professional development, and well-being of employees, recognizing their critical role in delivering exceptional patient care and driving organizational success.

By embracing this vision and actively working towards its realization, Aster Medcity Hospital aims to establish itself as a beacon of excellence and innovation in healthcare, making a positive and lasting impact on the health and lives of individuals and communities served.

QUALITY POLICY FOLLOWED

Maintaining the greatest levels of patient safety and quality in all facets of healthcare delivery is the mission of Aster Medcity Hospital. To accomplish this, the hospital follows a thorough set of quality policies and procedures that direct its activities. Patient-centred care is Aster Medcity's top priority. This means that all clinical decisions and interactions must take the patient's needs, preferences, and safety into consideration. Encouraging trust and cooperation in the treatment process entails cultivating a culture of empathy, respect, and open communication between patients and healthcare professionals. Furthermore, the hospital is committed to upholding clinical excellence through adherence to guidelines and evidence-based practices for patient management, diagnosis, and treatment. Healthcare personnel participate in ongoing education and training programs as part of this dedication to medical excellence, which keeps them abreast of the most recent developments and industry best practices. Aster Medcity prioritizes operational effectiveness and quality improvement programs in addition to clinical care. The hospital conducts routine assessments of its procedures, frameworks, and results to pinpoint areas that require enhancement

and to put plans in place to improve productivity, efficacy, and patient happiness. Aster Medcity is also dedicated to providing a secure environment for its employees, visitors, and patients. To reduce risks and stop unfavorable events, this entails strict infection control measures, patient safety guidelines, and emergency preparation techniques. Aster Medcity's quality policies also include adherence to accreditation standards and regulatory requirements. To guarantee adherence to regional, national, and international standards, including those established by accrediting organizations and regulatory bodies like the Joint Commission International (JCI), the hospital maintains strict quality assurance and compliance programs. Overall, patient-centred care, clinical excellence, operational effectiveness, safety, and regulatory compliance are all examples of Aster Medcity Hospital's commitment to quality. The hospital strives to provide patients and communities with the best possible healthcare services and results by adhering to these quality policies and making constant improvements. Aster Medcity's quality policies also include adherence to accreditation standards and regulatory requirements. To guarantee adherence to regional, national, and international standards, including those established by accrediting organizations and regulatory bodies like the Joint Commission International (JCI), the hospital maintains strict quality assurance and compliance programs. Overall, patient-centred care, clinical excellence, operational effectiveness, safety, and regulatory compliance are all examples of Aster Medcity Hospital's commitment to quality. The hospital strives to provide patients and communities with the best possible healthcare services and results by adhering to these quality policies and making constant improvements.

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VALUES

1. Patient-centred care Patient centerich
2. Excellence
3. Compassion
4. Integrity
5. Teamwork
6. Innovation
7. Accountability
8. Respect

SLOGAN

“We’ll treat you better” Their dedication to offering top-notch medical care and placing a high value on their patients' happiness and well-being is reflected in their motto. It demonstrates their commitment to providing top-notch medical care and making sure that everyone receiving treatment at their facility has a positive experience.

PATIENT SAFETY –IPSG GOALS

IPSG 1 – Identity Patient Correctly

IPSG 2 – Improve Effective Communication

IPSG 3 – Improve the Safety of High Alert Medications

IPSG 4 – Ensure Safe Surgery

IPSG 5 – Reduce the Risk of Health Care Associated Infections

IPSG 6 – Reduce the risk of Patient Harm Resulting from fall

RIGHTS AND RESPONSIBILITIES

According to Aster Medcity , there are various rights and responsibilities that patient adhere to. Some of them are given below:

Patient Rights

1. Right to get considerate and respectful care.
2. Right to information.
3. Right to give informed consent.
4. Right to privacy.
5. Right to confidentiality.
6. Right to obtain reasonable care and treatment.
7. Right to get copies of all medical records.
8. Right to know whether patient is part of any trial or clinical research.
9. Right to get details of treatment cost/ payments.
10. Right to expect continuity of care.
11. Right to obtain second opinion.
12. Right to refuse treatment.
13. To prompt resolution of complaints and to be informed about the complaint resolution process.
14. To be free from all forms of abuse or harassment.
15. To prompt resolution of complaints and to be informed about the complaint resolution process.
16. To be free from all forms of abuse or harassment.

Responsibilities

1. Provide accurate, relevant information for proper diagnosis, treatment, rehabilitation and counselling purposes.
2. Comply and follow doctors instructions diligently.
3. Inform the physician in case of any problems.
4. Take preventive measures in case of infectious diseases.

5. Enquire about the costs of treatment.
6. Make payment of bills.
7. Take care and protect the hospital environment.
8. To utilize the health system properly and do not abuse/monopolize it.
9. Respect autonomy of doctors, nurses and other staff.
10. To treat doctors and nurses with respect.
11. Follow the “ NO SMOKING POLICY” of the hospital

CURRENT BOARD OF DIRECTORS

Dr AZAD MOOPAN - FOUNDER CHAIRMAN

TJ WILSON – Executive director and group head, Governance & Cooperate affairs,
Aster DM Healthcare

Ms ALISHA MOOPAN – Managing Director and Group CEO, Aster DM Healthcare

Mr SHAMSUDHEEN AP – Chairman Regency Group

Ms P H VIJAYA DEEPTI – Independent Director

Mr EMMANUEL DAVID GOOTHAM – Independent Director

Mr C JOHN GEORGE – Founder and Managing Director of Geojit Financial Services

Mr WAYNE EARL KEATHLEY – Executive Vice President, Baylor Global Health

Mr DANIEL MINTZ – Founding Managing Director, Olympus Capital Asia

Mr JAMES MATHEW – CEO & Managing Partner UHY James, Chartered
Accountants

ASTER MEDCITY KOCHI CAMPUS

One of Kochi, Kerala's best hospitals, Aster Medcity is a 670-bed quaternary care facility situated on a 40-acre waterfront campus that exudes tranquil beauty. Since 2013, the center has been providing high-quality healthcare at a reasonable cost through its

Centres of Excellence and a multispecialty hospital, realizing the vision and dream of its cherished chairman, Dr. Azad Moopen. It is the state's first quaternary care multispecialty hospital with JCI accreditation, bringing together the greatest talent and technology to offer multidisciplinary, holistic treatment. Aster Medcity has developed over time into a premier medical destination that draws thousands of patients from all over the world in addition to luring the best talent, constantly improving technology, and supporting research, education, and a unique workplace culture that is morally and socially conscious. Within a year of its doors opening to the public, Aster Medcity, the first quaternary care hospital in Kerala, was certified by Bureau Veritas for Green Operation Theatres (GOT) and accredited by the NABH for Nursing Excellence. Aster Medcity provides high-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. These specialties are all based on a multidisciplinary treatment approach. Internal medicine, infectious diseases, interventional radiology, ENT, plastic, cosmetic & and microvascular surgery, general surgery, psychiatry, dentistry, maxillofacial surgery, pulmonology, ophthalmology, nuclear medicine, centre for fertility, dermatology, and cosmetology are just a few of the specialties that offer unparalleled care at the campus' multispecialty hospital. Several clinical programs, including Deep Brain Stimulation (DBS) for Parkinson's and movement disorders, Spine Surgery, Epilepsy Surgery, Cardiac Electrophysiology, Bone Marrow Transplant, Liver Transplant, Kidney Transplant, and Physical Medicine & Rehabilitation (PMR), have helped hundreds of people worldwide. Almost 1200 robotically assisted procedures have been carried out by urologists, gynecologists, and transplant surgeons thanks to the Aster Minimal Access Robotic Surgery (MARS) program. Additionally, the hospital is one of the few in the area that provides complete Extra Corporeal Membrane Oxygenation (ECMO) services for the resuscitation of critically ill patients.

ASTER MEDCITY GYNAECOLOGY DEPARTMENT – PROJECT AREA

The Centre of Excellence (CoE) in Women's Health at Aster Medcity is one of the most cutting-edge facilities of its kind in the area. It provides a broad range of extremely specialized services for the comprehensive management of health issues in women of all ages. Experts in all subspecialties of women's health, including obstetrics, gynecology, infertility treatment, reproductive medicine, fetal medicine, and clinical

and interventional imaging, make up the outstanding medical team. With a multidisciplinary approach, they offer patients excellent, protocol-based care with the assistance of nurses, technicians, and counselors with specialized training. This CoE, which is set up to operate like a stand-alone hospital, features an inpatient and outpatient wing, specialized ICUs and surgical suites, first-rate labor and delivery suites (LDRCs), a cutting-edge clinical imaging unit, day care centres, and a 24-hour emergency response unit. This center, which was the first in Kerala to provide robotic gynecological surgery, also provides extremely sophisticated infertility treatment, such as IVF (In Vitro Fertilization) and ICSI (Intra Cytoplasmic Sperm Injection). They provide specialities for say Obstetrics & Gynaecology, Aster Centre for Fertility, Aster Nurture to name few.

The Following are the Gynaecology Consultants in the dept.,

Dr ZAREENA A KHALID

Dr S MAYADEVI KURUP

Dr SHERLEY MATHEN

Dr SHAMEEMA ANVARSAATH

Dr TEENA ANNE JOY

RESEARCH METHODOLOGY

STATEMENT OF THE PROBLEM

Despite the fact that patient satisfaction is crucial to the healthcare industry, little is known about the precise variables that affect patient experiences and the general caliber of care given. The current dearth of thorough research prevents policymakers and healthcare providers from having the targeted insights they need to address problems like poor communication, ineffective service processes, and more. In order to close these gaps, a comprehensive analysis of the variables influencing patient satisfaction and service quality within the healthcare system is being conducted. Lack of commonly used metrics to define and assess service quality and patient satisfaction in healthcare settings. Different interpretations and applications of the assessment criteria make it difficult to compare and benchmark institutions. Inadequate consideration of patient viewpoints and experiences during the process of developing methods for evaluating service quality.

The project aims to determine patient satisfaction and assess the service quality in the Gynaecology Department at Aster Medcity Hospital. A self-prepared Questionnaire was used to collect data from patients on various characteristics used to determine the output for the ongoing research study.

RESEARCH DESIGN

The general strategy or framework that directs the course of carrying out a research study is referred to as the research design. It includes all of the approaches, methods, and strategies that researchers use to answer their research questions or goals and accomplish the objectives of their studies. The research design is an essential step in the process because it specifies the methods for gathering, evaluating, and interpreting data.

The type of research design used in this study is Descriptive Research Design.

Descriptive research design is a type of research methodology that aims to systematically describe or document the characteristics, behaviours, attitudes, or phenomena within a specific population or group. Unlike experimental research designs, which seek to establish cause-and-effect relationships between variables

through manipulation and control, descriptive research focuses on observing and reporting what exists or occurs naturally.

SAMPLE DESIGN

The process of choosing a subset of people, things, or components from a larger population to carry out research or collect data is referred to as sample design. Making decisions on sample selection is necessary to guarantee that the sample is representative of the population from which it was taken.

A Simple Random Sampling Method is used to select the sample in this study.

POPULATION

In research methodology, the term "population" refers to the entire group of individuals, items, or units that share common characteristics and are of interest to the researcher. The population is the larger group from which a sample is selected for the purpose of conducting a study.

In this study the total footfall encountered in the given period may be referred as the population of this study.

SAMPLING TECHNIQUE

Sampling techniques refer to the methods used to select a sample from a population. The choice of a sampling technique depends on the research question, the type of data being collected, the size of population, and the resources available for conducting the research.

The Sampling Method used in this study is the Convenience Sampling Method.

Convenience sampling is a non-probability sampling technique where researchers select individuals or items for inclusion in the sample based on their convenience and accessibility. Instead of employing random selection methods, convenience sampling

involves selecting participants who are readily available and easily accessible to the researcher.

SAMPLE SIZE

Sample size refers to the number of individuals, items, or units selected from a larger population to be included in a research study. It is a crucial consideration in research methodology as it directly impacts the reliability, validity, and generalizability of study findings.

The Sample Size of this study is 50.

Under the population, the sample size for this study is 50 from the Gynaecology Department in Aster Medcity Hospital.

DATA COLLECTION DESIGN

Data collection design refers to the process of planning and implementing methods for gathering data for a particular research study or project.

The design process involves defining the research question or problem, determining the type of data needed to answer the question, selecting the most appropriate data collection methods, and planning how the data will be collected, stored, and analysed.

