

**“A STUDY ON PATIENT SATISFACTION IN EXECUTIVE HEALTH
CHECKUP“**

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In partial fulfilment of the requirement for the
Degree of Bachelor of Business Administration

Submitted by
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BHARATA MATA COLLEGE

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BONAFIDE CERTIFICATE

This is to certify that the study report entitled “**A STUDY ON PATIENT SATISFACTION IN EXECUTIVE HEALTH CHECKUP**” is a record of original work done by **AKSHAY RAJ** (Registration no.210021079981) in partial fulfilment of the requirement for the degree of Bachelor of Business Administration under the guidance of **MS.MANJU MALATHY ASSISTANT PROFESSOR, DEPARTMENT OF BACHELOR OF BUSINESS ADMINISTRATION**. This work has not been submitted for the award of any other degree or titled of recognition earlier.

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DECLARATION

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

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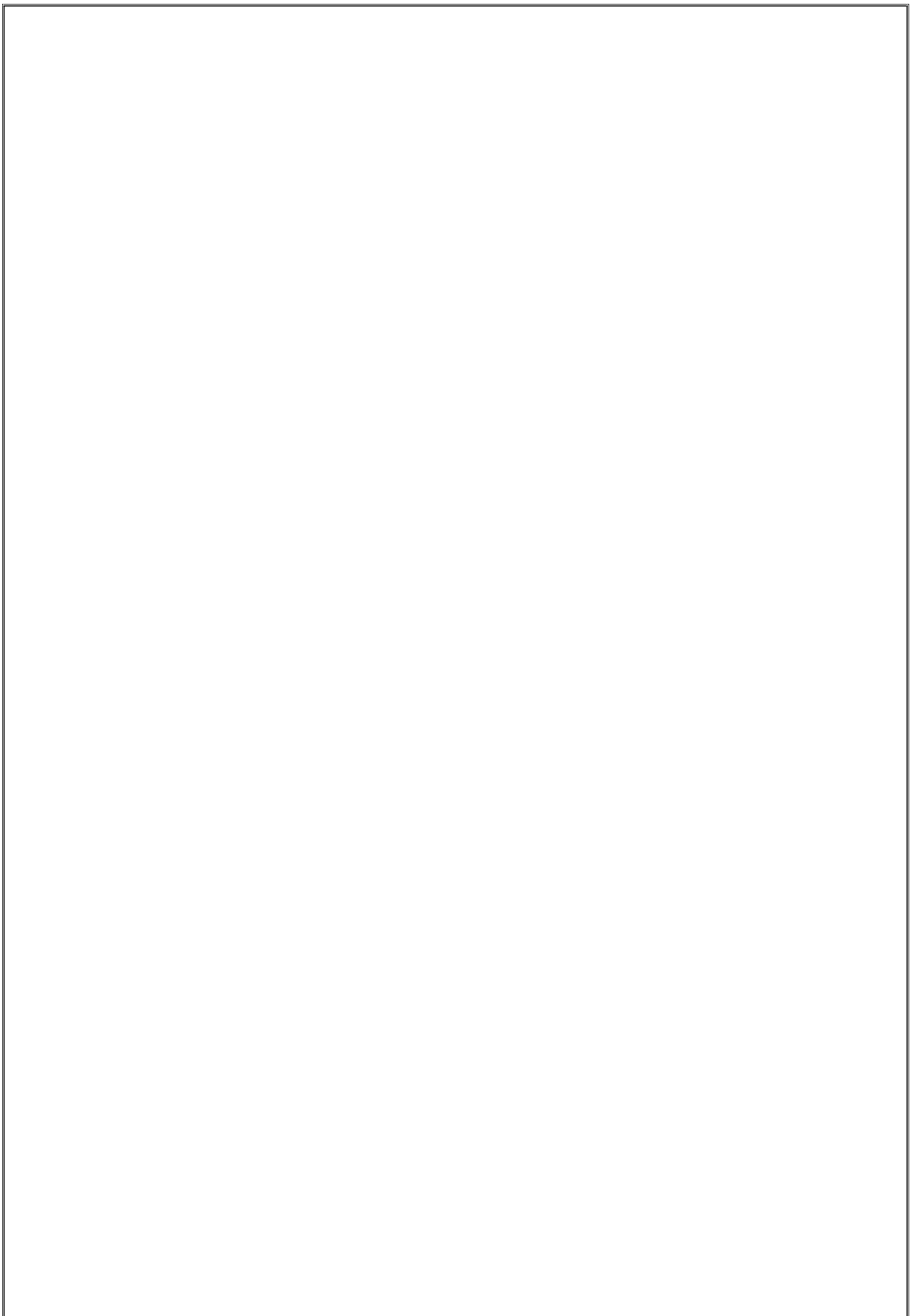


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CHAPTER 1

INTRODUCTION

INTRODUCTION TO THE TOPIC

Patient satisfaction is a pivotal metric in healthcare, reflecting the extent to which healthcare services meet the expectations and needs of individuals seeking medical care. In recent years, the healthcare landscape has witnessed a paradigm shift, with an increased emphasis on patient-centered care. This shift recognizes the significance of patient satisfaction in influencing treatment adherence, health outcomes, and the overall success of healthcare institutions. This three-page exploration delves into the key components of patient satisfaction, its importance in the healthcare ecosystem, and the multifaceted factors that contribute to shaping the patient experience. Patient satisfaction is a multifaceted concept encompassing the subjective evaluation of healthcare experiences by individuals receiving medical care. It goes beyond the clinical effectiveness of treatments, encompassing various aspects such as communication, respect for patients' dignity, access to care, and the overall environment of healthcare facilities. Understanding patient satisfaction requires considering the unique perspectives and expectations of diverse patient populations, recognizing that each individual brings a distinct set of values, cultural background, and preferences to their healthcare encounters.

Key Components of Patient Satisfaction:

- 1. Communication and Empathy:** Effective communication between healthcare providers and patients is fundamental to patient satisfaction. Clear, empathetic, and culturally sensitive communication establishes trust, ensures understanding, and fosters a collaborative relationship between patients and healthcare teams.
- 2. Quality of Care:** Patients assess satisfaction based on the outcomes of their medical treatments. The effectiveness of interventions, pain management, and improvements in overall well-being contribute significantly to positive patient experiences.
- 3. Access to Care:** Timely access to healthcare services, including appointment scheduling, reduced waiting times, and the availability of necessary tests or procedures, is crucial for shaping patient perceptions of satisfaction.

4. **Respect and Dignity:** The manner in which healthcare providers treat patients, respecting their privacy, cultural beliefs, and maintaining a compassionate approach, plays a pivotal role in shaping patient satisfaction

Importance of Patient Satisfaction;

1. **Patient-Centered Care:** Emphasizing patient satisfaction underscores the importance of patient-centered care, where healthcare is tailored to individual needs, preferences, and values. This approach acknowledges patients as active participants in their healthcare journey.

2. **Health Outcomes:** Positive patient experiences are linked to better treatment adherence, improved health outcomes, and increased patient engagement in their own care. Recognizing and addressing patient satisfaction can lead to more effective and personalized healthcare delivery.

3. **Reputation and Loyalty:** Patient satisfaction significantly influences the reputation of healthcare providers and institutions. Satisfied patients are more likely to recommend services, fostering loyalty and contributing to the success of healthcare organizations in a competitive environment.

4. **Regulatory Compliance:** Many healthcare systems and providers are subject to regulations that require the measurement and reporting of patient satisfaction. Meeting these standards is not only essential for regulatory compliance but also for maintaining accreditation and securing financial support.

In conclusion, patient satisfaction is a complex and integral aspect of healthcare that extends beyond clinical outcomes. Understanding and prioritizing patient satisfaction is crucial for delivering patient-centered care, achieving positive health outcomes, and building a reputable and sustainable healthcare system. As the healthcare landscape continues to evolve, the emphasis on patient satisfaction is likely to remain at the forefront of efforts to improve the overall quality and effectiveness of healthcare services

PROBLEM DEFINITION

Patient satisfaction is a critical metric in healthcare, reflecting the degree to which healthcare services meet the expectations and needs of patients. While patient satisfaction is a key indicator of the quality of healthcare delivery, several challenges persist in understanding and

addressing the factors influencing patient contentment. This comprehensive problem definition explores the multifaceted issues surrounding patient satisfaction in healthcare, examining both systemic and interpersonal challenges that impact the overall patient experience.

1. Lack of Standardized Measurement:

One fundamental challenge in addressing patient satisfaction is the absence of standardized measurement tools. The diversity in patient populations, healthcare settings, and cultural contexts makes it difficult to establish uniform criteria for assessing satisfaction. Without a standardized approach, healthcare organizations struggle to consistently measure and compare patient experiences, hindering the identification of specific areas for improvement.

2. Varied Expectations and Perceptions;

Patients enter healthcare encounters with diverse expectations influenced by factors such as cultural background, personal experiences, and health literacy. The challenge lies in navigating and meeting these varied expectations while maintaining standardized and high-quality care. Failure to recognize and address these diverse perceptions can lead to misunderstandings, diminished trust, and ultimately lower levels of patient satisfaction.

3. Communication Barriers:

Effective communication is at the core of patient satisfaction, yet persistent barriers impede successful interactions between healthcare providers and patients. Issues such as the use of medical jargon, rushed interactions, and inadequate information transfer contribute to misunderstandings. Improving communication involves addressing these barriers to ensure that patients receive clear, empathetic, and comprehensible information about their health, treatment options, and care plans.

4. Access to Healthcare Services:

Unequal access to healthcare services poses a significant challenge to patient satisfaction. Long waiting times, difficulty in scheduling appointments, and delays in obtaining necessary tests or procedures contribute to dissatisfaction among patients. Addressing these access-related challenges requires a comprehensive approach that considers resource allocation,

appointment scheduling systems, and strategies to reduce wait times while maintaining the quality of care.

5. Continuity and Coordination of Care:

Fragmented healthcare systems and inadequate coordination between different providers create challenges in delivering a seamless patient experience. Lack of communication among healthcare teams, disjointed transitions between care settings, and gaps in information sharing hinder a cohesive patient journey. Enhancing continuity and coordination of care is crucial for improving patient satisfaction and outcomes.

6. Resource Constraints:

Resource constraints, including shortages of staff, time pressures, and financial limitations, contribute to challenges in meeting patient needs and preferences. These constraints affect the quality of care provided and can lead to dissatisfaction among both patients and healthcare providers. Identifying strategies to optimize resource utilization and alleviate constraints is essential for improving patient satisfaction within the existing healthcare landscape.

7. Technological Challenges:

The integration of technology in healthcare, while offering numerous benefits, presents challenges related to patient satisfaction. Issues such as difficulty navigating electronic health records, concerns about data privacy, and communication barriers in telehealth services need to be addressed. Improving technological literacy among both patients and healthcare providers and ensuring user-friendly interfaces are essential to enhance the overall patient experience.

8. Cultural Competence;

Cultural competence in healthcare is a vital aspect of patient satisfaction. Failure to understand and address cultural nuances, language barriers, and diverse belief systems can result in disparities in patient satisfaction. Developing strategies for cultural competence training and fostering a diverse and inclusive healthcare workforce are critical steps in delivering patient-centered care.

9. Limited Patient Involvement in Decision-Making:

Some healthcare settings may struggle to fully involve patients in the decision-making process regarding their care. Empowering patients with information, encouraging shared decision-making, and fostering a collaborative approach contribute to a sense of control and positively impact satisfaction. Overcoming barriers to patient involvement requires a cultural shift within healthcare organizations and training for healthcare providers to facilitate patient-centered decision-making.

Addressing the multifaceted challenges surrounding patient satisfaction in healthcare requires a comprehensive and integrated approach. From standardized measurement tools to improved communication, access, and cultural competence, healthcare organizations must prioritize patient-centered strategies to enhance overall satisfaction and deliver high-quality, patient-centric care.

OBJECTIVES OF THE STUDY

- To measure and understand the overall satisfaction levels of patients in receiving healthcare services.
- To identify the factors that most significantly contribute to patient satisfaction, including communication, quality of care, access to services, and other relevant dimensions.
- To analyze the accessibility of healthcare services, including appointment scheduling, waiting times, and ease of obtaining necessary tests or procedures, with the goal of identifying and addressing barriers.

SCOPE OF THE STUDY

1. Healthcare Settings:

This study includes patient satisfaction from an executive health checkup department of a tertiary care center. The study can cover a range of healthcare settings, including hospitals, clinics, Primary healthcare facilities, and specialty centers. Examining patientsatisfaction across different settings provides a comprehensive view of the healthcare andallows for targeted improvements in specific areas.

2. Demographic Variation:

The study may explore patient satisfaction across different demographic groups, such as age, gender, ethnicity, socioeconomic status, and health conditions. Understanding how satisfaction varies among diverse populations.

3. Clinical Specialties

Examining patient satisfaction within specific clinical specialties or departments allows for a focused analysis of the unique challenges and requirements in different areas of healthcare delivery. This specific study is carried out in the Health Check-up department.

4. Geographic Variation:

The study considers geographic variations, comparing patient satisfaction across different regions or locations.

LIMITATION OF THE STUDY

1. Subjectivity and Perception Bias;

Patient satisfaction is inherently subjective, relying on individuals' perceptions and experiences. Limitations arise from the potential for bias, as patients may interpret the same experience differently. Variability in individual expectations and cultural influences can further contribute to subjectivity, making it challenging to capture an entirely objective assessment of satisfaction.

2. Cross-Sectional Nature of Data:

- Many studies on patient satisfaction are cross-sectional, capturing data at a single point in time. This limitation hinders the ability to establish causation and understand how changes in healthcare practices or interventions impact patient satisfaction over time. Longitudinal studies would be more effective in addressing the dynamic nature of patient satisfaction.