Close-ended questions ask respondents to choose from a predefined set of responses, typically one-word answers such as “yes/no”, “true/false”, or a set of multiple-choice questions.

Likert scale is a type of question that uses a 5 or 7-point scale, sometimes referred to as a satisfaction scale that ranges from one extreme attitude to another.

The 5-point Likert scale is a global scale that is used to assess attitudes and views. It is a scale with 5 answer options which has two utmost poles and a neutral option linked with intermediate answer options. For example, agree, fully agree, neither agree nor disagree, disagree, and fully disagree.

A self-prepared questionnaire was prepared to collect data. The questions were closed ended questions and 5-point Likert scale with 5 answer options (Highly Satisfied, Satisfied, Neutral, Dissatisfied, and Highly Dissatisfied).

DATA SOURCES

To achieve the goals of the study both Primary & Secondary Data were gathered.

Primary sources of information are those that are gathered from scratch and for the first time, making them fully unique in nature. A Questionnaire has been used to obtain data.

Data from Secondary sources is information that has been already gathered and processed statistically by another party. The internet, Organisational records, and other papers kept by the organization were used to gather secondary data.

Sources of data collected were from self-prepared data.

DATA COLLECTION TOOLS

Data collection tools are instruments or methods used by researchers to gather data from participants or sources to conduct research or analysis. These tools facilitate the systematic collection of information that is relevant to the research questions or objectives.

There are various types of data collection tools, each suited to different research contexts and objectives. Some of the most common types of data collection tools include:

- Questionnaires: Questionnaires are structured instruments consisting of a set of questions designed to gather information from participants. They can be administered in written form (self-administered questionnaires) or verbally (interviewer-administered questionnaires).
- Interviews: Interviews involve direct interaction between the researcher and the participant to collect data. Interviews can be structured (with predetermined questions), semi-structured (with a flexible interview guide), or unstructured (allowing for open-ended discussion).

- Surveys: Surveys are similar to questionnaires but are typically used to collect data from a larger sample of participants. Surveys can be conducted through various methods, including mail, telephone, online, or face-to-face interviews.
- Observations: Observational methods involve systematically watching and recording behaviours, events, or phenomena in their natural setting. Observations can be participant observations (where the researcher actively participates in the observed activity) or non-participant observations (where the researcher observes without participating).

The Data Collection Tool used to gather information in this study is Questionnaire Method.

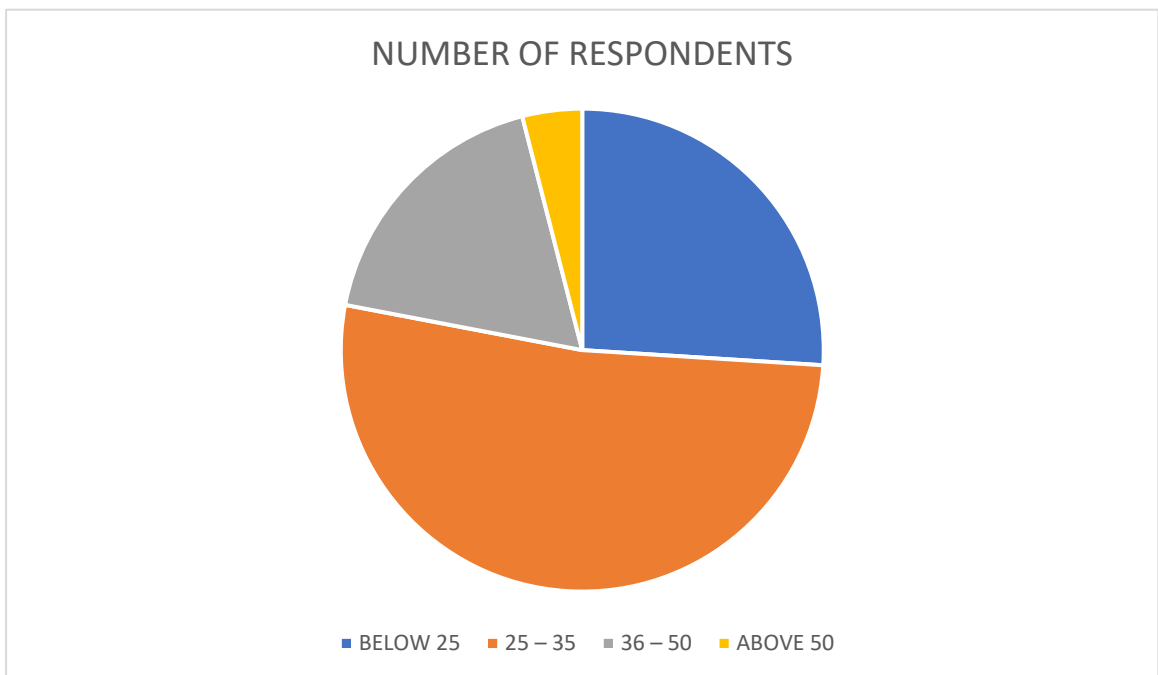
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DATA ANALYSIS AND INTERPRETATION

1. AGE

The below table shows the age of respondent who attended the survey

Option	NUMBER OF RESPONDENTS	RESPONSES
BELOW 25	13	25.5%
25 – 35	26	51%
36 – 50	9	19.6%
ABOVE 50	2	3.9%
TOTAL	50	100%



INTERPRETATION

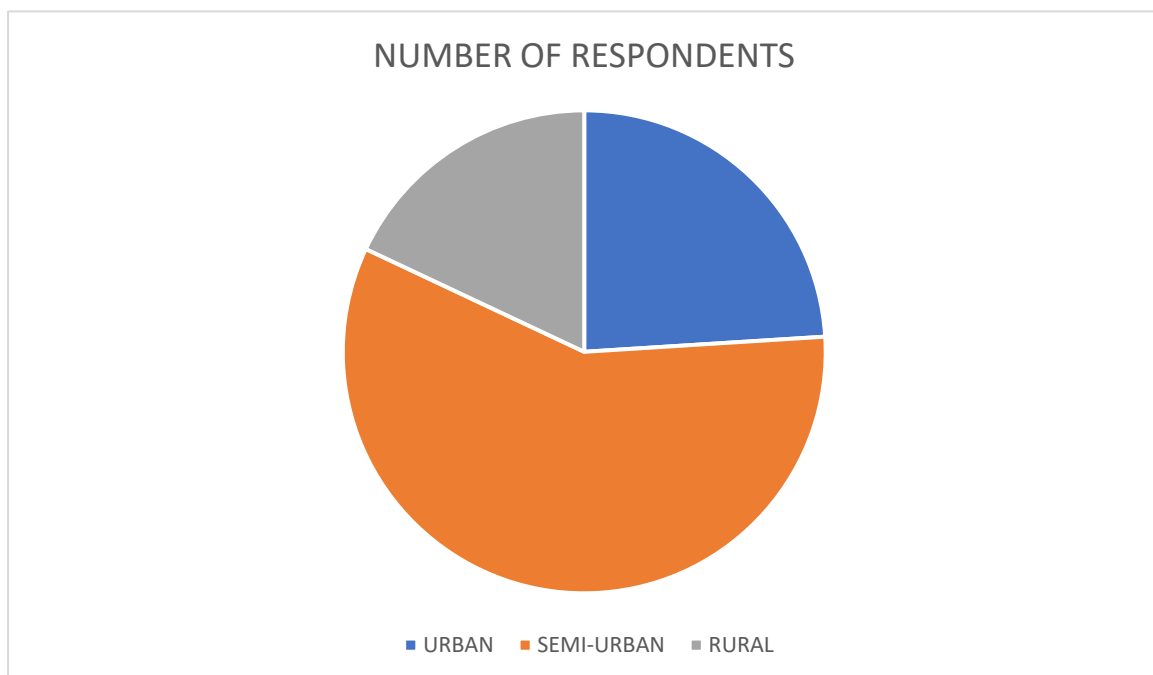
From the above data, 25.5% of the respondents are below the age of “25”, 51% of the respondents are between the age group of “25-35”, 19.6% of the respondents are between the age group of 36-50 and 3.9% of the respondents are above the age of “50”.

Therefore, from the above graph majority of the respondents in the gynaec OP were between the age of 25-35 and least respondents were above the age of 50.

2. PLACE OF RESIDENCE

The below table shows the place of residence of the respondents who attended the survey.

Options	NUMBER OF RESPONDENTS	RESPONSES
URBAN	12	13.3%
SEMI-URBAN	29	64.4%
RURAL	9	22.2%
TOTAL	50	100%



INTERPRETATION

From the above data, 13.3% of the respondents were from Urban, 64.4% of respondents were from Semi-Urban and 22.2% were from Rural place of residence.

Therefore, from the above graph it was clear that majority of the respondents in the Gynaec OP were from Semi-Urban place residence and least respondents were from Urban place of residence.

3. Primary reason of the Visit

The below given table shows the primary reason of their visit in gynaecology OP

OPTION	NO: OF RESPONDENTS	RESPONSES
Routine Check - Up	9	19.6%
Pregnancy Related	24	50%
Gynaecological Issue/Symptoms	13	25.5%
Other (follow up)	4	4.9%
TOTAL	50	100%



INTERPRETATION

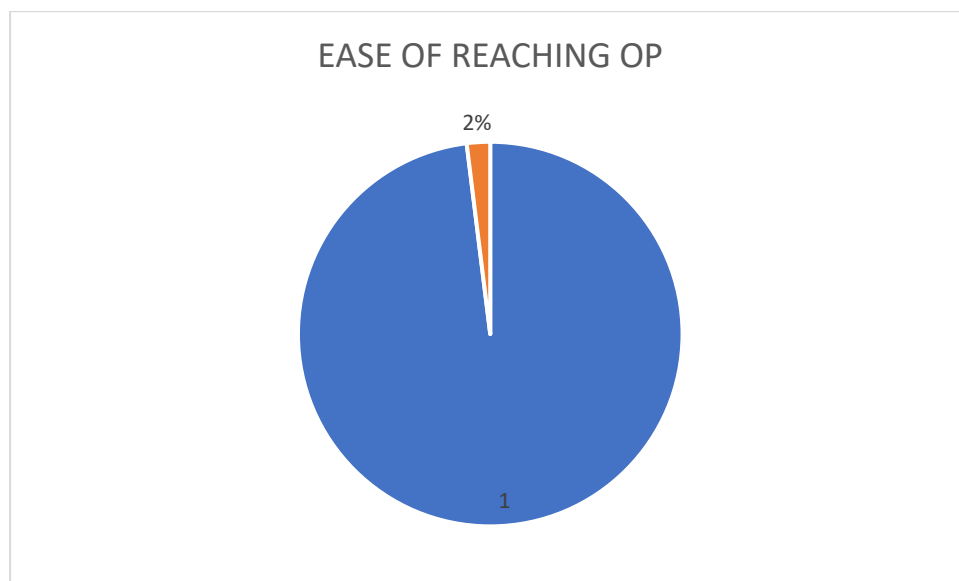
From the above data, 19.6% of the respondents were having routine check-ups, 50% of the respondents were having pregnancy-related visits, 25.5% of respondents were having gynaec issues/symptoms related visit and 4% of the respondents had other reasons of the visit.

Therefore, From the above graph we came to conclusion that majority of the respondents are having their primary reason of the visit for pregnancy related and least respondents visit for other reasons like follow ups etc.

4. Difficulties faced in reaching gynaec OP

The below given data shows whether any challenges faced by respondents in reaching the gynaecology OP.

OPTION	NO: OF RESPONDENTS	RESPONSES
YES	1	2%
NO	49	98%
TOTAL	50	100%



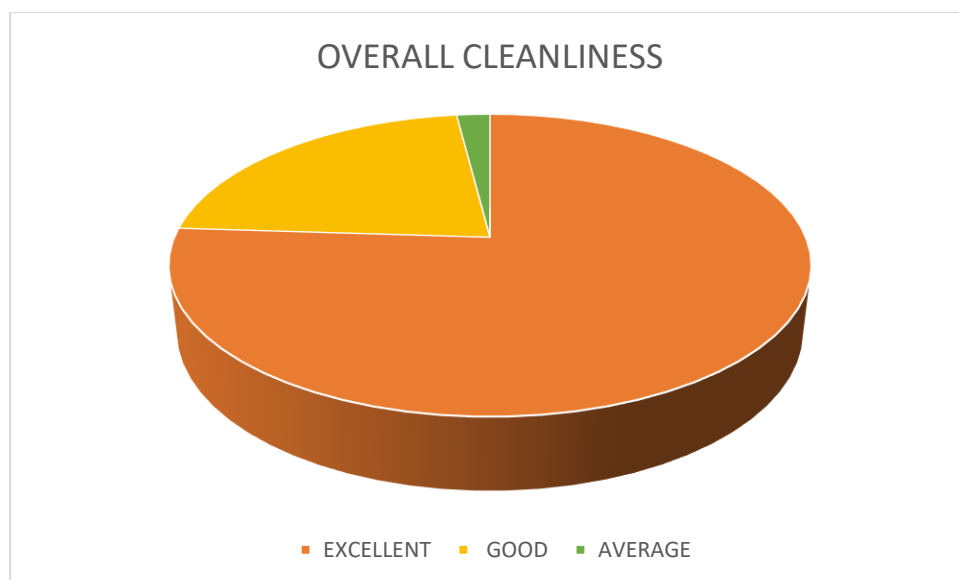
INTERPRETATION

From the above graph, it is clear that 98% of the respondent does not face any challenges in reaching the gynaecology OP which is also the majority and only 2% of the respondent face challenges in reaching the gynaec OP.