3. Response Bias and Social Desirability:

- Patients may provide responses that they perceive as socially desirable rather than expressing their genuine opinions. This response bias can occur due to a desire to please healthcare providers or fear of potential consequences. Mitigating this bias is challenging, as patients might be hesitant to provide negative feedback even when it could be valuable for improving healthcare services.

4. Limited Generalizability:

Findings from a patient satisfaction study conducted in a specific healthcare setting, region, or demographic group may not be fully generalizable to other contexts. Localized factors, unique organizational cultures, and variations in patient populations can limit the external validity of the study, making it challenging to apply the results broadly.

5. Complexity of Determinants:

Patient satisfaction is influenced by a myriad of factors, including communication, quality of care, access to services, and organizational culture. Untangling the complex interplay of these determinants is challenging, and isolating the impact of individual factors on overall satisfaction can be difficult. This complexity poses a limitation on the ability to provide precise recommendations for improvement based on the study results.

CHAPTER 2

LITERATURE REVIEW

REVIEW OF LITERATURE:

1. Ng, Y. C. (2011).states that Hospitals in the Guangdong Province of China were shown to have been extremely inefficient between 2004 and 2008. Pure technological inefficiency is what is causing these hospitals' overall efficiency to decline. The Malmquist indices indicated that technology advancements were the primary source of productivity development in Guangdong hospitals throughout this time

2. Fare R., Grosskopf, S., & Valdmanis, V. (1989).states that In order to evaluate the performance of a sample of Michigan hospitals in various competitive environments, this paper introduced a new measure of multiple output plant capacity utilisation and used it along with measures of by-product efficiency and optimal input utilisation

3. Varabyova, Y., Blankart, C. R., Torbica, A., & Schreyögg, J. (2017).states that The current study shows how the robust partial frontier-based nonparametric conditional technique may be used to compare hospital efficiency in Italy and Germany

4. Staat, M. (2006).states that Because the German hospital system has mostly resisted attempts by policy makers to impose more efficiency, the study's findings are still mainly relevant today. The primary barrier was that hospitals have a legal right to full payment for their expenses; this was only recently eliminated

5. Villalobos-Cid, M., Chacón, M., Zitko, P., & Inostroza-Ponta, M. (2016).states that Human health is a significant aspect to consider when assessing the quality of life in a community. Additionally, it is a biological feature that has a high societal value.

Tucker, A. L., Singer, S. J., Hayes, J. E., & Falwell, A. (2008). States that Front-line employees were able to identify operational flaws linked to safety thanks to our research. Our investigation revealed that high-profile attempts to increase patient safety did not adequately address the concerns identified by front-line employees.

7. Hajialiafzali, H., Moss, J. R., & Mahmood, M. A. (2007).states that In this study, DEA was used to evaluate the success of SSO hospitals in Iran. This is the first comprehensive inquiry into the effectiveness of the healthcare industry in this nation by employing frontier-based technologies

8. Gok, M. S., & Sezen, B. (2013).states that It is theoretically conceivable to distinguish between efficiency and quality. However, this division is not as distinct in practise as it is in principle Kazley, A. S., & Ozcan, Y. A. (2009).states that There does not appear to be a direct correlation between hospital efficiency and EMR use, with the exception of small hospitals

7. Akazili, J., Adjuik, M., Jehu-Appiah, C., & Zere, E. (2008). Stated that only 35% of Ghana health centers, according to the study, are effective, and while this conclusion is completely consistent with that of other developing nations, notably those in Africa, its implications for the delivery of health care are very worrying. It is necessary to make the health clinics that operating on the frontier efficient because primary healthcare plays a significant role in the health care systems of most developing nations, including Ghana.

8. Chern, J. Y., & Wan, T. T. (2000).states that Additionally, according to the DEA findings, hospitals might reach the efficiency frontier through rising outpatient visits or inpatient discharges or by cutting operational costs, the number of FTEs, service combinations, or the number of patients they admit

9. Şahin, B., & İlgün, G. (2019).states that Hospitals play a crucial role in the health care system because they play a big part in supplying communities' demands for health care services

10. Preyra, C., & Pink, G. (2006)states that The prevalent understanding that savings of scale and scope can be achieved in the supply of hospital care has not always been proven in the literature. Although this work hasn't formally examined the body of research, it does provide arguments for why efficiency gains should be so difficult to achieve.

11. Steinmann, L., Dittrich, G., Karmann, A., & Zweifel, P. (2004).states that The purpose of this work is to compare, using DEA, the productive effectiveness of a sample of German (Saxon) and a sample of Swiss hospitals.

12. Chilingirian, J. A. (1995).states that The results in this article provide a preliminary exploration of physician clinical efficiency. Subject to this qualification, the following findings and insights are summarized from the analysis

13. Leu, J. D., & Huang, Y. T. (2011).states that Hospital services differ from those offered in other sectors of the economy. We use the process management concept at a 300-bed regional hospital in Taiwan, and describe the real-world lessons learned from the case study.

14. Jiang, S., Min, R., & Fang, P. Q. (2017).states that This study examines the effectiveness of Chinese county hospitals both before and after the healthcare reform on a national scale
15. Gok, M. S., & Sezen, B. (2013).states that It is theoretically conceivable to distinguish between efficiency and quality. However, this division is not as distinct in practise as it is in principle.
16. Charnes, A., Cooper, W. W., Lewin, A. Y., Seiford, L. M., Byrnes, P., & Valdmanis, V. (1994).stated that The effectiveness of hospitals and hospital departments was examined in this study. We do not discover that efficiency can be explained by a deficiency in quality, which supports both our initial premise and the results of the majority of earlier studies.
17. Linna, M., Häkkinen, U., Peltola, M., Magnussen, J., Anthun, K. S., Kittelsen, S., ... & Rehnberg, C. (2010).states that Our results demonstrating significant differences in average cost efficiency were highly robust when utilising several models.
18. Ali, M., Debela, M., & Bamud, T. (2017). States that The goal of this study is to evaluate the technical effectiveness of hospitals in eastern Ethiopia. The study makes use of the DEA, MTFP, and Tobit models to accomplish its goal.
19. Caballer-Tarazona, M., Moya-Clemente, I., Vivas-Consuelo, D., & Barrachina-Martínez, I. (2010).states that The primary objective of this research is to offer easy instruments to gauge effectiveness in Valencian Community hospitals
20. Büchner, V. A., Hinz, V., & Schreyögg, J. (2016).states that The post- intervention consequences of hospital performance in Germany's health system are examined in this study. Our research shows that hospitals' efficiency increased following the health system entrance does not seem to be a phenomenon of transition
21. Ho, F. N., & Huang, C. W. (2020) states that Based on the RBT framework, we develop a two-stage DEA model in this study to assess the efficacy of intangible marketing capabilities and operations for 47 hospitals in Washington State California
22. Barpanda, S., & Sreekumar, N. (2020) stated that in any industry, performance analysis is critical to understanding the existing situation and, as a result,enhancing overall efficiency. We intended to use this unique approach to easure the efficiency of the selected hospitals and provide important analysis on the same. According to the findings of this study,

the operational efficiencies the sample hospitals examined had overall trends towards efficiency; nevertheless, a few of the selected have yet to attain this standard, which can be linked to inefficient utilization of available resources.

23. Kuntz, L., Scholtes, S., & Vera, A. (2007). States that The Rheinland-Pfalz region's new hospital plan has been completed and approved [20]. The number of mental beds was kept relatively close to the preexisting levels for political reasons. In Rheinland-Pfalz, hospital capacity without psychiatry will decline by 1872 beds between 2003 and 2007, or 8.3% of 2003 capacity

24. Morey, R. C., Fine, D. J., & Loree, S. W. (1990). states that Consequently, the assertion that NFPs are more effective than public entities is highly qualified and can only be evaluated with the use of new and improved data. It is rendered available

25. Lynk, W. J. (1995). states that The antitrust enforcement agencies appear generally sceptical of hospital promises of efficiency through merging, especially for mergers among larger hospitals, as I indicated at the outset.

26. Gruca, T. S., & Nath, D. (2001). states that The findings presented in this research significantly advance our knowledge of the factors that influence hospital effectiveness.

27. Bhat, R., Verma, B. B., & Reuben, E. (2001) stated that the differences in inefficiency are more pronounced in district hospitals than in grant-in-aid facilities. Grant-in-aid institutions have greater overall efficiency levels than district-level hospitals. The efficiency of grant-aid institutions is higher than that of public hospitals. These variations are statistically significant.

28. Ozgen Narcı, H., Ozcan, Y. A., Şahin, İ., Tarcan, M., & Narcı, M. (2015). states that This study used 2010 data to look at the relationship between efficiency and competitiveness in Turkey's hospital market, where there was price competition. The study is exceptional in that it provides a framework for addressing the relationship between efficiency and competition, as well as serving as a model for future Turkish research.

29. Fragkiadakis, G., Doumpos, M., Zopounidis, C., & Germain, C. (2016) states that The current study is the first effort to evaluate the overall effectiveness and its trajectory over time of NHS health units in Greece following the adoption of significant reforms during the past ten years, particularly from 2001 to 2007

30. Chang, H., Chang, W. J., Das, S., & Li, S. H. (2004).states that In this investigation, we apply the non-parametric DEA method to assess how the National Health Insurance Programme of Taiwan's regulatory intervention affected district hospital units' operational effectiveness
31. Lee, K. S., Chun, K. H., & Lee, J. S. (2008).states that Based to this study, hospitals vary in their levels of patient service specialisation, and hospitals with a higher level of specialise are more likely to have effective patient care procedures
32. Czypionka, T., Kraus, M., Mayer, S., & Röhring, G. (2014).states that This study indicates that private nonprofit medical centres in Austria perform better than their state counterparts
33. Hassanain, M., Zamakhshary, M., Farhat, G., & Al-Badr, A. (2017).states that In summary, the multidisciplinary process redesign implemented across numerous hospitals showed encouraging results on some measures at some sites, indicating that the strategy has the potential to deliver a sizable benefit in the future and that it is both effective and feasible.warrants research and development
34. Steinmann, L., Dittrich, G., Karmann, A., & Zweifel, P. (2004) states that In this study, the nonparametric Data Envelopment Analysis approach was used to analyse the descriptive effectiveness of general hospitals in Greece.
35. Ali, M., Wang, W., Chaudhry, N., Geng, Y., & Ashraf, U. (2017).states that this study attempted to give a comprehensive picture of HWM practises in a setting that was both fast expanding and resource restricted
36. Athanassopoulos, A. D., Gounaris, C., & Sissouras, A. (1999).states that In this study, the nonparametric Data Envelopment Analysis approach was used to analyse the descriptive effectiveness of general hospitals in Greece
37. Harrison, J. P., Coppola, M. N., & Wakefield, M. (2004).states that From the perspective of macroeconomics, a setting characterised by perfect competition will typically cause the health care sector's cost structure to be reduced to its ideal level
38. Ozcan, Y. A. (1995).states that This piece aimed to illustrate how DEA can be used for large-scale health care planning. In particular, we demonstrated the size of superfluous

hospital beds, medical technology (services), labour, and operating costs in metropolitan
online stores

CHAPTER 3

INDUSTRY PROFILE

BRIEF HISTORY OF THE INDUSTRY

The healthcare industry has evolved significantly over centuries. Initially, it relied on home remedies and traditional practices. In the 19th century, advancements in medical knowledge and technology led to the establishment of modern hospitals and medical schools. The 20th century saw the development of antibiotics and vaccines, transforming healthcare. Today, the industry incorporates cutting-edge technologies, personalized medicine, and a focus on preventive care, reflecting ongoing efforts to enhance global health outcomes.

Health care (also known as the medical industry or the health economy) is one of a variety of markets, industries, and processes within the economy that provide products and services to treat patients, including curative care, preventive care, rehabilitative care, and palliative care to treat illnesses and injuries. Health maintenance and re-establishment is a process of developing and commercializing goods and services that contribute to maintaining and recovering health.

There are three essential branches of the modern healthcare industry, namely the services, the products, and the finance industry. These are all segments and categories within the healthcare sector.

Healthcare providers are trying harder to please patients and are incorporating patient feedback into their quality management programs as they realize how important it is for patients to have positive perceptions of the services they receive. Higher hospital occupancy rates can be achieved through better bedside care quality, which will also lead to better patient satisfaction and, eventually, better patient recurrence behaviour.

Customer loyalty is greatly impacted by consumer satisfaction, which has been seen as an attitude towards future purchasing experiences (Bearden and Teel 1983). More recently, Swanet al. (1985) in health care marketing research. Woodside, Frey, and Daly (1989) provided compelling evidence that the general level of customer satisfaction with hospital services is positively correlated with the patients' behavioural intentions to return.

According to Jndeed and MarStravit (1987), patients should be given top priority when it comes to prescription drug loyalty in hospitals.

NATURE OF THE INDUSTRY

The healthcare industry encompasses a vast and dynamic landscape, involving various stakeholders such as hospitals, clinics, pharmaceutical companies, insurers, and more. It is characterized by a constant interplay of medical advancements, technological innovations, and regulatory frameworks.

The nature of healthcare emphasizes the delivery of medical services, diagnostics, treatment, and preventive care. Increasingly, there's a shift towards patient-centric models, digital health solutions, and a focus on overall well-being. Economic factors, ethical considerations, and public policy also play pivotal roles in shaping the industry's dynamics.