5. Overall cleanliness of the gynaecology department

The data given below shows the rating of the respondents based on overall cleanliness of the gynaecology department.

OPTION	NO: OF RESPONDENTS	RESPONSES
EXCELLENT	38	76%
GOOD	11	22%
AVERAGE	1	2%
POOR	0	0%
TOTAL	50	100%



INTERPRETATION

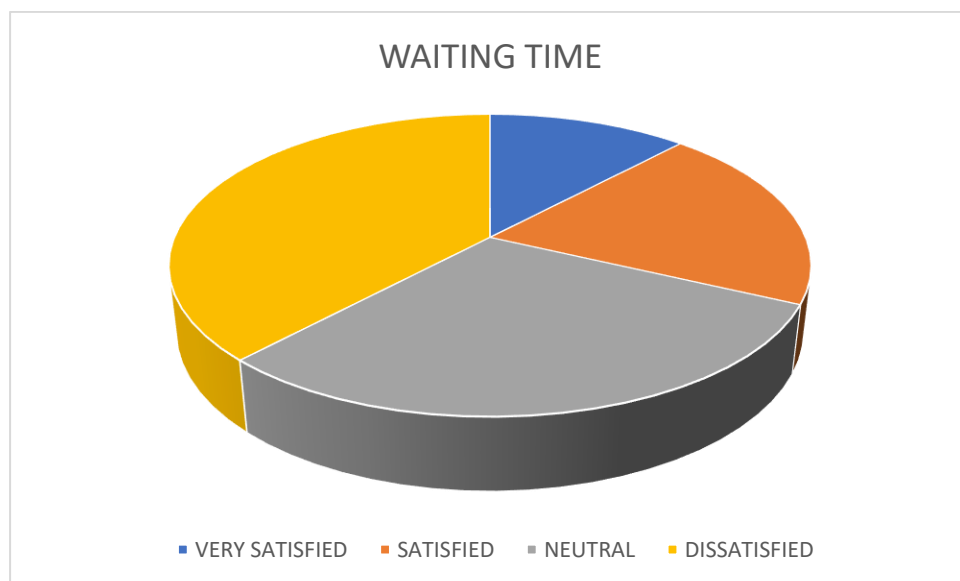
From the above chart, it is clear that about 76% of the respondent rated EXCELLENT, 22% of the respondent rated GOOD, 2% rated for AVERAGE and 0% of the respondent rated POOR.

It can be concluded that majority respondents are satisfied with the cleanliness of the cleanliness of the gynaecology OP.

6. The waiting time in the Gynaecology department

The data given below shows the whether the respondents were satisfied with the waiting time in the gynaecology OP.

OPTION	NO: OF RESPONDANTS	RESPONSES
VERY SATISFIED	6	12%
SATISFIED	10	17%
NEUTRAL	15	34%
DISSATISFIED	19	37%
VERY DISSATISFIED	0	0%
TOTAL	50	100%



INTERPRETATION

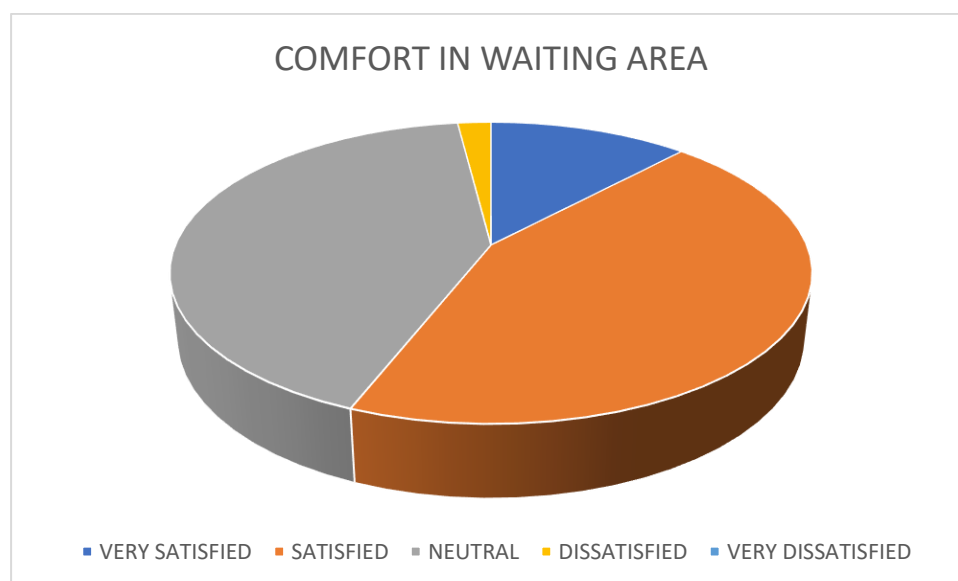
From the above chart, it is clear that 12% of the respondents are “very satisfied”, 17% of the respondents are “satisfied”, 34% of the respondents are “neutral”, 37% respondents are “dissatisfied” and 0% respondents are “very dissatisfied” with the waiting time they incurred.

Therefore, it can be concluded by saying that majority of the respondents are dissatisfied & neutral with the waiting time and least respondents are satisfied with the waiting time.

7. Level of comfort in the waiting area

The data below shows the level of comfort felt by the respondents in the waiting area/lobby.

OPTION	NO: OF RESPONDENTS	RESPONSES
VERY SATISFIED	6	15%
SATISFIED	22	43%
NEUTRAL	21	41%
DISSATISFIED	1	1%
VERY DISSATISFIED	0	0%
TOTAL	50	100%



INTERPRETATION

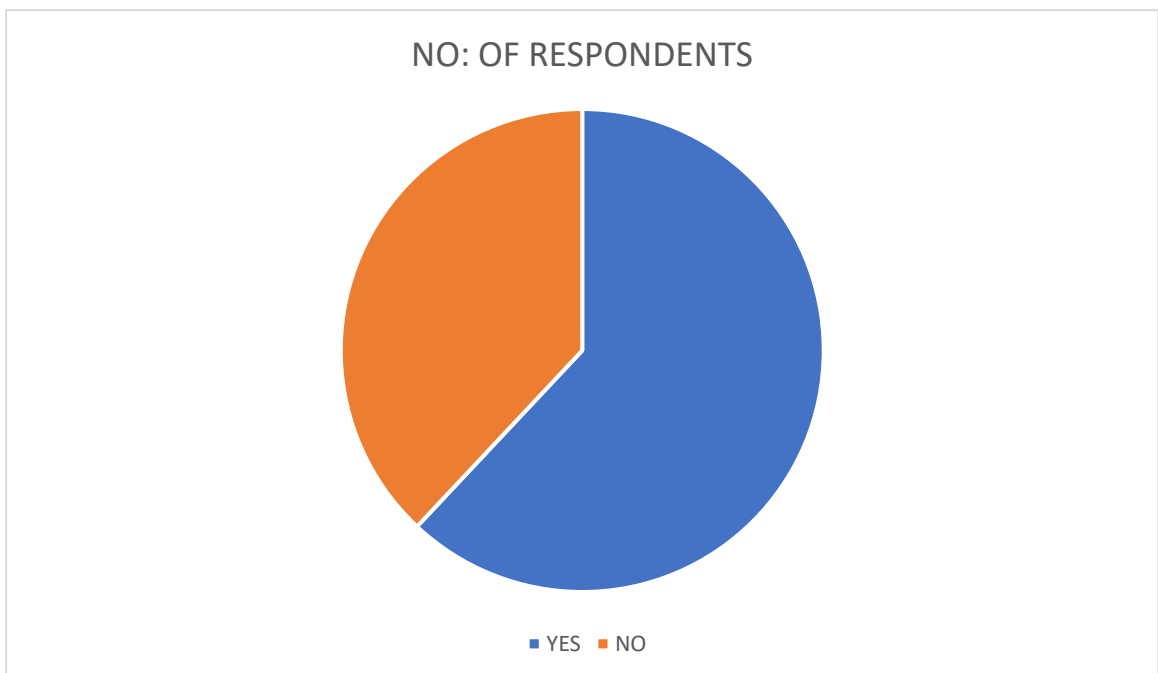
From the above graph it is clear that 15% of the respondents are “very satisfied”, 43% of the respondents are “satisfied”, 41% of the respondents are “neutral”, 1% of the respondent is “very dissatisfied” and 0% of the respondents are “very dissatisfied” with the comfort provided in the gynaecology department.

Hence, it can be concluded from this that majority of the respondents are satisfied and neutral and only least or none of the respondent are dissatisfied with it.

8. Any delay experienced during appointments

The table given below shows whether any delay the respondents experienced during the appointment that day.

Options	NO: RESPONDENTS	OF RESPONSES
YES	31	62%
NO	19	38%
TOTAL	50	100%



INTERPRETATION

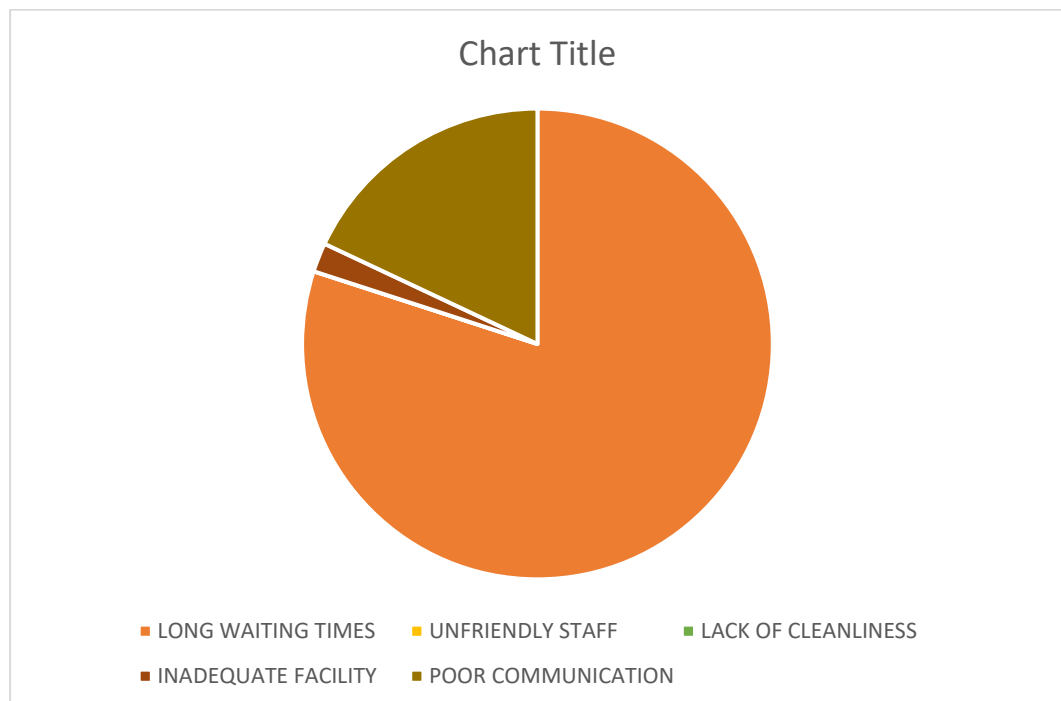
From the above chart, it is clear that 60.8% of the respondents agree with delay experienced by them during appointment and 39.2% of the respondents disagree with the delay experienced during appointment.

Thus, Majority respondents face challenge during the appointment with long delay.