The healthcare industry is dynamic and multifaceted, characterized by several key features:

- **Complex Ecosystem:** Involving various stakeholders such as healthcare providers, insurers, pharmaceutical companies, policymakers, and patients, the healthcare industry forms a complex ecosystem with interconnected roles.
- **Regulatory Landscape:** Healthcare is heavily regulated to ensure patient safety, quality of care, and ethical practices. Compliance with healthcare regulations is a critical aspect for all involved entities.
- **Technological Integration:** Advancements in medical technology, electronic health records, telemedicine, and data analytics contribute to improved patient care, diagnostics, and operational efficiency.
- **Technological Integration:** Advancements in medical technology, electronic health records, telemedicine, and data analytics contribute to improved patient care, diagnostics, and operational efficiency.
- **Focus on Patient-Centric Care:** There is a growing emphasis on patient-centred approaches, involving patients in decision-making, personalized treatment plans, and addressing holistic well-being.
- **Global Interconnectedness:** The healthcare industry is globally interconnected, with shared challenges, collaborations in research, and responses to global health threats like pandemics.
- **Economic Impact:** Healthcare significantly contributes to national economies. The industry's economic impact extends beyond direct patient care to pharmaceuticals, medical equipment, and healthcare-related services.

Overall, the nature of the healthcare industry relates to the health services provided by health providers.

INDUSTRIAL PERFORMANCE – GLOBAL, NATIONAL AND REGIONAL

GLOBAL LEVEL

The global healthcare performance varies, reflecting diverse healthcare systems and socioeconomic conditions. Developed countries often boast advanced healthcare infrastructure, high life expectancy, and accessibility to quality services. In contrast, developing nations may face challenges such as inadequate infrastructure, limited access to essential care, and higher mortality rates. Disparities persist in healthcare outcomes, resource distribution, and the ability to respond to health crises.

The World Health Organization and other international bodies work towards improving global health equity through collaborative initiatives and policies.

Efforts to enhance global healthcare involve addressing challenges like infectious diseases, maternal and child health, and non-communicable diseases. Health disparities persist, influenced by factors like income inequality and geopolitical considerations. Innovations in telemedicine and digital health offer opportunities to bridge gaps in access, especially in remote areas.

Global health crises, such as the COVID-19 pandemic, underscore the interconnected nature of health worldwide, emphasizing the need for coordinated responses and resilient healthcare systems. Ongoing discussions and initiatives aim to achieve universal health coverage and ensure sustainable, equitable healthcare for all.

Key trends in healthcare industry performance includes-

- The increasing integration of technology, such as tele-health and wearable devices, to enhance patient care and streamline processes.
- Personalized medicine, driven by advances in genomics, is gaining prominence, tailoring treatments to individual characteristics.

- Value-based care models focus on improving outcomes and patient satisfaction, shifting from traditional fee-for-service structures.

Population health management addresses health on a broader scale, emphasizing preventive measures and addressing social determinants. The industry is also witnessing increased emphasis on mental health services and holistic well-being. Ongoing regulatory changes, data privacy concerns, and the exploration of artificial intelligence further shape the industry landscape.

NATIONAL LEVEL

At the national level, healthcare industry performance is influenced by factors like government policies, regulatory frameworks, and the overall economic landscape. Countries with robust healthcare systems often prioritize universal access, preventive care, and effective disease management. Rising healthcare costs and the aging population pose challenges, prompting efforts to optimize resource allocation and improve efficiency.

Digital transformation is a common trend, with electronic health records, telemedicine, and health information exchanges becoming integral. Governments may implement value-based care models to enhance the quality of services while controlling costs. Public health emergencies, like pandemics, prompt nations to reassess and strengthen their healthcare preparedness and response capabilities.

Health equity remains a focus, aiming to address disparities in healthcare access and outcomes among different demographic groups. National healthcare systems evolve to adapt to changing demographics, technological advancements, and societal expectations, creating a complex interplay of factors that shape the performance of the healthcare industry at the national level.

Additionally, health systems globally are grappling with the challenge of balancing innovation with ethical considerations, particularly in areas like genetic engineering and artificial intelligence in healthcare. Sustainable healthcare practices and environmental considerations are gaining attention, reflecting a growing awareness of the impact of healthcare activities on the environment.

The role of patients as active participants in their healthcare decisions is expanding, emphasizing patient empowerment and shared decision-making. Collaborations between public and private sectors are increasing to leverage resources and expertise for improved healthcare outcomes.

As we move forward, ongoing trends suggest a continued evolution towards more patient-centric, technologically advanced, and sustainable healthcare systems at both the national and global levels.

REGIONAL LEVEL

At the regional level, healthcare industry performance is shaped by the specific socioeconomic, cultural, and geopolitical factors of a particular area. Regional disparities in healthcare infrastructure, access to services, and health outcomes can be significant. Developing regions may face challenges related to limited resources, workforce shortages, and insufficient infrastructure.

Regional health initiatives, collaborations, and partnerships aim to address common health challenges. Shared health concerns, such as the prevalence of specific diseases, environmental issues, or lifestyle-related health risks, often drive coordinated efforts. Cultural nuances impact healthcare practices, requiring tailored approaches to service delivery and public health campaigns.

In some regions, there's an emphasis on traditional medicine alongside modern healthcare practices, reflecting cultural preferences. Regional healthcare policies and regulations also play a vital role in shaping industry dynamics. Overall, the regional context significantly influences the performance and evolution of healthcare systems.

Regional healthcare trends may include the adoption of innovative models like accountable care organizations (ACOs) or regional health networks, fostering collaboration among healthcare providers to improve coordination and outcomes. Addressing specific health challenges prevalent in a region, such as infectious diseases or chronic conditions, often guides healthcare strategies.

Some regions focus on community-based healthcare, emphasizing primary care, preventive services, and local health education. Efforts to strengthen public health infrastructure,

including vaccination programs and disease surveillance, contribute to regional resilience against health threats.

Economic factors, including regional wealth distribution and investment in healthcare, play a crucial role. In regions with disparities, bridging the healthcare gap becomes a priority, often through targeted interventions and policy measures.

Understanding and responding to regional nuances are key in optimizing healthcare industry performance and promoting health equity within a specific geographical area.

PROSPECTS AND CHALLENGES IN THE INDUSTRY

Navigating the dynamic landscape of the healthcare industry involves a delicate balance between promising prospects and formidable challenges. On one hand, advancements in technology, personalized medicine, and global collaboration present exciting opportunities to transform patient care and outcomes. On the other hand, persistent issues such as access disparities, rising costs, and ethical dilemmas underscore the complexity of delivering effective and equitable healthcare. In this context, exploring the potential for progress while addressing the hurdles is essential for stakeholders committed to shaping the future of healthcare. Let's delve into the evolving prospects and challenges that define the intricate tapestry of the healthcare industry.

PROSPECTS

The healthcare industry presents promising prospects driven by several factors:

- **Technological Advancements:** Ongoing innovations, such as telemedicine, artificial intelligence, and digital health solutions, offer opportunities for enhanced patient care, streamlined processes, and improved diagnostics.
- **Personalized Medicine:** Advancements in genomics and molecular biology contribute to the growth of personalized medicine, tailoring treatments to individual patients, potentially improving efficacy and reducing side effects.
- **Population Health Management:** A shift towards preventive care and population health strategies aims to address health issues at a broader level, reducing the burden of chronic diseases and improving overall community well-being.

- **Global Health Initiatives:** Increasing awareness of global health challenges and collaborative efforts to address pandemics and health crises contribute to a more interconnected and cooperative healthcare landscape.
- **Value-Based Care:** The transition from fee-for-service models to value-based care emphasizes outcomes, patient satisfaction, and cost-effectiveness, aligning incentives with the quality of care provided.
- **Mental Health Focus:** Growing recognition of mental health as an integral part of overall well-being opens avenues for expansion in mental health services, therapies, and awareness initiatives.
- **Policy and Regulatory Changes:** Evolving healthcare policies and regulations create opportunities for innovation, market entry, and the development of new care delivery models.
- **Patient-Centric Approaches:** Increasing emphasis on patient engagement, shared decision-making, and patient empowerment fosters a more collaborative and responsive healthcare environment.

While these prospects present opportunities, challenges such as healthcare disparities, workforce shortages, and ethical considerations require careful navigation for sustainable growth in the healthcare industry.

CHALLENGES

The healthcare industry faces several significant challenges:

- **Access Disparities:** Disparities in healthcare access persist, both globally and within nations, impacting vulnerable populations and leading to unequal health outcomes.
- **Rising Costs:** Escalating healthcare costs strain healthcare systems, affecting affordability for individuals and governments, and requiring sustainable solutions for financial accessibility.
- **Workforce Shortages:** Shortages of healthcare professionals, including doctors, nurses, and allied health workers, challenge the capacity to provide adequate care, particularly in certain specialties and regions.

- **Technological Integration:** While technology offers opportunities, integrating and managing healthcare technologies poses challenges such as data security, interoperability, and ensuring equitable access to digital health solutions.
- **Health Inequalities:** Social determinants of health, including socioeconomic factors and cultural disparities, contribute to health inequalities, necessitating comprehensive strategies beyond traditional healthcare.
- **Global Health Threats:** Emerging infectious diseases, pandemics, and global health crises underscore the need for robust preparedness and response mechanisms at both national and international levels.
- **Ethical Dilemmas:** Advances in areas like genetic engineering, artificial intelligence, and telemedicine raise ethical concerns related to patient privacy, consent, and the responsible use of emerging technologies.
- **Chronic Disease Burden:** The increasing prevalence of chronic diseases places a strain on healthcare resources and emphasizes the importance of preventive measures and long-term care strategies.
- **Regulatory Complexity:** Evolving and complex healthcare regulations can pose challenges for providers and organizations, requiring constant adaptation to compliance requirements.

Addressing these challenges demands a collaborative and innovative approach, involving stakeholders from healthcare, government, technology, and the community to create sustainable and equitable healthcare systems.

CHAPTER – 4

COMPANY PROFILE

BRIEF HISTORY OF THE ORGANIZATION

Established in 2014, Rajagiri Hospital is a leading medical institution in Kerala that offers quality and affordable medical care to the common man. The hospital is a thoughtful initiative by the renowned Rajagiri (CMI) group of institutions and is located in the serene setting of Chunangamvely, Aluva, spread across 40 acres of green landscape. The hospital's legacy of pioneering a distinctive culture in the educational sector has helped them carve an exemplary medical institution in Kerala. The hospital's consistent pursuit of achieving uncompromised excellence in healthcare has won them many accolades and appreciation on national and international platforms.

The 550- bed multi-specialty tertiary care hospital features all modern medical services, ranging from diagnostics to therapy to rehabilitation, under one roof. At Rajagiri Hospital, we are proud to bring you the latest advancements in surgical technology - Da Vinci Xi Robotic Assisted Surgery. With unparalleled precision & minimal invasion, this cutting-edge surgical system is revolutionizing healthcare and transforming the way surgeries are performed.

Rajagiri Hospital is accredited by the Joint Commission International (JCI) with the gold seal for complying with the highest international standards on patient safety and quality of care. The hospital is also accredited by the National Accreditation Board for Hospitals and Healthcare Providers (NABH), National Accreditation Board for Testing and Calibration Laboratories (NABL), and has received ISO 22000:2018 certification for its Food & Beverages services.

The hospital offers a unique blend of western medicine and Ayurveda, which provides the patients with a holistic healing experience. The Ayurveda department of Rajagiri Hospital offers a wide range of treatments, including Panchakarma therapy, Abhyanga, Shirodhara, and Ayurvedic medicine consultation. The hospital also has a well-equipped ICU, NICU, PICU, and dialysis unit.

Moreover, Rajagiri Hospital has integrated tele-health technology to its services, which enables patients to receive medical care from the comfort of their homes. The hospital also provides various health check-up packages, including the Rajagiri Executive Health Check-up, Rajagiri Comprehensive Health Check-up, Rajagiri Master Health Check-up, and Rajagiri Cardiac Health Check-up. In conclusion, Rajagiri Hospital's exceptional services and commitment to

providing uncompromised excellence in healthcare have made it the first choice among domestic and international patients for their healthcare needs.

CURRENT BOARD OF DIRECTORS

Executive Director and CEO – Fr. Johnson Vazhapilly CMI

CMI Consultant – Fr. Jose Alex Oruthayapilly

Director Administration – Fr. Joy Kilikkunnel

Director HR – Fr. Jijo Kadavan CMI

Director Supply Chain Management – Fr. Alex Varappuzhakkaran CMI

Director - BME and Imaging Service – Fr. Jose Paul Thekkanath CMI

Associate Director Administration – Fr. Jain Periyappadan CMI

Director Pastoral Care – Fr. Joseph Vadakkepurathan CMI

Medical Director (MD) – Dr. Gigy Varkey Kuruttukulam

Medical Superintendent – Dr. Sunny P Orthel

Director Relations – Dr. V.A Joseph

Chief Operating Officer (COO) – Dr. Nalanda Jayadev

Director - Nursing and Organisational Excellence – Dr. Elizabeth David

Chief Financial Officer (CFO) – Mr John Vincent

ORGANIZATIONAL CHART

DEPARTMENT OF OPERATIONS



MISSION, VISION STATEMENT AND QUALITY POLICY FOLLOWED

MISSION

Mainly the mission of the healthcare industry is to promote, maintain, and restore health, as well as prevent and treat illness. It aims to provide accessible, high-quality, and patient-centred care while advancing medical knowledge and innovation.

The mission of Rajagiri Hospital is-

1. To provide the most advanced & scientific, curative, preventive & promotive healthcare that leads to an „abundance of life“.
2. To undertake specialized and holistic healthcare services of world standard and to provide them to all sections of the society, with special concern for the marginalized.
3. To grow into a model & global leader in healthcare, innovative teacher in medical sciences & pioneering research Centre on health.

VISION

The vision of the healthcare industry typically involves achieving a state where all individuals have equitable access to comprehensive and compassionate healthcare services. This includes advancements in medical research, technology, and a focus on preventive care to enhance overall well-being globally.