9. Issue faced in the gynaecology department

The table given below shows the aspect at which the respondents faced an issue in the gynaecology department.

OPTION	NO: OF RESPONDENTS	RESPONSES
LONG WAITING TIMES	40	90%
UNFRIENDLY STAFF	0	0%
LACK OF CLEANLINESS	0	0%
INADEQUATE FACILITY	1	1%
POOR COMMUNICATION	9	9%
TOTAL	50	100%



INTERPRETATION

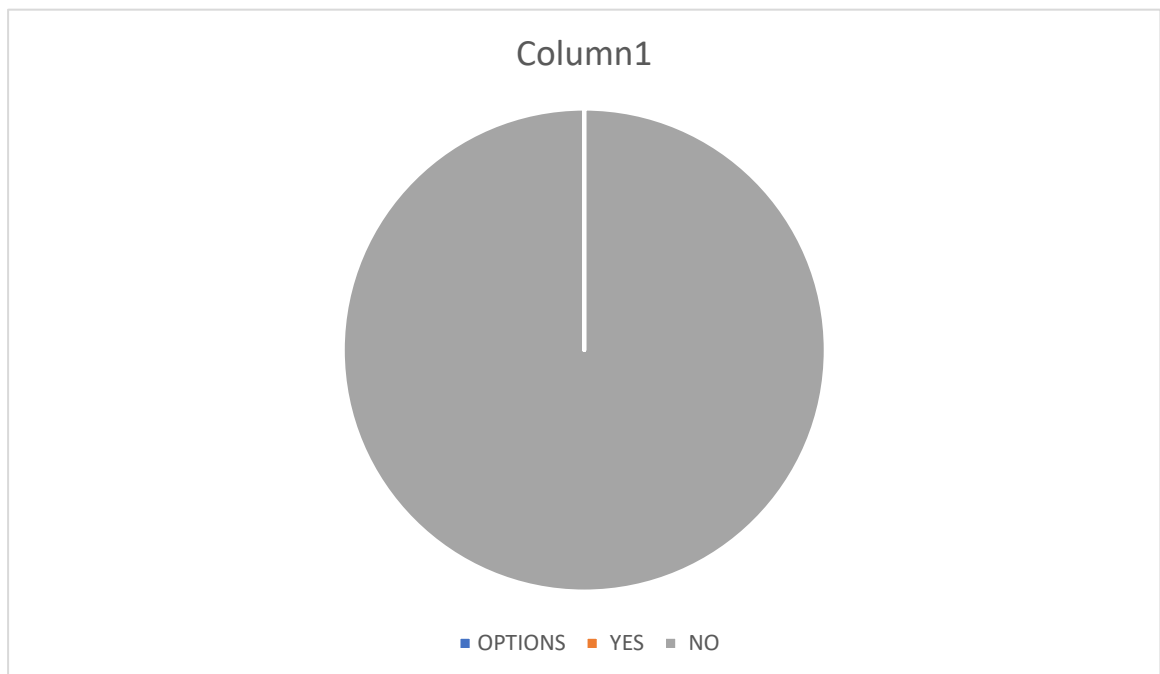
From the above chart it is clear that 88% of the respondent voted for “long waiting times”, 0% for “unfriendly staff”, 0% for “lack of cleanliness”, 0% again for “unfriendly staff”, about 2% for “Inadequate facility”, about 10% respondents voted for “poor communication”.

Therefore, we can conclude it by saying that majority of the respondents faced difficulty with long waiting times and least respondents had issues with inadequate facilities.

10. Language barriers faced or difficulties in understanding

The data given below shows whether respondents incurred any language barriers or difficulties in understanding medical information.

OPTIONS	NO: OF RESPONDENTS	RESPONSES
YES	0	0%
NO	50	100%
TOTAL	50	100%



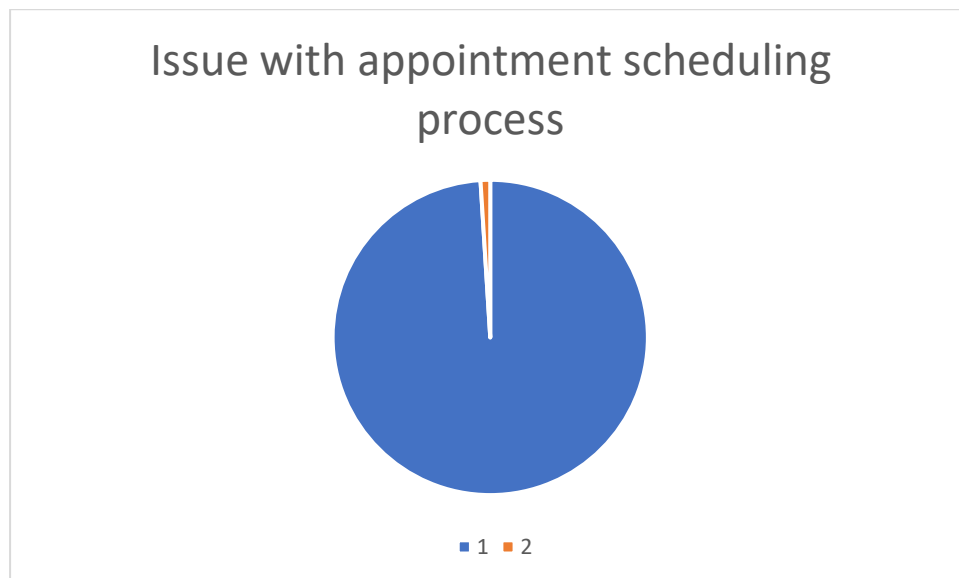
INTERPRETATION

From the above chart, it is clear that no respondent has incurred any language barrier or difficulty in understanding medical information.

11. Issue with appointment scheduling process

The data given below shows whether the respondents had issue with the appointment scheduling process in the gynaecology op

OPTION	NO: OF RESPONDENTS	RESPONSES
YES	2	2%
NO	48	98%
TOTAL	50	100%



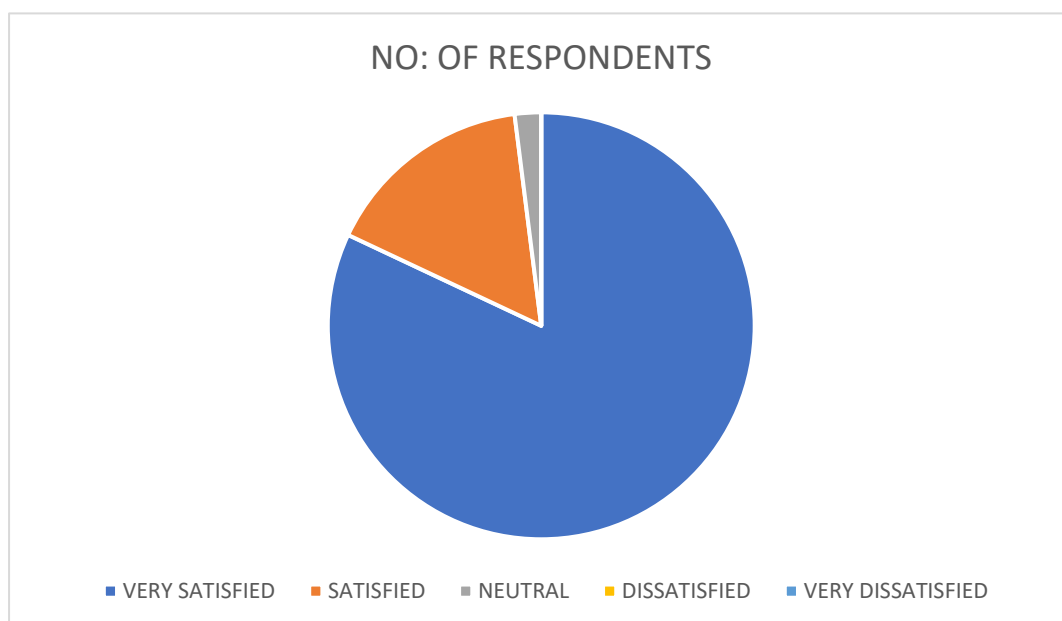
INTERPRETATION

From the above graph it is clear, majority of the respondents that is 98% had no issue with the appointment scheduling process in the gynaecology department and only about 2% of the respondents had issue with the same.

12. Professionalism of the caregivers in the gynaecology OP

The data given below shows the respondents rating the professionalism of the caregivers in the gynaecology OP (doctors, medical and non-medical staff) on the basis of certain characteristics: Knowledge, Interaction, Honesty, Integrity, Standards of behaviour, Ethics of gynaecologists.

OPTIONS	NO: OF RESPONDENTS	RESPONSES
VERY SATISFIED	41	91%
SATISFIED	8	9%%
NEUTRAL	1	1%
DISSATISFIED	0	0%
VERY DISSATISFIED	0	0%
TOTAL		



INTERPRETATION

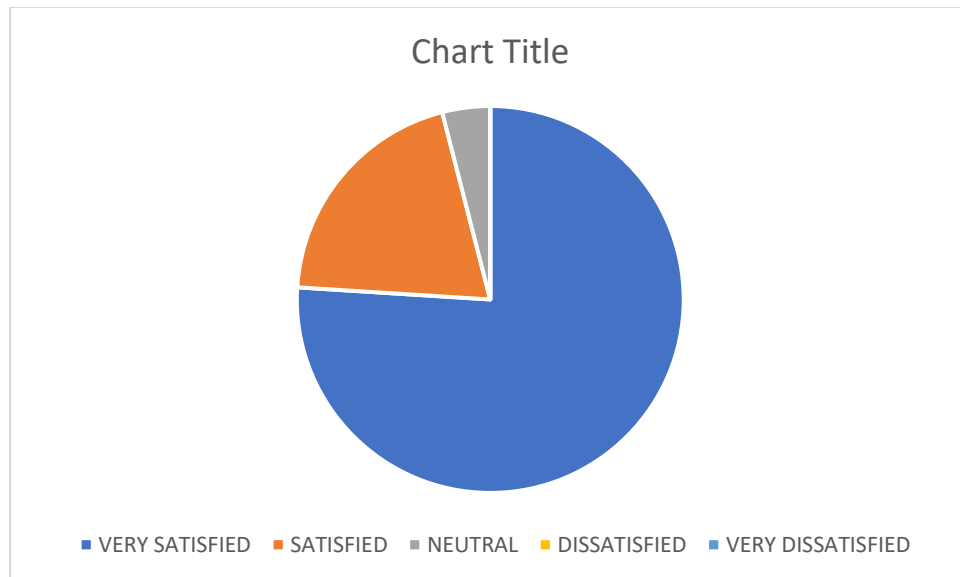
From the above chart, it is clear that 91% of the respondents are “very satisfied”, 9% of the respondents are “satisfied” and about 1% of the respond are “neutral” with professionalism of the caregivers in the gynaecology department with remaining 0% of respondents voting for both “dissatisfied” and “very dissatisfied” options given to them.

This shows that majority of the respondents are very much satisfied with professionalism of the caregivers.

13. Quality of care provided by the caregivers in the gynaecology department

The data given below shows the respondents rating the caregivers upon the quality of care provided in the gynaecology OP (doctors, medical-non-medical staff) on the basis of certain characteristics: Healthcare system, staff expertise, patient satisfaction, Patient experience, Facilities, behaviour of staff, patient safety.

OPTION	NO: OF RESPONDENTS	RESPONSES
VERY SATISFIED	38	88%
SATISFIED	10	10%
NEUTRAL	2	2%
DISSATISFIED	0	0%
VERY DISSATISFIED	0	0%
TOTAL	50	100%



INTERPRETATION

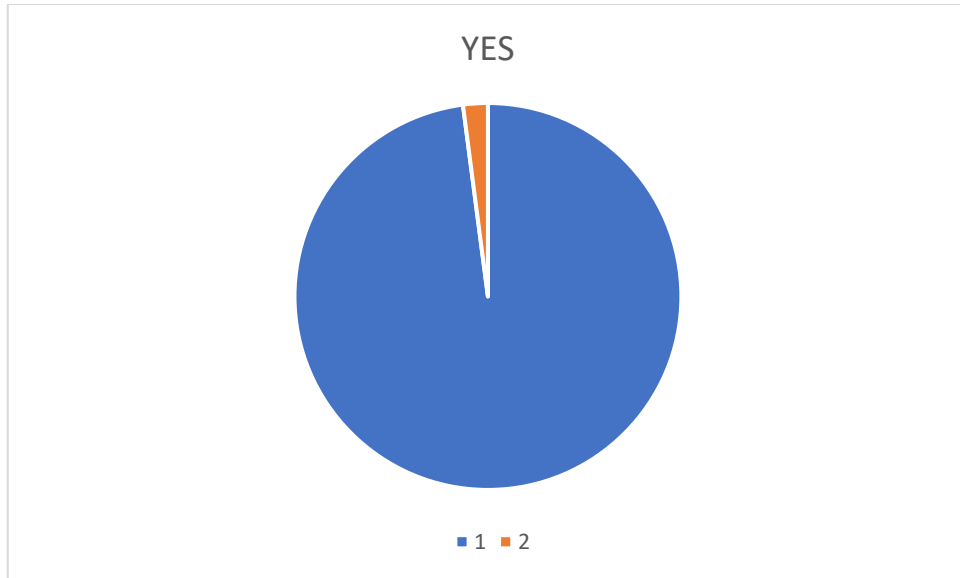
From the above chart, it is clear that 88% of the respondents are “very satisfied”, about 10% of the respondents are “satisfied” and only about 2% of the respondents are “neutral” for the quality provided by the caregivers in the gynaecology department, rest 0% has been voted for “dissatisfied” and “very dissatisfied” by the respondents.