"To give life abundantly" in relation to a hospital means to provide comprehensive and holistic healthcare services that go beyond the basic medical treatment. It encompasses the idea of not only treating illnesses and diseases but also promoting overall well-being and enhancing the quality of life for patients.

In practical terms, "to give life abundantly" involves:

Comprehensive Care: Hospitals strive to provide a wide range of medical services, including diagnostics, treatment, surgery, rehabilitation, and preventive care. By offering a comprehensive approach to healthcare, hospitals aim to address all aspects of a patient's health and well-being.

Personalized Treatment: Hospitals focus on providing individualized care tailored to each patient's unique needs. This involves actively involving patients in their treatment plans, considering their preferences, values, and goals, and ensuring that care is delivered with compassion and empathy.

Patient Education: Hospitals play a crucial role in educating patients about their health conditions, treatment options, and preventive measures. By empowering patients with knowledge and information, hospitals enable them to make informed decisions and actively participate in their own care.

Emotional and Psychological Support: Hospitals recognize the importance of addressing the emotional and psychological needs of patients. They provide counselling services, support groups, and other resources to help patients cope with the challenges and uncertainties that come with illness or hospitalization.

Collaborative Approach: Hospitals work in collaboration with a multidisciplinary team of healthcare professionals, including doctors, nurses, therapists, and support staff, to ensure that patients receive comprehensive and coordinated care. This team-based approach ensures seamless communication and collaboration among different specialties, resulting in better outcomes for patients.

Community Engagement: Hospitals actively engage with the local community to promote health and wellness. They organize health camps, awareness programs, and preventive health initiatives to reach out to the community and provide resources for a healthier lifestyle.

In essence, "to give life abundantly" in the context of a hospital means going beyond medical treatment to provide holistic care that encompasses physical, emotional, and psychological well-being. It aims to improve the overall quality of life for patients, promoting health, healing, and a sense of empowerment.

QUALITY POLICY FOLLOWED

At Rajagiri Hospital, we understand the importance of providing healthcare services that meet international standards. Our dedication to excellence is reflected in our continuous efforts to implement best practices in healthcare delivery and consistently improve our systems.

One of our key priorities is maintaining the highest level of quality in everything we do. We achieve this by employing and retaining highly qualified personnel who are passionate about their work. We also ensure their ongoing training and development to keep them updated with the latest advancements in medical science and technology.

Patient and staff safety is of paramount importance to us. We have robust safety protocols in place to minimize the risk of any adverse events.

Our staff is trained to follow strict infection control measures and adhere to international guidelines to provide a safe environment for everyone

We believe that exceptional care, treatment, and support are essential for achieving high levels of patient satisfaction. Our dedicated team of healthcare professionals is committed to delivering personalized care to each patient, keeping their individual needs and preferences in mind. We strive to create a compassionate and nurturing environment that promotes healing and recovery.

In addition to our commitment to quality and safety, we also focus on innovation and research to stay at the forefront of medical advancements. Our hospital is equipped with state-of-the-art technology and facilities that enable us to provide cutting-edge treatments and procedures.

At Rajagiri Hospital, we are proud to be recognized as a leading healthcare institution that delivers healthcare services that adhere to international standards. We continuously strive to exceed expectations and provide the highest level of care to our patients

VALUES

1. Faith Vision
2. Caring Compassion
3. Professionalism for Excellence
4. Team Work
5. Special Concern for the Poor

PATIENT SAFETY – IPSG GOALS

IPSG 1 – Identify 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 Rajagiri Hospital, there are various rights and responsibilities to the employers working in the hospital as well as the patients. Some of them are mentioned below:

EMPLOYEE RIGHTS

1. To be aware of the hospital policies and protocols.
2. To be given a job description and to seek clarity about your roles and responsibilities.
3. To be entitled to the terms and conditions as mentioned in the appointment letter/contract.
4. To be treated with respect and dignity by all.
5. To raise a grievance, if any, and ensure it is addressed as per the grievance redressal policy of the hospital
6. To be protected against violence and/or abuse Employee Responsibilities.

EMPLOYEE RESPONSIBILITIES

1. To ensure privacy, dignity and confidentiality of all our patients.
2. To treat patient and their families with care and compassion.
3. To strictly adhere to the hospital policies, protocols, rules and regulations.
4. To be aware of one's job description and carry out duties as specified.
5. To follow hospital safety rules.
6. To ensure careful handling of the hospital equipment and facilities and safeguard hospital property.
7. To be punctual and diligently carry out work at all times.

PATIENT'S RIGHTS

1. Right to receive treatment irrespective of age, gender, religion, caste, cultural preferences.
2. Right to respect for their special preferences, spiritual and cultural needs.
3. Right to refuse treatment.
4. Right to be heard to his/her satisfaction without the doctor interrupting.

5. Right to a second opinion if felt necessary.
6. Right to privacy & personal dignity during examination, procedures & treatment.
7. Right to raise a complaint & information and access on how to voice a complaint.
8. Right to protection from physical abuse and neglect.
9. Right to confidentiality of patient information.
10. Right to information to be provided in a language that is easily understood.
11. Right to informed consent to enable the patient/family to make informed decisions about their care & treatment.
12. Right to receive access to his/her clinical record.
13. Right to know the expected cost of treatment.
14. Right to information on plan of care, progress and education about their healthcare needs including risks, alternatives & benefits.

PATIENT'S RESPONSIBILITIES

1. Provide complete and accurate information about his/her health and disclose full medical history.
2. Be punctual for appointments.
3. Ask questions to the doctor and clarify doubts regarding diagnosis or treatment and participate in decision making regarding treatment and care.
4. Abide by all hospital rules and regulations.
5. Comply with the no smoking policy within the hospital premises.
6. Comply with the visitors' policy and be considerate of the patient's well-being and safety.
7. Treat hospital staff, other patients and visitors with respect and courtesy.
8. Pay for services billed for in a timely manner as per the hospital policy.
9. Follow prescribed treatment plan and carefully comply with the instructions given
10. Maintain good habits and routines that contribute to good health.

CHAPTER 5
RESEARCH METHODOLOGY

STATEMENT OF THE PROBLEM

The project aims to determine the patient satisfaction in Executive Health Checkup department from Rajagiri hospital. A self-prepared questionnaire was used to collect data of patient satisfaction on various characteristics.

RESEARCH DESIGN

The research design refers to the overall strategy that you choose to integrate the different components of the study in coherent and logical way, thereby, ensuring you will effectively address the research problem. It constitutes the blueprint for the collection, measurement and analysis.

The type of research design used in this study is diagnostic research design.

Diagnostic research design refers to investigations and studies conducted to identify, understand, or assess the presence of a particular condition, disease, or problem. It aims to gather information and data to make informed decisions about diagnosis, treatment, or further research

SAMPLE DESIGN

Simple Random Sampling method is used to select the sample.

It is a sample selected from a population in such a way that every member of the population has an equal chance of being selected and selection of any individual does not influence the selection of any other.

POPULATION

A population refers to the entire group of individuals, objects, events, or other elements that have a characteristics or attribute of interest. The population is the target of study, and the goal of research is to make inferences about the population based on a sample. This population for this study would be the total footfall in the Executive Health Checkup Department during this period.

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 for the study is random sampling.

SAMPLE SIZE

The sample size refers to the number of elements that are selected from a population for the purpose of conducting research. The sample size is an important consideration in the research process, as it affects the precision and accuracy of the results obtained.

The sample size of this study is 50.

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 questions 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).

To achieve the goals of the study, both primary and secondary data were gathered.

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

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

Source of data collected was from self-prepared questionnaire.

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

Data collection tool used for research is questionnaire

Surveys: Surveys are a common data collection tool used to gather information on employeesatisfaction. They can be administered online, by mail, or in person and can be designed to collect both quantitative and qualitative data.

Interviews: Interviews can be conducted in person or over the phone, and can be used to collect detailed information on patient satisfaction.

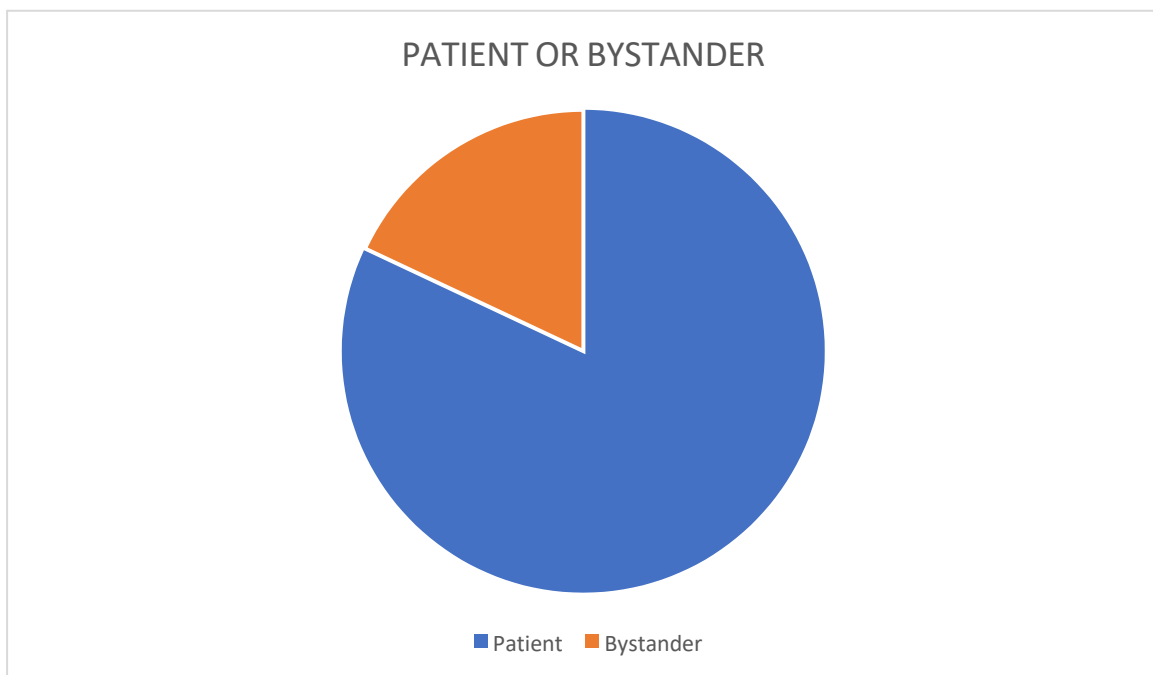
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CHAPTER 6

1.Are you patient or bystander?

The table showing the number of patient or bystander

Options	Number of Respondent	Percentage
Patient	41	82%
Bystander	9	18%
Total	50	100%



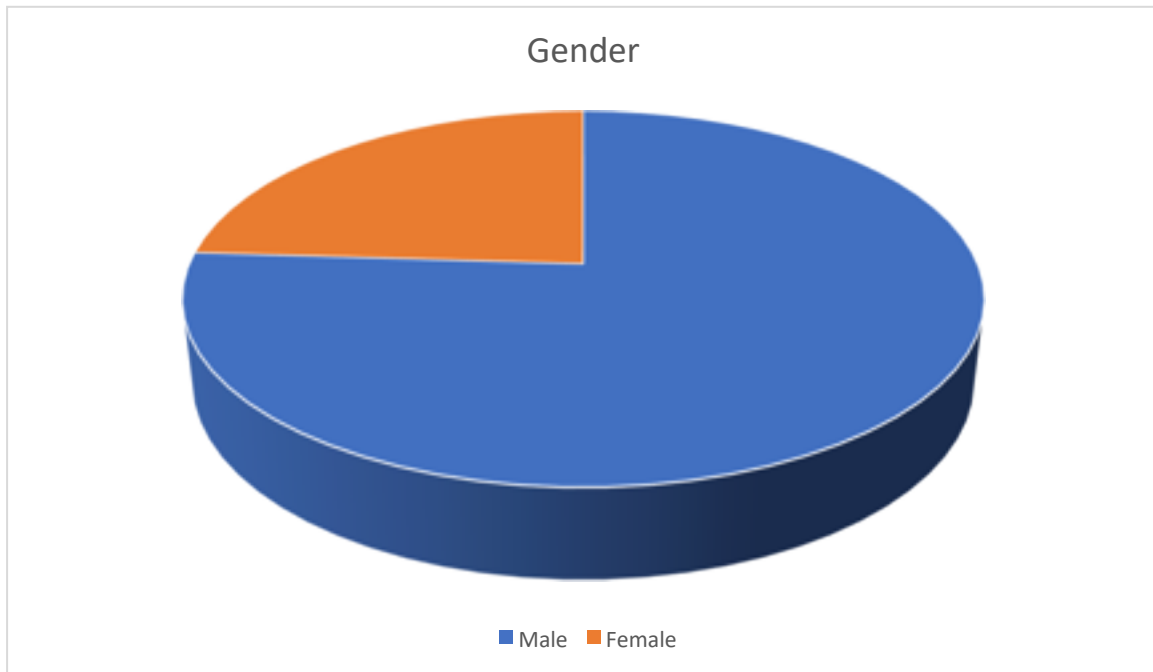
INTERPRETATION

According to the above data 82 % are patients and 18% are bystanders who have attended the questionnaire.