Thus, it can be concluded that majority voted for satisfactory in case of quality provided by the caregivers by the respondents in the gynaec department.

14. Concerns and questions adequately addressed by the caregivers

The data given below shows whether the respondents were able to address their concerns and doubts to the caregivers in the gynaecology department.

OPTION	NO: OF RESPONDENTS	RESPONSES
YES	45	95%
NO	5	5%
TOTAL	50	100%

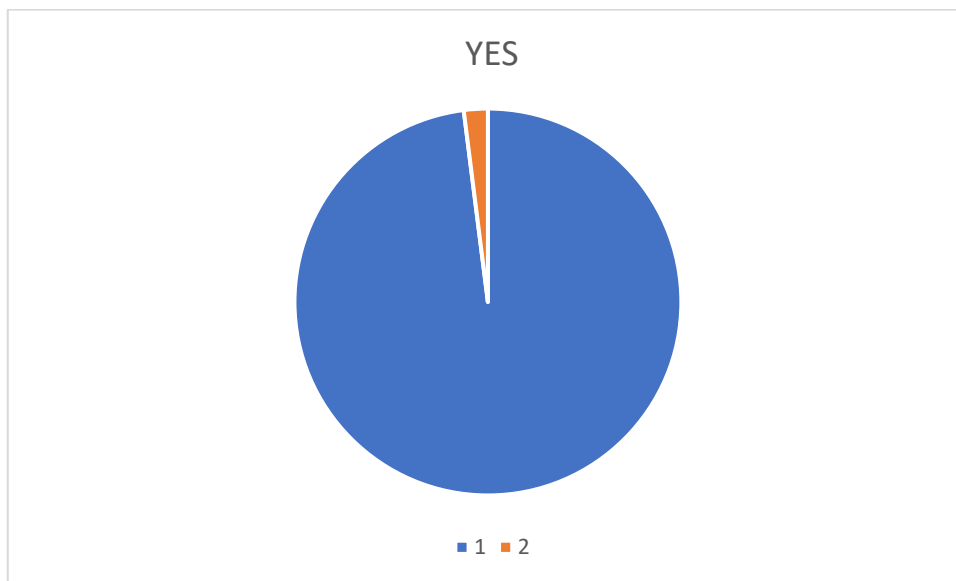


INTERPRETATIONS

From the above chart , it is clear that majority voted for “YES” that is about 95% and only about 5% voted for “NO” regarding their ability in addressing their concerns and doubts to the caregivers in the gynaecology department.

15. Involvement in decision-making regarding treatment plans in the gynaecology department.
 Given below is the data shown where the respondents have voted for whether they were involved in the decision making regarding their treatment plans by the caregivers.

OPTION	NO: OF RESPONDENTS	RESPONSES
YES	48	98%
NO	2	2%
TOTAL	50	100%



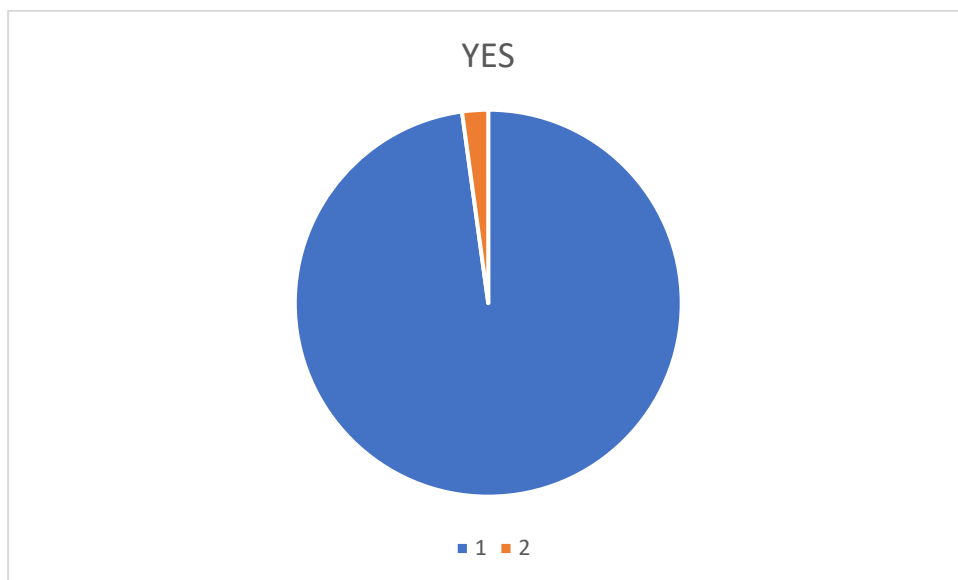
INTERPRETATION

From the above graph it is clear that 98% of the respondents that is the majority of the respondents voted for “yes” approving that they are involved in the decision – making of their treatment plans. Only about 2% responded for “NO” not approving of the above fact.

16. Effectiveness of communication by the caregivers.

Below mentioned are the data shown by the respondents regarding their level of satisfaction from the caregivers on the basis of their level of effective and clear communication with them on their visit.

OPTION	NO: OF RESPONDENTS	RESPONSES
YES	41	91%
NO	9	9%
TOTAL	50	100%



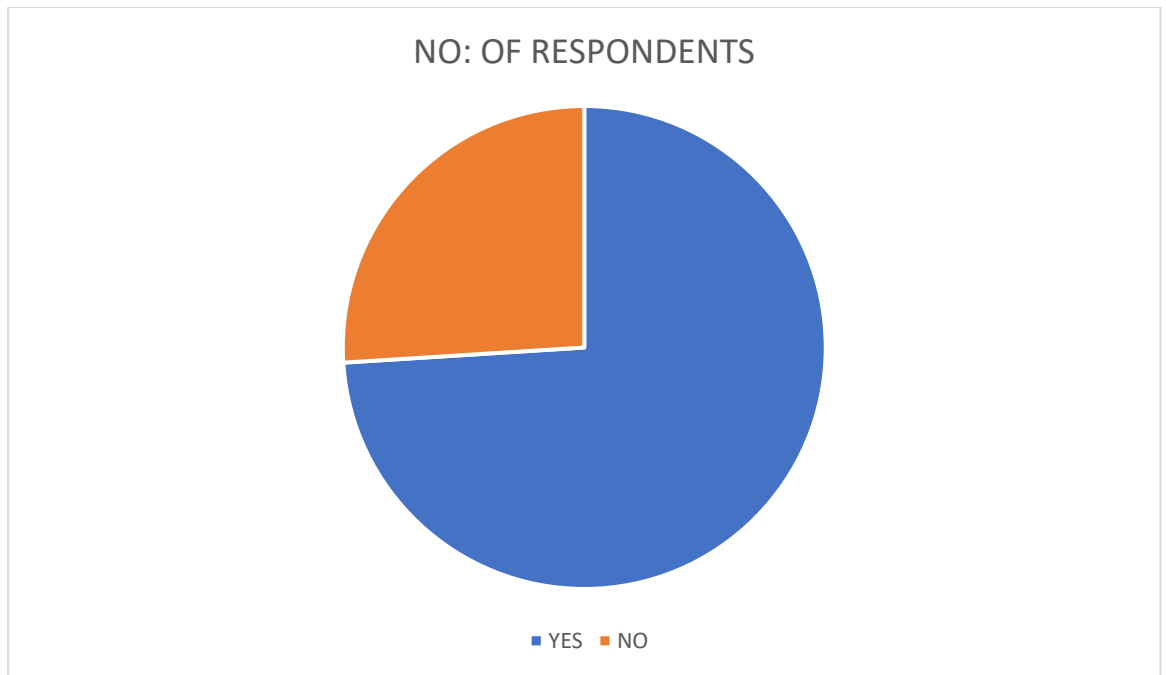
INTERPRETATIONS

From the above graph it is clear that about 91% of the respondents agree that the caregivers convey in effective and clear manner with them on communicating and about 9% disagree with the same.

17. Effective instructions regarding Post treatment, Follow ups from caregivers

Given below is the data shown regarding whether the respondents approve of the caregivers based on their effective communication about post treatment, follow ups

OPTIONS	NO: OF RESPONDENTS	RESPONSES
YES	37	87%
NO	13	13%
TOTAL	50	100%



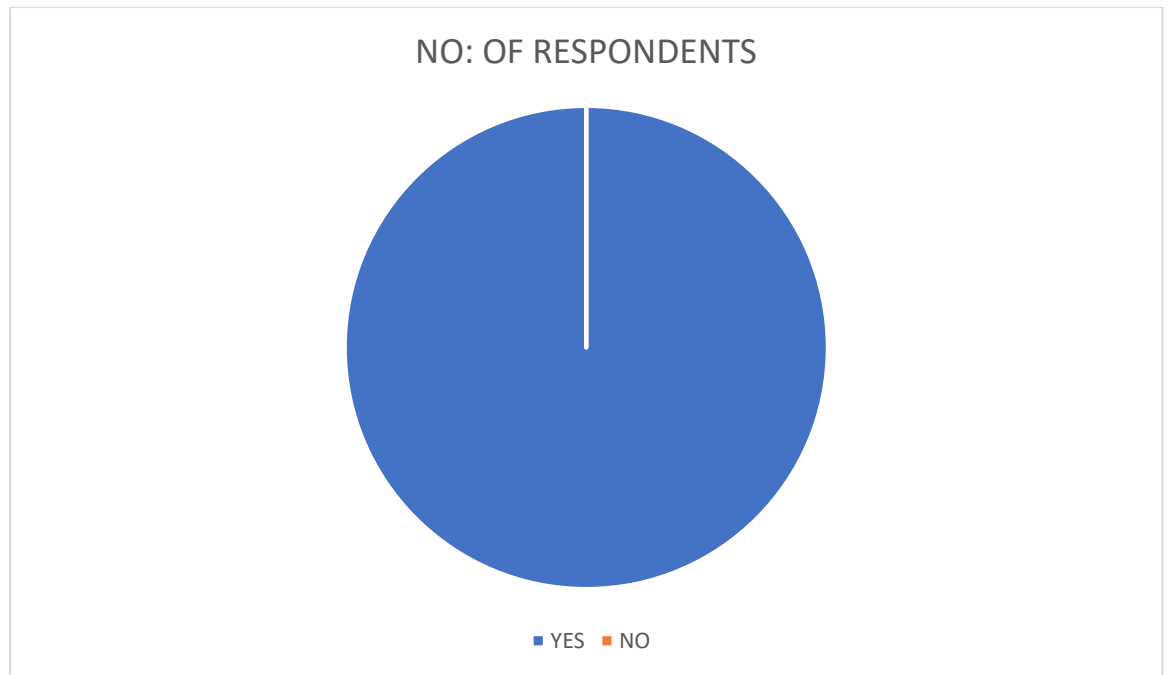
INTERPRETATION

It is clear from the above chart, about 87% of the respondents voted for “yes” that forms the majority of it and about 13% of the respondents voted for “no” for the caregivers regarding the effectiveness in communicating post treatment plans, follow ups in the gynaec department.

18. Maintaining the Privacy and Confidentiality by the caregivers

Below given data is shown whether the privacy and confidentiality of the respondents is maintained by the caregivers while their visit in the gynaec OP.

OPTIONS	NO: OF RESPONDENTS	RESPONSES
YES	50	100%
NO	0	0%
TOTAL	50	100%



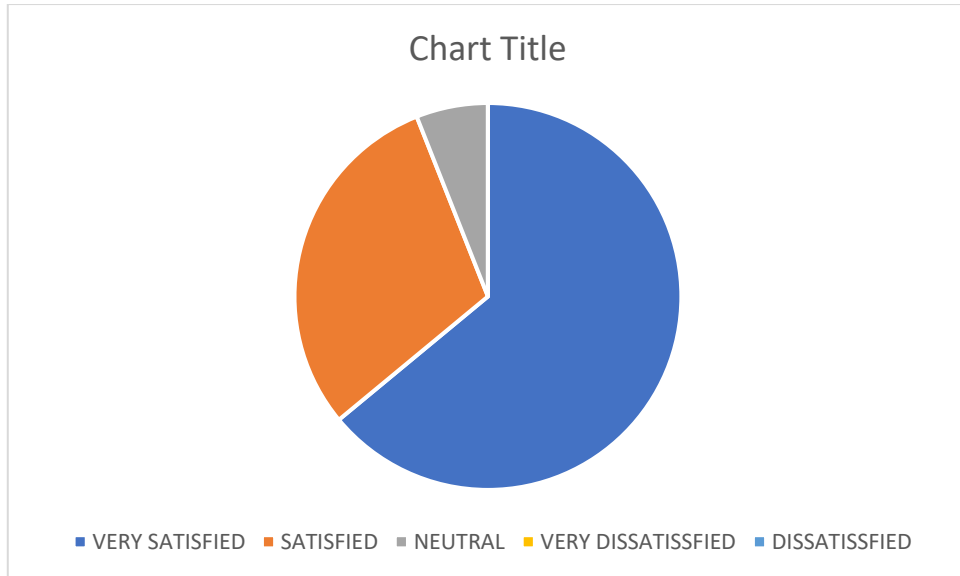
INTERPRETATIONS

It can be concluded by saying 100% of the respondents believe that their privacy and confidentiality is maintained during their visit in the gynaecology department by the caregivers.

19. Accessibility and availability of support services in the gynaecology department

Given below is the table shown in which whether the respondents had an access and availability to the support services in the gynaecology department. This is obtained based on certain characteristics: Counselling services, educational, nutritional, fertility, post - partum, breast feeding room, scan rooms .

OPTIONS	NO: OF RESPONDENTS	RESPONSES
VERY SATISFIED	32	82%
SATISFIED	15	15%
NEUTRAL	3	3%
VERY DISSATISSFIED	0	0%
DISSATISSFIED	0	0%
TOTAL	50	100%



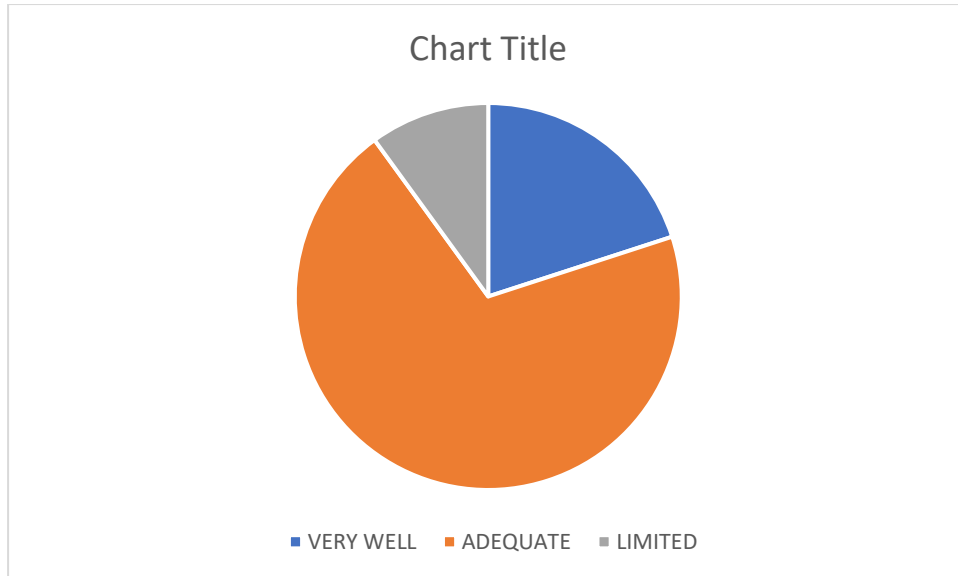
INTERPRETATION

It is clear from the chart, about 82% of the respondents are “very satisfied”, about 15% of the respondents are “satisfied”, about 3% of the respondents are “neutral” regarding the accessibility and availability of support services provided in the gynaecology department. It can be concluded that majority of the respondents voted for satisfactory ratings and least amount of people voted for “Neutral” and with 0% respondents voting for both “dissatisfied” and “very dissatisfied”.

20. Awareness regarding services and benefits of Aster Gynaecology Department

Given below is the data shown whether the awareness of all the services and benefits of being in aster gynaec OP to the respondents.

OPTION	NO: OF RESPONDENTS	RESPONSES
VERY WELL	10	10%
ADEQUATE	35	85%
LIMITED	5	5%
TOTAL	50	100%



INTERPRETATION

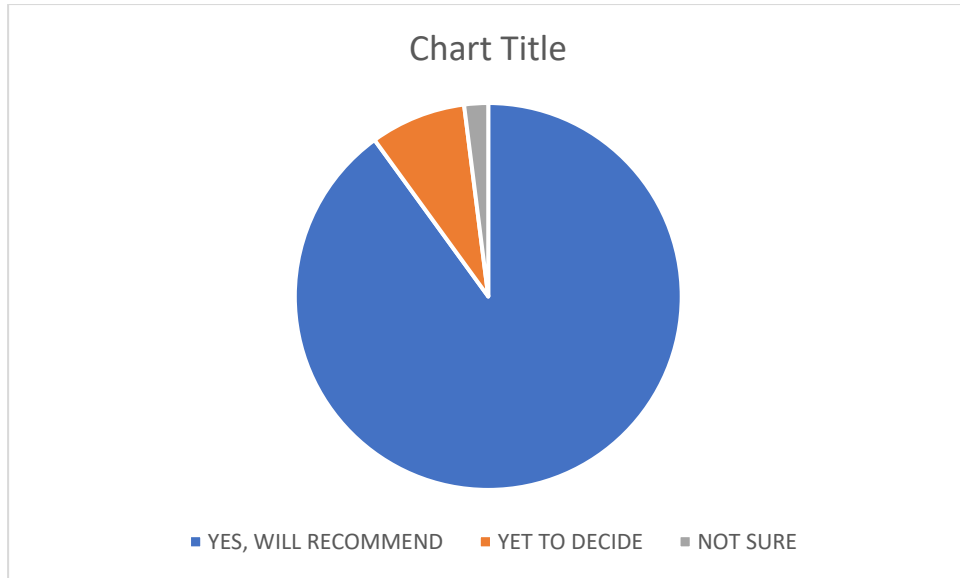
From the above chart it is clear that about 10% of the respondent are “very well” aware, about 85% respondent had voted “adequate” amount of awareness and about 5% respondent had voted “limited” awareness regarding the services and benefits in the gynaecology department.

It is clear that majority respondents are adequately aware about all the services and benefits within the department.

21. Recommending and patient loyalty

Below given data shows the respondents who will likely recommend the gynaecology department to others.

OPTION	NO: OF RESPONDENTS	RESPONSES
YES, WILL RECOMMEND	45	95%
YET TO DECIDE	4	4%
NOT SURE	1	1%
TOTAL	50	100%



INTERPRETATION

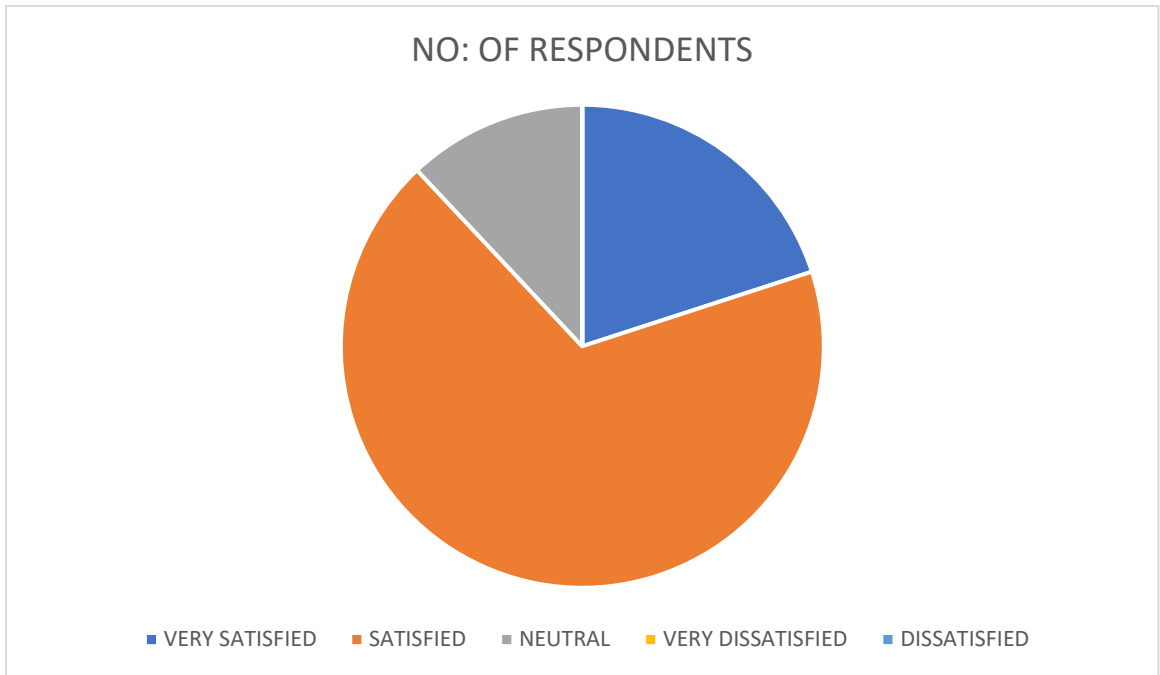
From above chart, it is clear that about 95% of respondents will recommend, about 4% of respondents have yet to decide, and about 1% of the respondent is not sure to recommend or not the gynaecology department to others.

Thus, it is clear that majority of the respondent will recommend and thus will encourage patient loyalty.

22. Outcome of the visit

Below given data provide information regarding whether the respondent have had their expectations met regarding their outcome of the visit.

OPTIONS	NO: OF RESPONDENTS	RESPONSES
VERY SATISFIED	10%	10%
SATISFIED	34%	84%
NEUTRAL	6%	6%
VERY DISSATISFIED	0%	0%
DISSATISFIED	0%	0%
TOTAL	50%	100%



INTERPRETATION

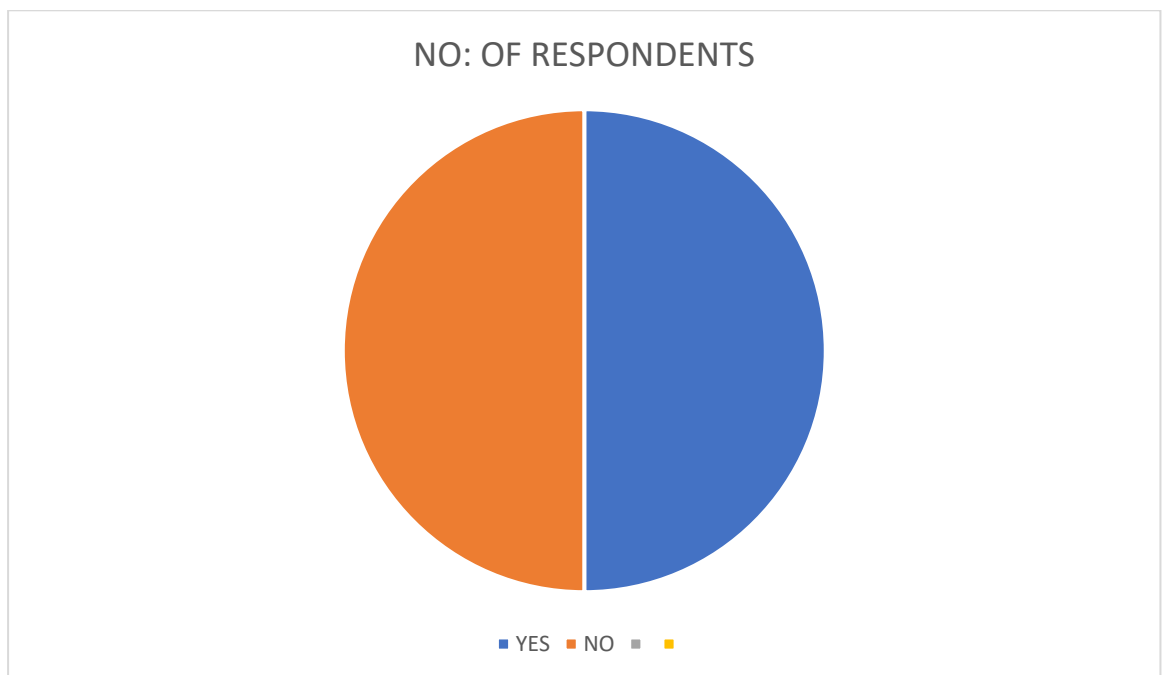
From the above chart it is clear that about 10% of the respondents voted for “very satisfied”, about 84% of the respondents voted for “satisfied”, and about 6% of the respondents voted for “neutral” and 0% for both “very dissatisfied” and “dissatisfied” by the respondents.