3. Gender

The table showing the Gender of the Respondent

Options	Number of Respondent	Percentage
Male	38	76%
Female	12	24%
Total	50	100%



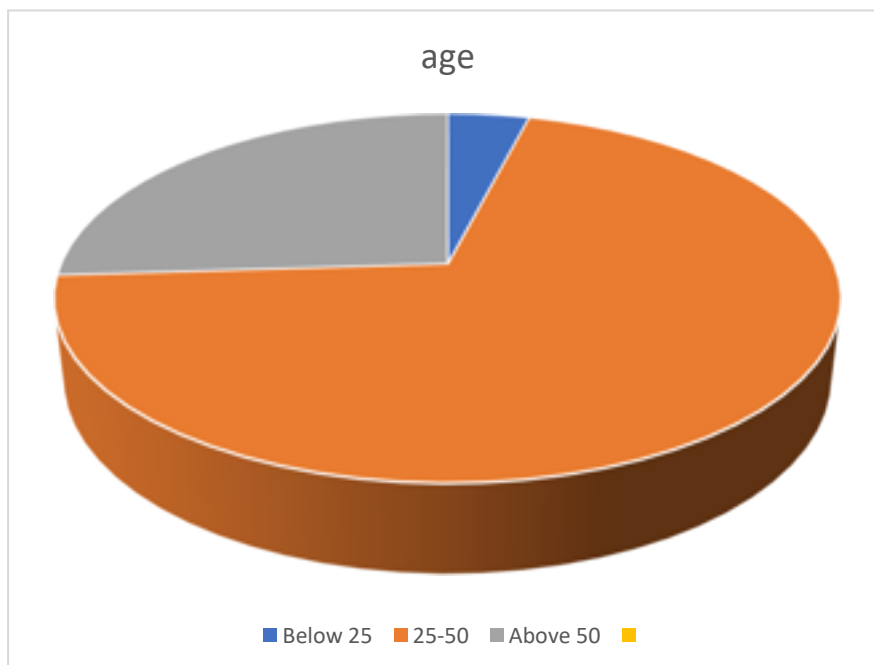
INTERPRETATION

According to the data, 76% are male and 24% are female respondents.

3. Age

The table showing the age of respondents.

Options	Number of Respondent	Percentage
Below 25	2	4%
25-50 years	35	70%
Above 50	13	26%
Total	50	100%



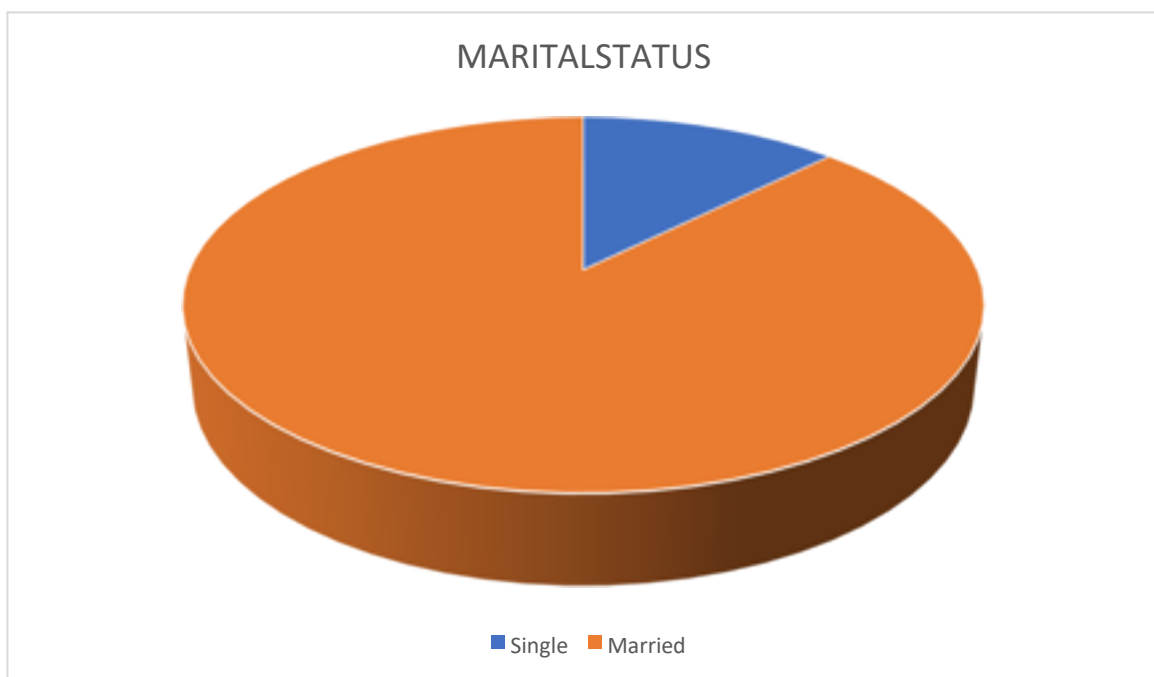
INTERPRETATION

According to the data 4% are below 25 years of age, 70% are between 25 -50 and 26% are above 50 agegroup respondents.

4. Marital status

The table showing the number of Marital Status of respondents.

Options	Number of Respondent	Percentage
Single	6	12%
Married	42	88%
Total	50	100%



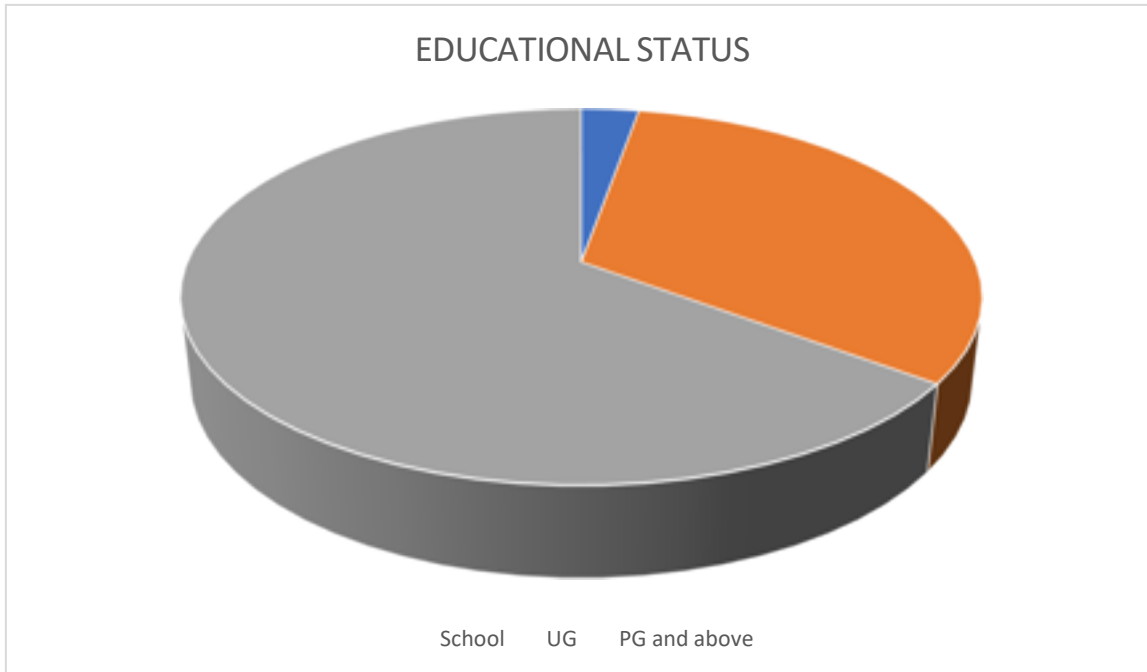
INTERPRETAION

According to the data 12% are single and 88% are married responde

5. Educational Status

The table showing the educational status of respondents.

Options	Number of Respondent	Percentage
School	3	6%
UG	35	70%
PG and Above	12	24%
Total	50	100%



INTERPRETATION

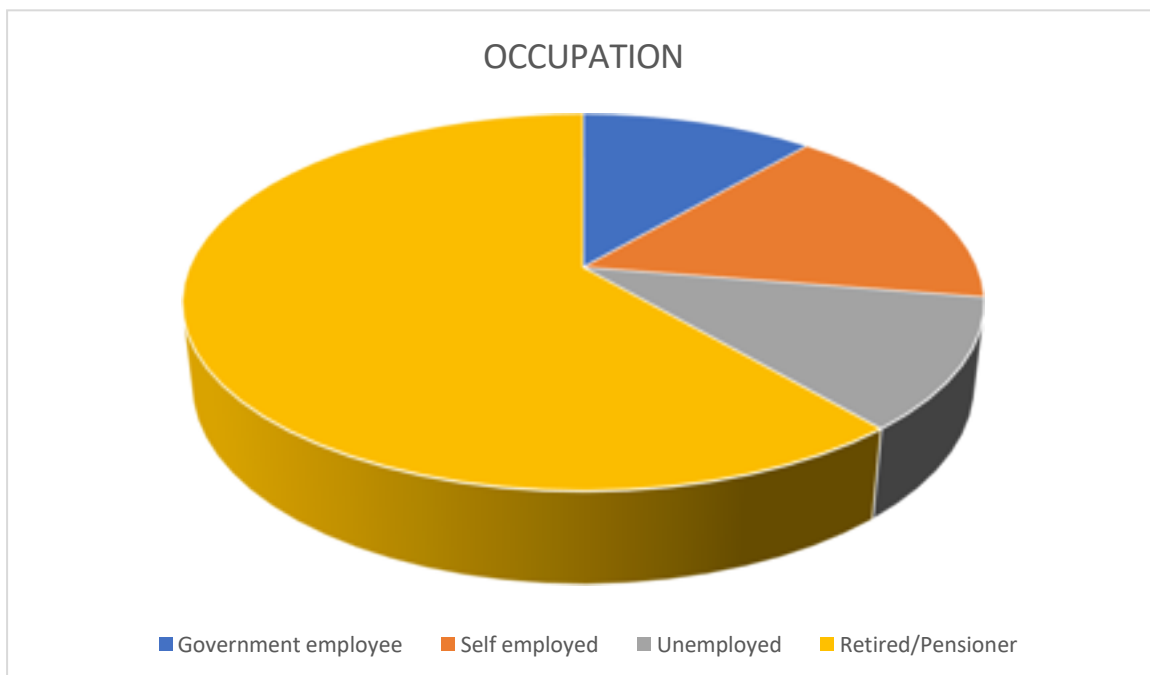
According to the data 6% are school level educated, 70% are UG level educated, 24% are PG and above level educated.



6.Occupation

The table showing the occupation of respondent

Options	Number of Respondent	Percentage
Government employees	11	22%
Self employed	16	32%
Unemployed	11	22%
Retired/Pensioner	12	24%



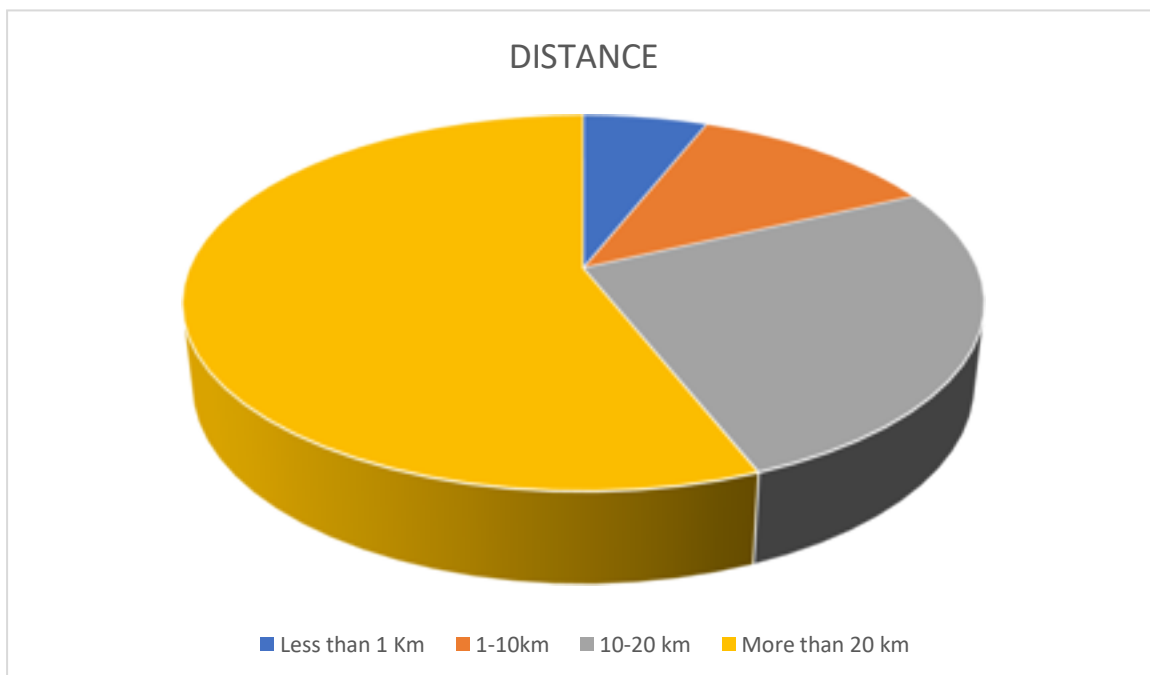
INTERPRETATION

According to the data 22% are government employees, 32% are self-employed, 22% are unemployed and 24% are retired/pensioner respondent

7.Distance to Hospital

The table showing the distance travelled by the participant to reach the hospital.