It can be concluded that majority of the respondents are very satisfied with their outcome and least respondents are neutral with the outcome.

23. Billing and waiting issues met from the caregivers

The below data shown provide information on whether there were any issues met regarding billing and waiting aspects in the gynaecological department.

OPTIONS	NO: OF RESPONDENTS	RESPONSES
YES	25	50%
NO	25	50%
TOTAL	50	100%



INTERPRETATION

From the above graph it is clear that about 50% of respondents voted for “yes” and about 50% of the respondents voted for “no”.

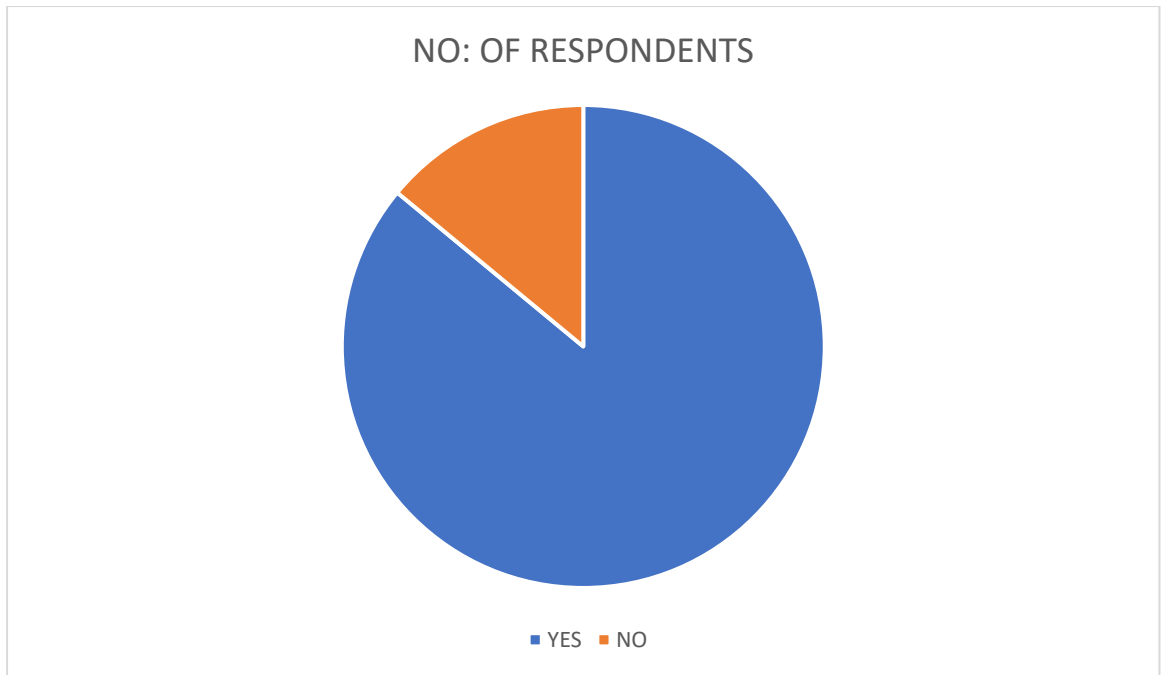
It is clear that half of the respondent are not satisfied and half of the respondents had no issue with billing and waiting aspects in the gynaecological departments.

24. Attentiveness of caregivers to the needs of respondents

Below mentioned data is shown to provide information on whether the caregivers were attentive to the needs and wants of respondents in the gynaecological department.

OPTIONS	NO: OF RESPONDENTS	RESPONSES
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YES	43	93%
NO	7	7%
TOTAL	50	100%



INTERPRETATION

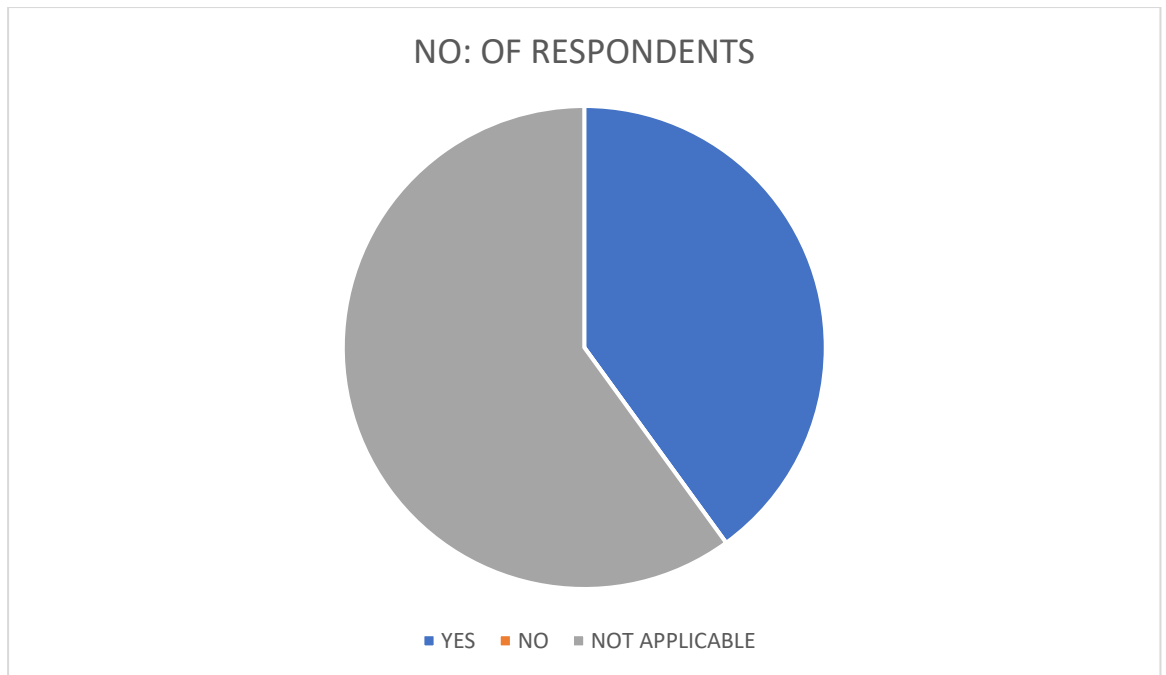
It is clear from the above chart that 93% of the respondent had voted for “yes” and about 7% of the respondent voted for “no”.

It can be concluded that majority of the respondents are satisfied with the attentiveness of caregivers to the needs of respondents.

25. Awareness regarding filing complaint or raise concerns

Given below is the data shown to provide information on respondents whether if they had any concerns to raise or file a complaint and whether the caregiver assisted them in forming solution throughout.

OPTION	NO: OF RESPONDENTS	RESPONSES
YES	20	20%
NO	0	0%
NOT APPLICABLE	30	80%
TOTAL	50	100%



INTERPRETATION

From the above chart it is clear that about 20% of the respondents voted for “yes” and about 80% of the respondent voted for “no” and none voted for “no”.

It can be concluded that majority of the respondent didn't had to raise issue or file complaint and least respondent are satisfied with the assistance provided by the caregiver in order to raise concern or file a complaint and receive solutions as soon a s possible.

H0: Quality of medical care provided in the gynaecology department has not positively impacts patient satisfaction

H1: Quality of medical care provided in the gynaecology department has positively impacts patient satisfaction

Quality Dimensions of medical care			
	Observed N	Expected N	Residual
Neutral	26	17.0	9.0
Satisfied	21	17.0	4.0
Highly satisfied	4	17.0	-13.0
Total	51		

Test Statistics	
	Quality Dimensions of medical care
Chi-Square	15.647 ^a
Df	2
Asymp. Sig.	.000
a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 17.0.	

P value less than .05, reject H0, Quality of medical care provided in the gynaecology department has positively impacts patient satisfaction.

FINDINGS AND SUGGESTIONS

FINDINGS

- ❖ There were long waiting times for consultation
- ❖ Billing Area was found to be too crowded
- ❖ The gynaecology department is compact and crowded
- ❖ The waiting area was found to be crowded and less seating arrangements.
- ❖ Scan rooms were found to be limited
- ❖ More waiting time for scanning and procedures
- ❖ Miscommunication from the reception staff
- ❖ Confusion and misunderstanding built often
- ❖ Less staff and less technical support systems
- ❖ Immediate updates in technical areas with less time for adapting.
- ❖ Many patients come from very long distances but had to wait for hours.
- ❖ More than one bystander accompanying with the patient, causing overcrowding
- ❖ Appointments are not managed properly
- ❖ It was very difficult at first to identify various departments at Aster Medcity
- ❖ Patients get confused various times on various departments especially pregnant ladies.
- ❖ Crowded reception was found more often
- ❖ International patients face language barrier more often
- ❖ Pregnant women find it difficult to walk around gynaecology OP
- ❖ Way to washroom is at a longer distance and is difficult for the pregnant ladies.
- ❖ International patients find it very expensive for most of the procedures.

SUGGESTIONS

- ❖ More space can be utilized in the gynaecology department to reduce overcrowding.
- ❖ Reception should accommodate more billing counters
- ❖ The number of scan rooms can be increased
- ❖ More staff and more medical–non–medical equipment can be installed
- ❖ Regular feedback mechanisms and proper evaluation and rectifications is mandatory.
- ❖ Regular inspections will help in understanding mistakes and rectifications from the caregiving side.
- ❖ Patients can be kept engaged by utilizing the screens displayed with interesting graphics and media entertainment.
- ❖ Proper training should be provided to the staff regarding effective communication
- ❖ With the change in technology, training classes should be provided to the staff for at least shorter period of time to reduce mistakes
- ❖ A proper mechanism to be adopted to guide the first comer patients to reduce confusion
- ❖ “ May I help you” counters can be installed at crowded and corner areas
- ❖ Rest rooms can be built at much convenient places especially for pregnant ladies
- ❖ There should be international assistance at every department
- ❖ Patients coming from far away places to be given preference.
- ❖ Assistant consultant doctors may tally the waiting time by taking the appointments
- ❖ Customer service executives can be utilized at each department to pick up phone queries and doubts for both management and patient side
- ❖ Financial counsellors and support services should be accommodated within the department rather than sending patients here and there.
- ❖ All the bookings should be made and double checked before patients leave the counter
- ❖ Reception executives can divide the task and carry out for say a person for giving test reports and a person for bookings alone to eliminate confusion and work pressure.

CONCLUSION

In today's healthcare landscape, patient satisfaction and service quality assessment have emerged as essential pillars in the pursuit of delivering optimal care experiences. Through meticulous evaluation and analysis of patient feedback, healthcare providers can gain invaluable insights into the effectiveness of their services, identifying areas of strength as well as opportunities for enhancement.

By prioritizing patient satisfaction, healthcare organizations demonstrate their commitment to placing the patient at the centre of care delivery. This approach not only fosters a sense of trust and confidence among patients but also promotes greater engagement and collaboration between patients and healthcare providers.

Moreover, the assessment of service quality enables healthcare facilities to benchmark their performance against industry standards and best practices. Through the implementation of quality improvement initiatives and the adoption of innovative technologies, organizations can streamline processes, minimize errors, and enhance overall efficiency—all of which contribute to a more seamless and satisfying patient experience.

Furthermore, investing in patient satisfaction and service quality assessment yields tangible benefits for healthcare providers. Satisfied patients are more likely to adhere to treatment plans, follow up on preventive care measures, and recommend the facility to others, thereby contributing to improved patient retention and positive word-of-mouth referrals.