Options	Number of Respondent	Percentage
Less than 1km	3	6%
1-10km	6	12%
10-20km	13	26%
More than 20km	28	56%
Total	50	100%



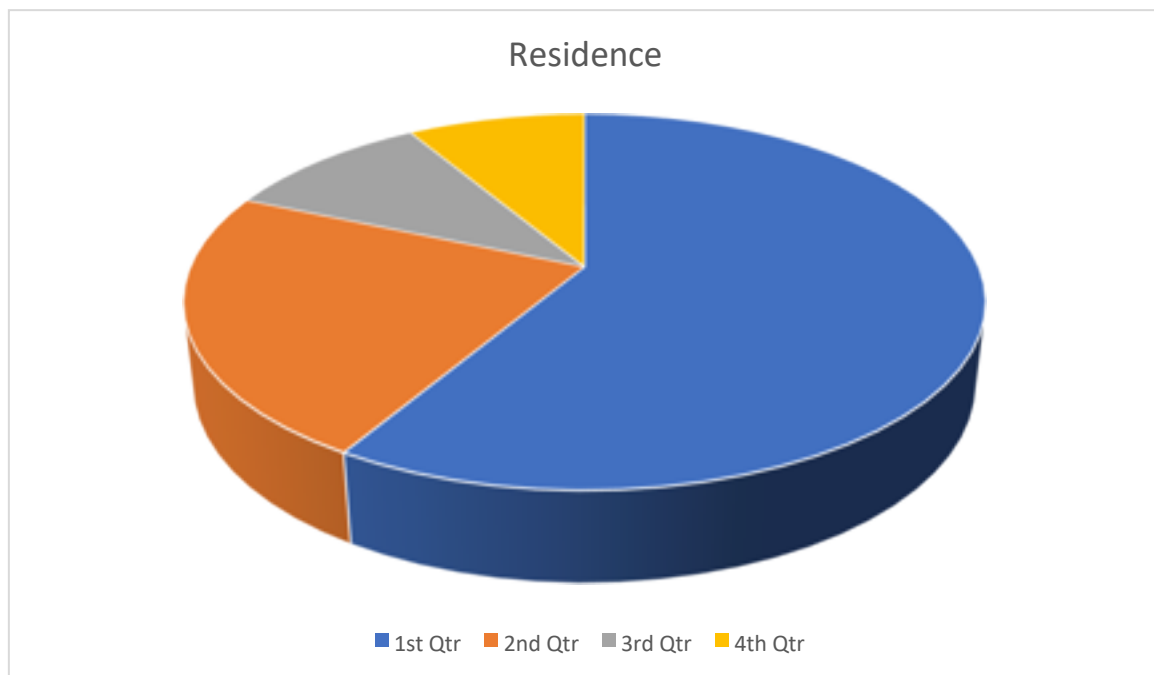
INTERPRETATION

According to the data 6% are travelling less than 1km, 12% travel between 1-10km, 26% travel between 10-20 km, and 56% travels more than 20 kms to reach the hospital.

8. Residence Status

The table showing the residence of Patient

Options	Number of Respondent	Percentage
Kerala	44	88%
Other state	2	4%
NRI	4	8%
Total	50	100



INTERPRETION

According to the data 88% respondents resides within Kerala, 4% are respondents are from another states and 8% are NRI respondents.

9.How would you rate your Parking experience ?

The table showing the parking experience of participants.

Options	Number of Respondent	Percentage
Highly Satisfied	50	100%
Satisfied	0	0%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%



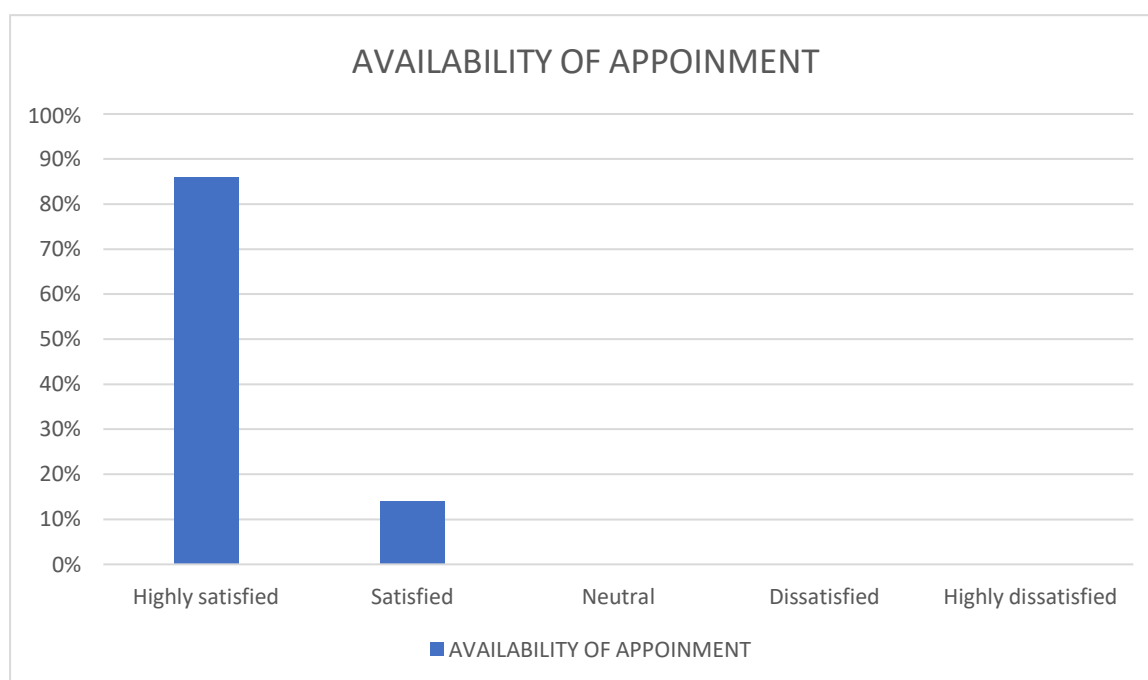
INTERPRETATION

According to the above data 100 % participants. have rated highly satisfied and participants.have not rated satisfied, neutral, dissatisfied and highly dissatisfied towards the parking experience.

10. How would you rate the availability of appointment in the health check up ?

The table showing the experience on availability of appointments of participants..

Options	Number of Respondent	Percentage
Highly Satisfied	43	86%
Satisfied	7	14%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%



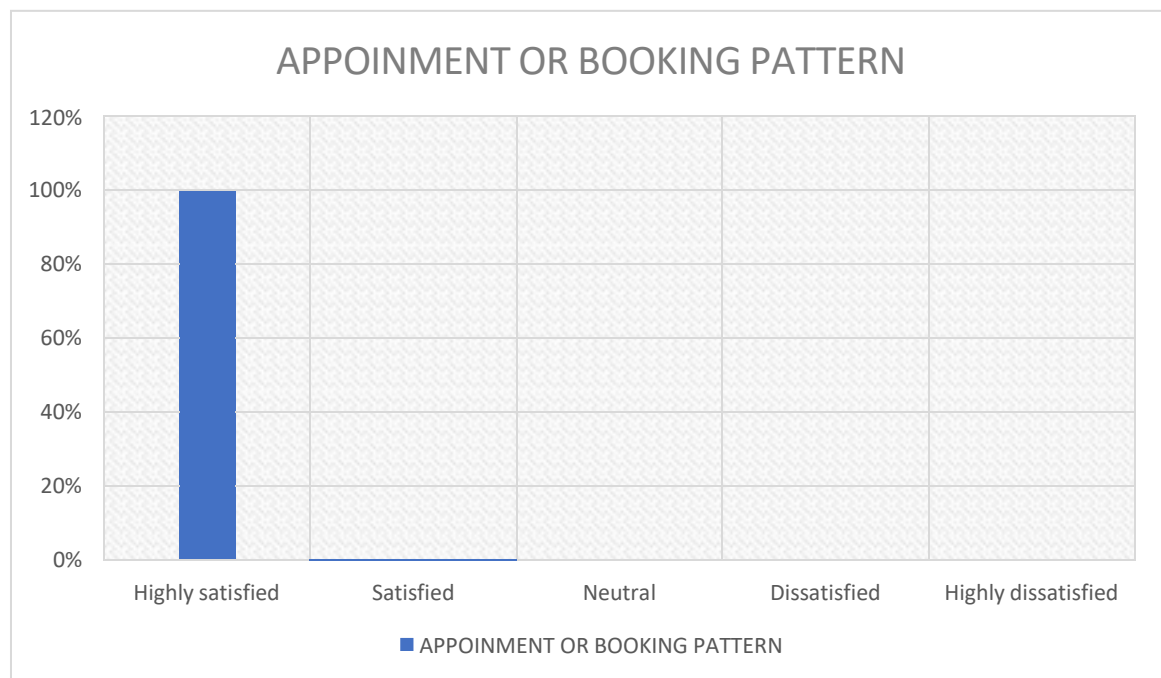
INTERPRETATION

According to the above data 86% participants have rated highly satisfied, 14% participants have rated satisfied and participants have not rated neutral, dissatisfied and highly dissatisfied towards the availability of appointment in the health check

11. Are you satisfied with the appointment or booking pattern ?

The table showing the experience on appointment or booking pattern

Options	Number of Respondent	Percentage
Highly Satisfied	48	96%
Satisfied	2	4%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%



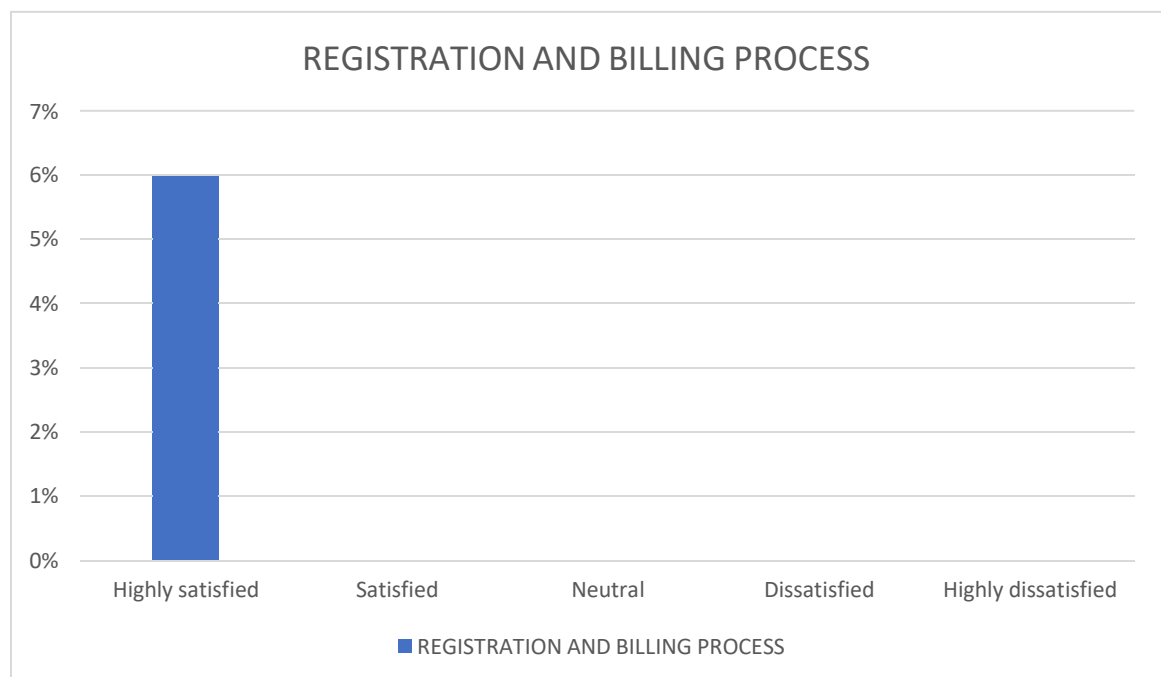
INTERPRETATION

According to the above data 96% participants are highly satisfied, 4% participants are satisfied and 0% neutral, dissatisfied and highly dissatisfied towards the appointment or booking pattern

12 Are you happy with the Registration and billing process and time taken in the health checkup?

The table showing the experience on registration and billing

Options	Number of Respondent	Percentage
Highly Satisfied	3	6%
Satisfied	47	94%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

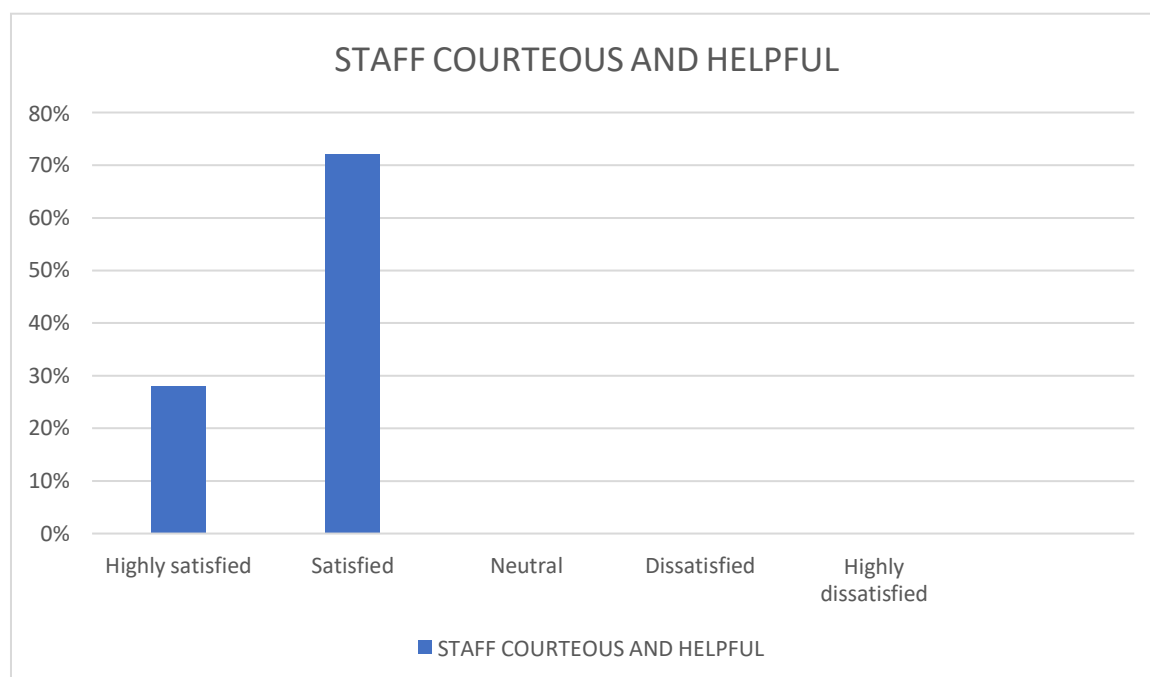


INTERPRETATION

According to the above data 6% participants are highly satisfied, 94% participants are satisfied and participants have not rated neutral, dissatisfied and highly dissatisfied towards the registration and the billing process and time taken in the health checkup.

13. Were the staff courteous and helpful during the visit ?

Options	Number of Respondent	Percentage
Highly Satisfied	14	28%
Satisfied	36	72%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

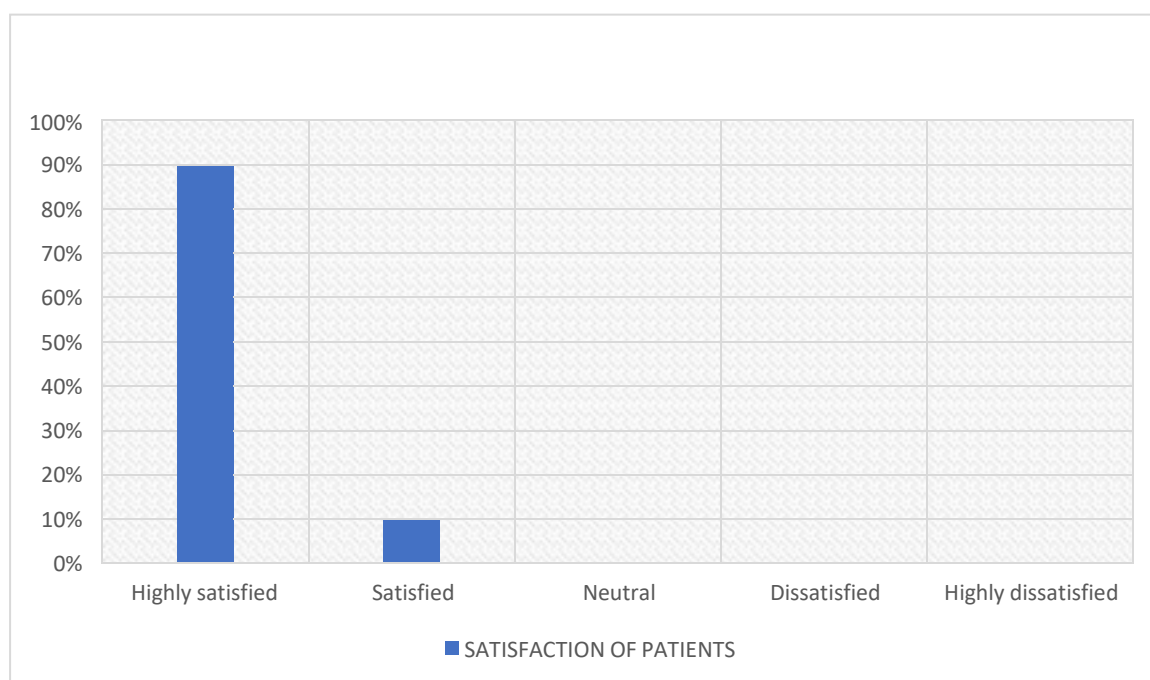


INTERPRETATION

According to the above data 28% participants are highly satisfied,72% are satisfied and patients have not rated neutral, dissatisfied and highly dissatisfied towards the staff courtesy and helpfulness during the visit.

14. Are you satisfied with the instructions provided from the health check up ?

Options	Number of Respondent	Percentage
Highly Satisfied	45	90%
Satisfied	5	10%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

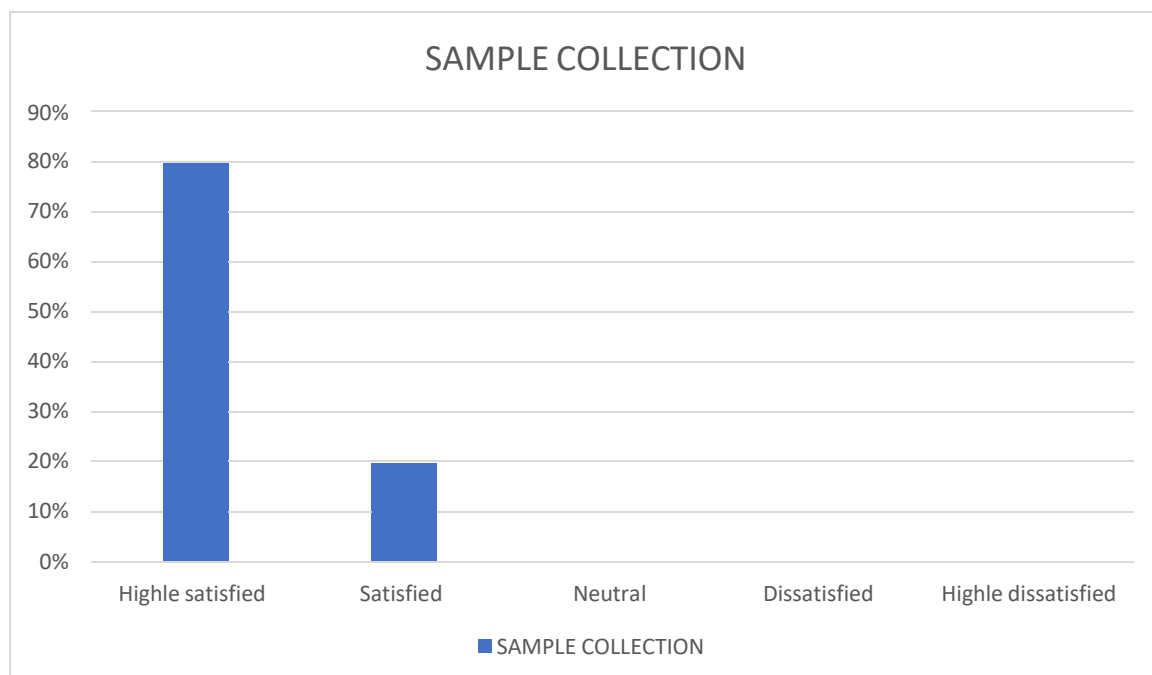


INTERPRETATION

According to the above data 90% participants are highly satisfied, 10% are satisfied and patients have not rated neutral, dissatisfied and highly dissatisfied towards the instructions provided from the health checkup.

15. How was your experience during the sample collection?

Options	Number of Respondent	Percentage
Highly Satisfied	40	80%
Satisfied	10	20%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

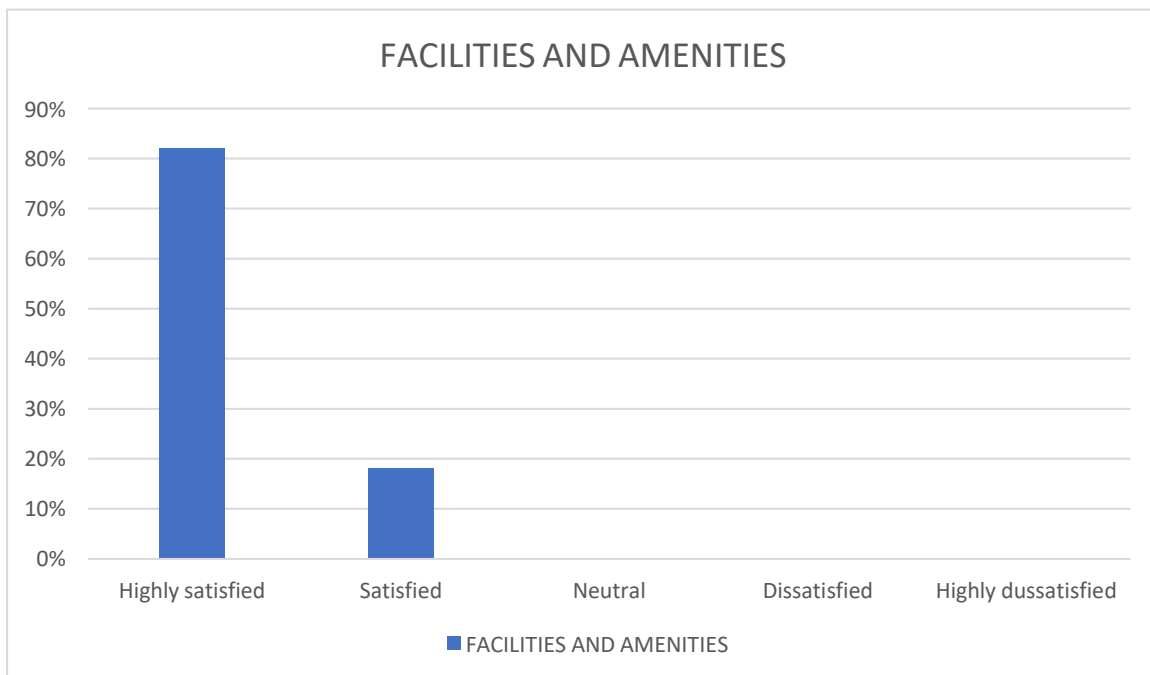


INTERPRETATION

According to the above data 80% participants are highly satisfied, 20% are satisfied and patients have not rated neutral, dissatisfied and highly dissatisfied towards the experience during the sample collection.

16. How would you rate the facilities and amenities provided in the health checkup?

Options	Number of Respondent	Percentage
Highly Satisfied	41	82%
Satisfied	9	18%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

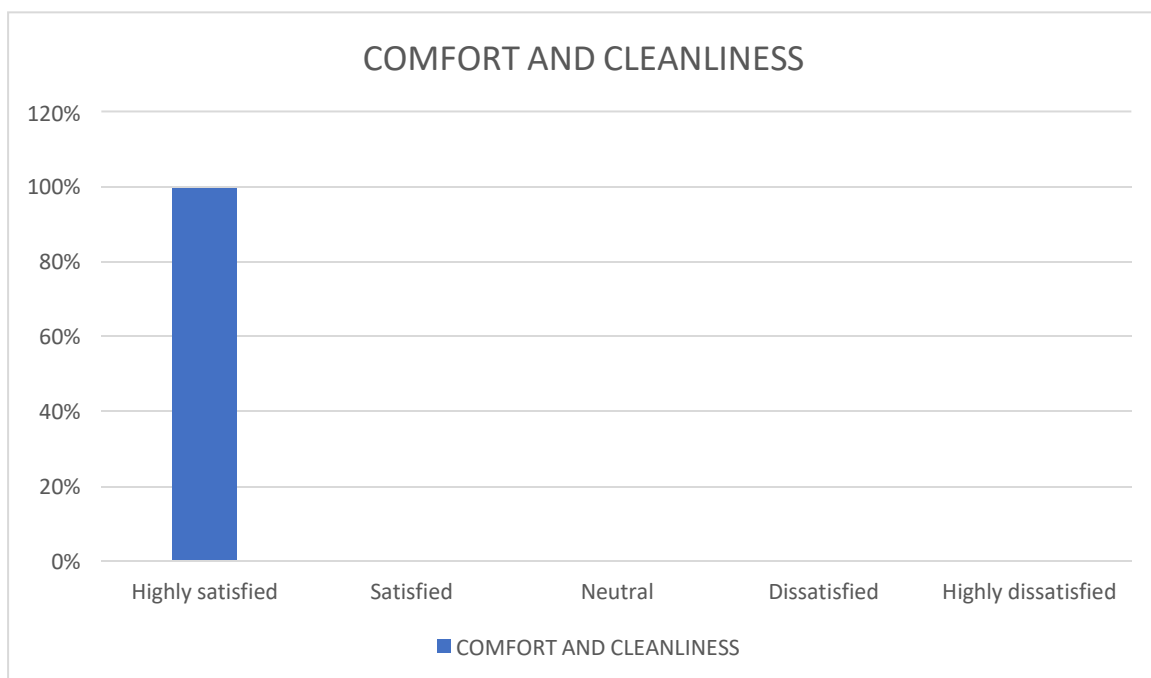


INTERPRETATION

According to the above data 82% participants are highly satisfied, 18% are satisfied and patients have not rated neutral, dissatisfied and highly dissatisfied towards the facilities and amenities provided in the health checkup.