In conclusion, by embracing a patient-centred approach and prioritizing the assessment of service quality, healthcare organizations can not only meet but exceed patient expectations. By continuously striving for excellence and adapting to evolving patient needs, providers can cultivate a culture of continuous improvement, ultimately resulting in enhanced patient satisfaction, improved health outcomes, and a stronger, more resilient healthcare system as a whole.

ANNEXURE

QUESTIONNAIRE

PLEASE TAKE A FEW MOMENTS TO ANSWER QUESTIONS MENTIONED BELOW.

1. Age?

- a) Below 25
- b) Between 26 – 35
- c) Between 36 – 50
- d) Above 50

2. Place of Residence?

- a) Urban
- b) Semi – urban
- c) Rural

3. Please select primary reason for your visit?

- Routine check – up
- Pregnancy related
- Gynaecological issue/symptoms
- Other (please mention)

4. Did you faced any challenges reaching gynaecological department?

- Yes
- No

5. How would you rate the overall cleanliness of the gynaecology department?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

6. How satisfied were you with the waiting time in the gynaecology department

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

7. How comfortable did you find the waiting area/lobby in the gynaecology department?

- Very Satisfied
- Satisfied

Neutral

Dissatisfied

Very Dissatisfied

8. Did you experienced any delay during your appointments?

Yes

No

9. Which of the following aspect did you find to be an issue in the gynaecology department?

Long waiting times

Unfriendly staff

Lack of cleanliness

Inadequate facilities

Poor communication

10. Were there any language barrier or difficulty in understanding medical information provided?

Yes

No

11. Have you encountered any issues with the appointment scheduling process?

Yes

No

12. How would you rate the professionalism of the caregivers in the gynaecology department on the basis of knowledge, interaction, honesty, integrity, standards of behaviour, ethics of gynaecologists?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

13. How satisfied were you with the quality of care provided by the gynaecology department on the basis of healthcare system, staff expertise, patient satisfaction, facilities, behaviour of staff, patient safety?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

14. Were your concerns and questions adequately addressed by the gynaecologists?
Yes
No
15. Were you involved in decision making regarding your treatment plans?
Yes
No
16. Did the medical staff communicate clearly and effectively during your visit?
Yes
No
17. Did the staff in the gynaecology department provide clear instructions for post care and follow up?
Yes
No
18. Were your privacy and confidentiality maintained during you interaction with the gynaecology department?
Yes
No
19. Please rate accessibility and availability of support services within the gynaecology department on the basis of counselling services, educational resources, nutrition counselling, post - partum support, fertility support, online support, breast feeding, scan rooms?
Very satisfied
Satisfied
Neutral
Dissatisfied
Very dissatisfied
20. Are you aware of all service and benefits of being in Aster gynaecology OP?
Very well
Adequate
Limited
21. How likely are you to recommend gynaecology department to others?
Yes, will recommend
Yet to decide
Not sure
22. Were your expectation met regarding the outcome of your visit?
Very satisfied
Satisfied
Neutral
Dissatisfied
Very dissatisfied
23. Did you encounter any issue with billing and waiting time?
Yes
No
24. Were your healthcare providers attentive to your needs and concerns?
Yes
No

25. Were you provided with the information on how to file a complaint or express concerns during your visit?

Yes

No

BIBLIOGRAPHY

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WEBSITE

1. <https://scholar.google.com/>
2. <https://quillbot.com/>
3. <https://www.asterdmhealthcare.com/about-us/our-services/astermedcity>

CITE

1. Mbau, R., Musiega, A., Nyawira, L., Tsofa, B., Mulwa, A., Molyneux, S., ... & Barasa, E. (2023). Analysing the efficiency of health systems: a systematic review of the literature. *Applied health economics and health policy*, 21(2), 205- 224.
2. Antonopoulou, M., Kosma, C., Albanis, T., & Konstantinou, I. (2021). An overview of homogeneous and heterogeneous photocatalysis applications for the removal of pharmaceutical compounds from real or synthetic hospital wastewaters under lab or pilot scale. *Science of the total environment*, 765, 144163.
3. Rathi, R., Vakharia, A., & Shadab, M. (2022). Lean six sigma in the healthcare sector: A systematic literature review. *Materials Today: Proceedings*, 50, 773-781.
4. Giedelman, C., Covas Moschovas, M., Bhat, S., Brunelle, L., Ogaya-Pinies, G., Roof, S., ... & Palmer, K. J. (2021). Establishing a successful robotic surgery program and improving operating room efficiency: literature review and our experience report. *Journal of Robotic Surgery*, 15(3), 435-442.
5. Khan, M. T., Shah, I. A., Ihsanullah, I., Naushad, M., Ali, S., Shah, S. H. A., & Mohammad, A. W. (2021). Hospital wastewater as a source of environmental contamination: An overview of management practices, environmental risks, and treatment processes. *Journal of Water Process Engineering*, 41, 101990.
6. Covic, A., Copur, S., Tapoi, L., Afsar, B., Ureche, C., Siriopol, D., ... & Kanbay, M. (2021). Efficiency of hypertonic saline in the management of decompensated heart failure: a systematic review and meta-analysis of clinical studies. *American Journal of Cardiovascular Drugs*, 21, 331-347.
7. Lee, S. M., & Lee, D. (2021). Opportunities and challenges for contactless healthcare services in the post-COVID-19 Era. *Technological Forecasting and Social Change*, 167, 120712.
8. Burrioni, L., Bianciardi, C., Romagnolo, C., Cottignoli, C., Palucci, A., Massimo Fringuelli, F., ... & Guercini, J. (2021). Lean approach to improving performance and efficiency in a nuclear medicine department. *Clinical and Translational Imaging*, 9, 129-139.
9. Parida, V. K., Sikarwar, D., Majumder, A., & Gupta, A. K. (2022). An assessment of hospital wastewater and biomedical waste generation, existing legislations, risk assessment, treatment processes, and scenario during COVID19. *Journal of environmental management*, 114609.
10. Zheng, W. Y., Lichtner, V., Van Dort, B. A., & Baysari, M. T. (2021). The impact of introducing automated dispensing cabinets, barcode medication administration, and closed-loop electronic medication management systems on work processes and safety of controlled medications in hospitals: A systematic review. *Research in Social and Administrative Pharmacy*, 17(5), 832-841.
11. Worthington, A. C. (2004). Frontier efficiency measurement in health care: a review of empirical techniques and selected applications. *Medical care research and review*, 61(2), 135-170.
12. Kraus, T. W., Büchler, M. W., & Herfarth, C. (2005). Relationships between volume, efficiency,

and quality in surgery—a delicate balance from managerial perspectives. *World journal of surgery*, 29, 1234-1240.

13. Rosko, M. D. (1990). Measuring technical efficiency in health care organizations. *Journal of Medical Systems*, 14, 307-322.

14. Cantor, V. J. M., & Poh, K. L. (2018). Integrated analysis of healthcare efficiency: a systematic review. *Journal of medical systems*, 42, 1-23.

15. Mihailovic, N., Kocic, S., & Jakovljevic, M. (2016). Review of diagnosis-related group-based financing of hospital care. *Health services research and managerial epidemiology*, 3, 2333392816647892.

16. Iversen, T. (1993). A theory of hospital waiting lists. *Journal of Health Economics*, 12(1), 55-71.

17. Moons, K., Waeyenbergh, G., & Pintelon, L. (2019). Measuring the logistics performance of internal hospital supply chains—a literature study. *Omega*, 82, 205-217.

18. Prior, D., & Surroca, J. (2010). Performance measurement and achievable targets for public hospitals. *Journal of Accounting, Auditing & Finance*, 25(4), 749-765.

19. Ravaghi, H., Alidoost, S., Mannion, R., & Bélorgeot, V. D. (2020). Models and methods for determining the optimal number of beds in hospitals and regions: a systematic scoping review. *BMC health services research*, 20, 1-13.

20. Mullins, A., O'Donnell, R., Mousa, M., Rankin, D., Ben-Meir, M., Boyd-Skinner, C., & Skouteris, H. (2020). Health outcomes and healthcare efficiencies associated with the use of electronic health records in hospital emergency departments: a systematic review. *Journal of Medical Systems*, 44, 1-25.

21. Ebrahimi, S. M., Dehghanzadeh Reyhani, R., Asghari-JafarAbadi, M., & Fathifar, Z. (2020). Diversity of antibiotics in hospital and municipal wastewaters and receiving water bodies and removal efficiency by treatment processes: a systematic review protocol. *Environmental Evidence*, 9, 1-9.

22. Fong, A. J., Smith, M., & Langerman, A. (2016). Efficiency improvement in the operating room. *Journal of Surgical Research*, 204(2), 371-383.

23. White, H. L., & Glazier, R. H. (2011). Do hospitalist physicians improve the quality of inpatient care delivery? A systematic review of process, efficiency and outcome measures. *BMC medicine*, 9, 1-22.

24. Shiell, A. (1992). Paying for efficiency: what price the quality of hospital care? *Australian Journal of Public Health*, 16(3), 294-301.

25. Wu, R. C., Tran, K., Lo, V., O'Leary, K. J., Morra, D., Quan, S. D., & Perrier, L. (2012). Effects of clinical communication interventions in hospitals: a systematic review of information and communication technology adoptions for improved communication between clinicians. *International journal of medical informatics*, 81(11), 723-732.

26. Verlicchi, P., Al Aukidy, M., & Zambello, E. (2015). What have we learned from worldwide experiences on the management and treatment of hospital effluent?—An overview and a discussion on perspectives. *Science of the Total Environment*, 514, 467-491.

27. Shiell, A. (1992). Paying for efficiency: what price the quality of hospital care?. *Australian Journal of Public Health*, 16(3), 294-301.

28. Jack, E. P., & Powers, T. L. (2009). A review and synthesis of demand management, capacity management and performance in health-care services. *International Journal of Management Reviews*, 11(2), 149-174.
29. Al Aukidy, M., Al Chalabi, S., & Verlicchi, P. (2018). Hospital wastewater treatments adopted in Asia, Africa, and Australia. *Hospital wastewaters: characteristics, management, treatment and environmental risks*, 171-188.
30. Hadji, B., Meyer, R., Melikeche, S., Escalon, S., & Degoulet, P. (2014). Assessing the relationships between hospital resources and activities: a systematic review. *Journal of Medical Systems*, 38, 1-21.
31. Sarto, F., & Veronesi, G. (2016). Clinical leadership and hospital performance: assessing the evidence base. *BMC health services research*, 16, 85-97.
32. Gualandi, R., Masella, C., & Tartaglino, D. (2020). Improving hospital patient flow: a systematic review. *Business Process Management Journal*, 26(6), 1541-1575.
33. Lee, S. Y., & Alexander, J. A. (1999). Managing hospitals in turbulent times: do organizational changes improve hospital survival?. *Health Services Research*, 34(4), 923.
34. Graf, C. E., Zekry, D., Giannelli, S., Michel, J. P., & Chevalley, T. (2011). Efficiency and applicability of comprehensive geriatric assessment in the emergency department: a systematic review. *Aging clinical and experimental research*, 23, 244-254.
35. Le Lagadec, M. D., & Dwyer, T. (2017). Scoping review: the use of early warning systems for the identification of in-hospital patients at risk of deterioration. *Australian Critical Care*, 30(4), 211-218.
36. Li, L. X., & Benton, W. C. (1996). Performance measurement criteria in health care organizations: Review and future research directions. *European Journal of Operational Research*, 93(3), 449-468.
37. Tal, O., Booch, M., & Bar-Yehuda, S. (2019). Hospital staff perspectives towards health technology assessment: data from a multidisciplinary survey. *Health research policy and systems*, 17, 1-12.
38. Copnell, B., Hagger, V., Wilson, S. G., Evans, S. M., Sprivulis, P. C., & Cameron, P. A. (2009). Measuring the quality of hospital care: an inventory of indicators. *Internal medicine journal*, 39(6), 352-360.
39. Mutter, R., Valdmanis, V., & Rosko, M. (2010). High versus lower quality hospitals: a comparison of environmental characteristics and technical efficiency. *Health Services and Outcomes Research Methodology*, 10, 134-153.
40. Papadopoulos, A. M. (2015). Energy efficiency in hospitals: Historical development, trends and perspectives. *Energy performance of buildings: energy efficiency and built environment in temperate climates*, 217-233