17. How satisfied are you with the cleanliness and comfort of the facilities?

Options	Number of Respondent	Percentage
Highly Satisfied	50	100%
Satisfied	0	0%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

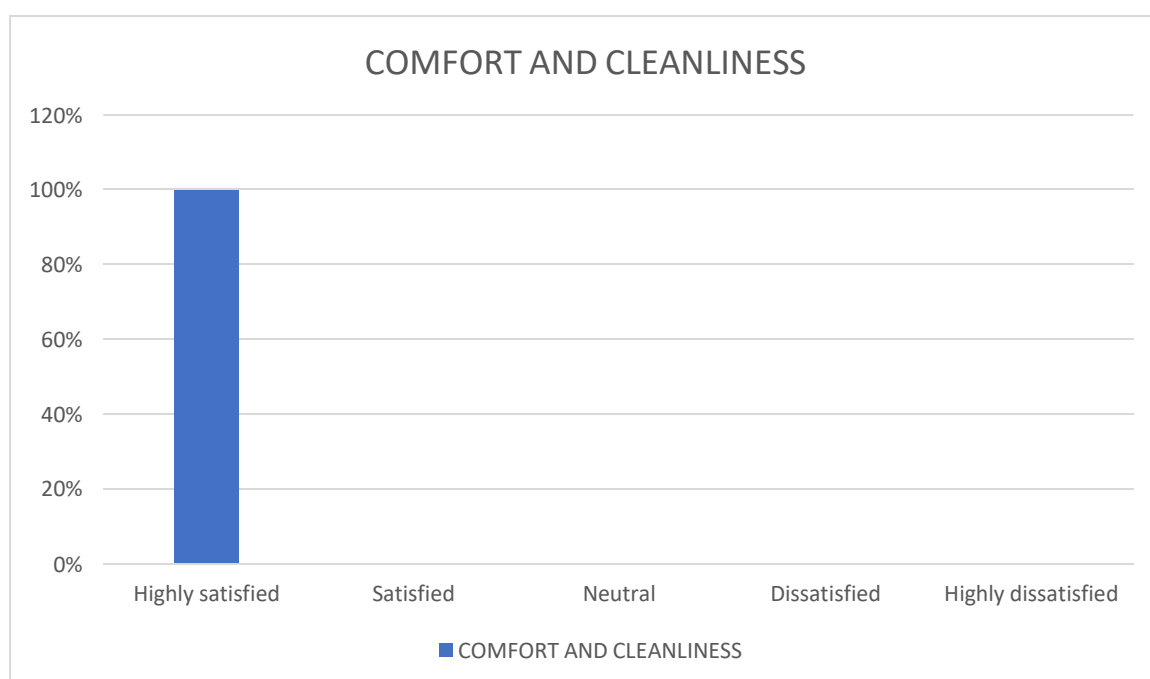


INTERPRETATION

According to the above data 100% participants have rated highly satisfied towards the cleanliness and comfort of the facilities.

18. Are you satisfied with the drinking water and toilet facilities ?

Options	Number of Respondent	Percentage
Highly Satisfied	50	100%
Satisfied	0	0%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%



INTERPRETATION

According to the above data 100% participants have rated highly satisfied towards the drinking water and toilet facilities.

19. Are you happy with the Health Check-up Package rates?

Options	Number of Respondent	Percentage
Highly Satisfied	14	28%
Satisfied	10	20%
Neutral	26	52%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

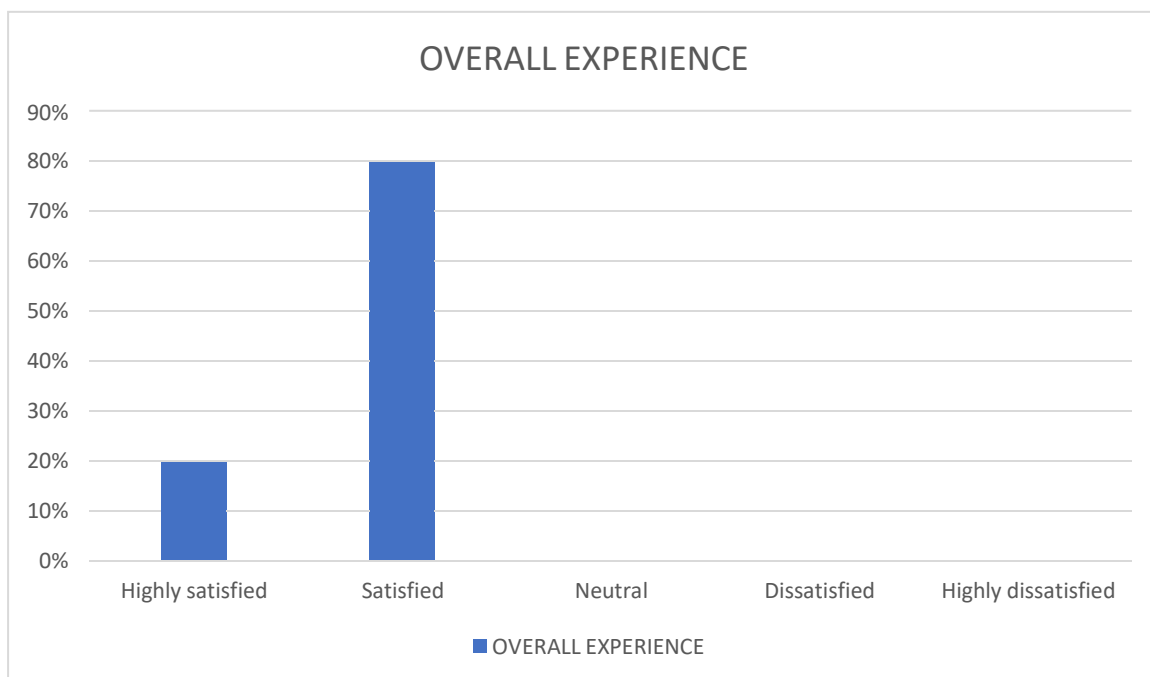


INTERPRETATION

According to the above data 28% participants are highly satisfied, 20% rated satisfied, 52% neutral, and participants have not rated dissatisfied and highly dissatisfied towards the package Rates.

20. How would you rate your overall experience in the health checkup?

Options	Number of Respondent	Percentage
Highly Satisfied	10	20%
Satisfied	40	80%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

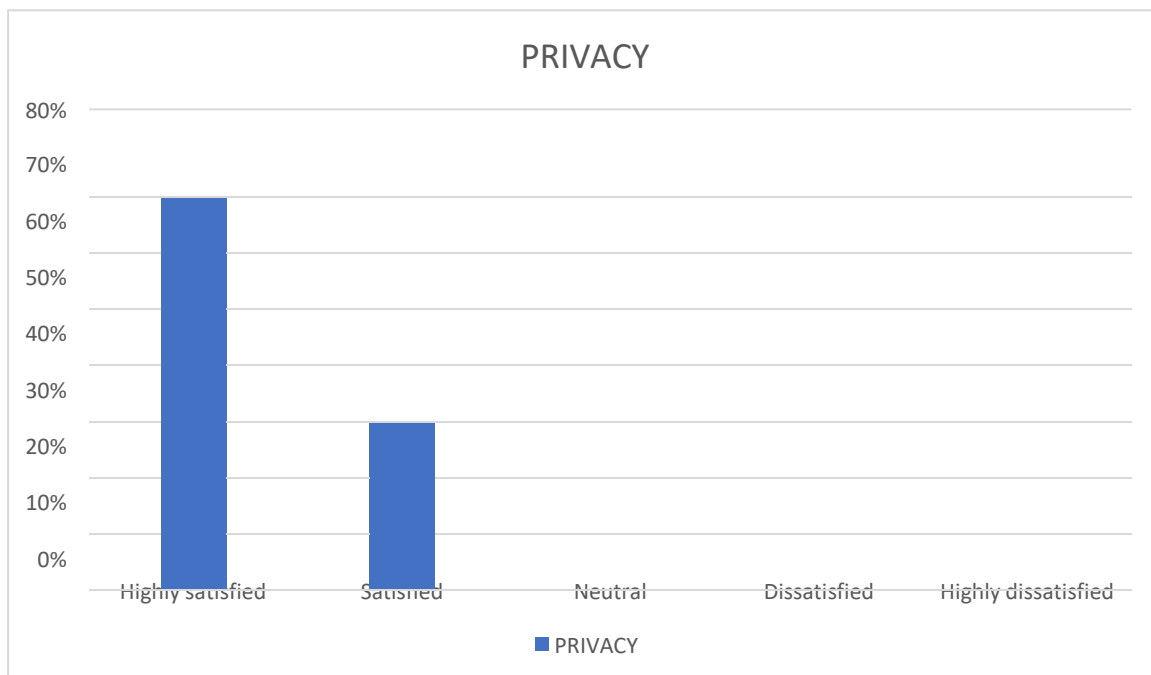


INTERPRETATION

According to the above data 20% participants are highly satisfied, 80% rated satisfied, and patients have not rated neutral, dissatisfied and highly dissatisfied towards the overall experience in the health checkup.

21. Are you satisfied with the privacy during the health checkup process?

Options	Number of Respondent	Percentage
Highly Satisfied	35	70%
Satisfied	15	30%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

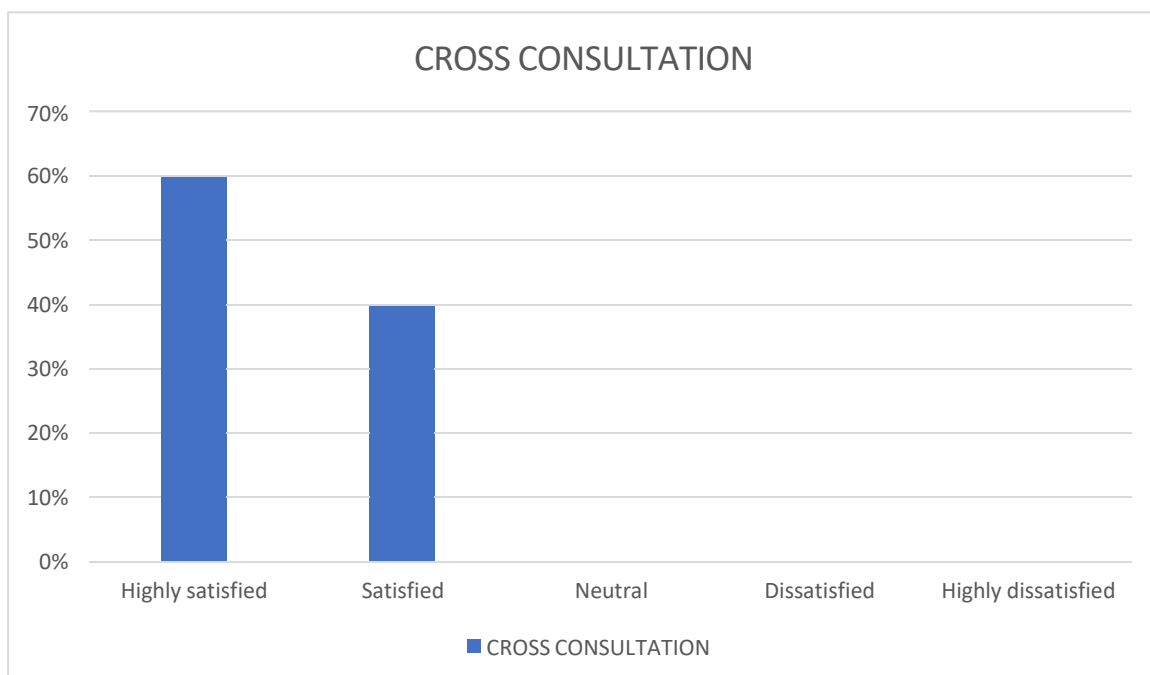


INTERPRETATION

According to the above data 70% participants are highly satisfied, 30% rated satisfied, and patients have not rated neutral, dissatisfied and highly dissatisfied towards the privacy during the health care checkup process.

22. How was your experience during cross consultation?

Options	Number of Respondent	Percentage
Highly Satisfied	30	60%
Satisfied	20	40%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

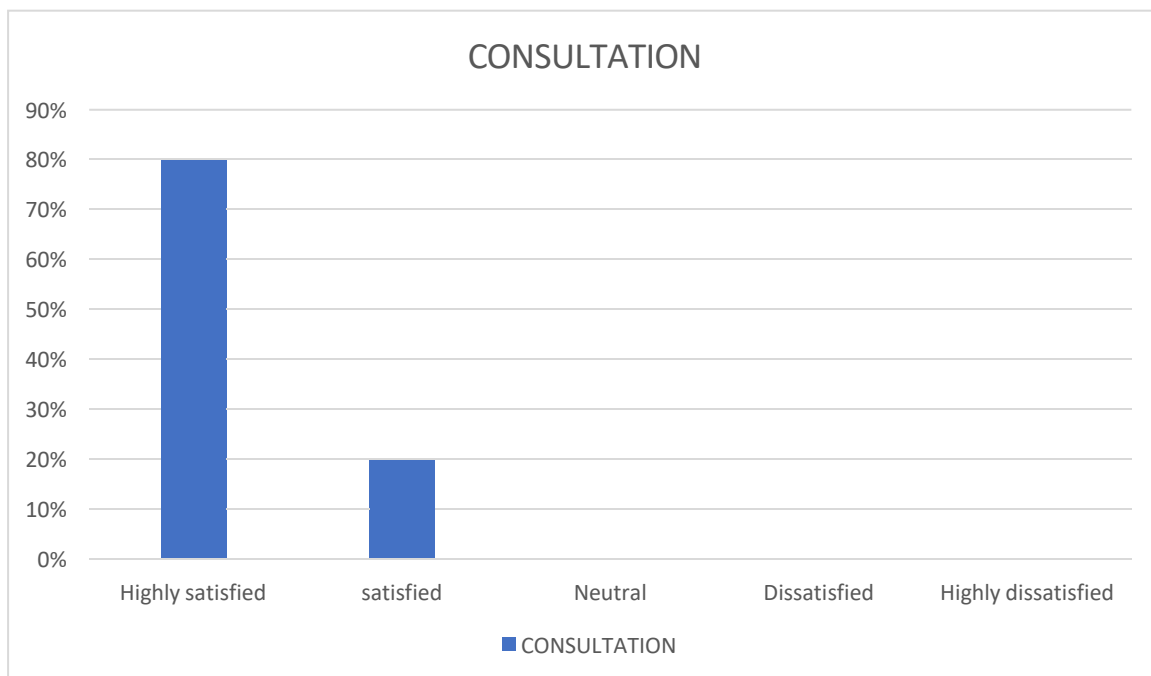


INTERPRETATION

According to the above data 60% participants are highly satisfied, 40% rated satisfied, and patients have not rated neutral, dissatisfied and highly dissatisfied towards the experience during cross consultation.

23. Are you happy with the consultation in health checkup?

Options	Number of Respondent	Percentage
Highly Satisfied	40	80%
Satisfied	10	20%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%

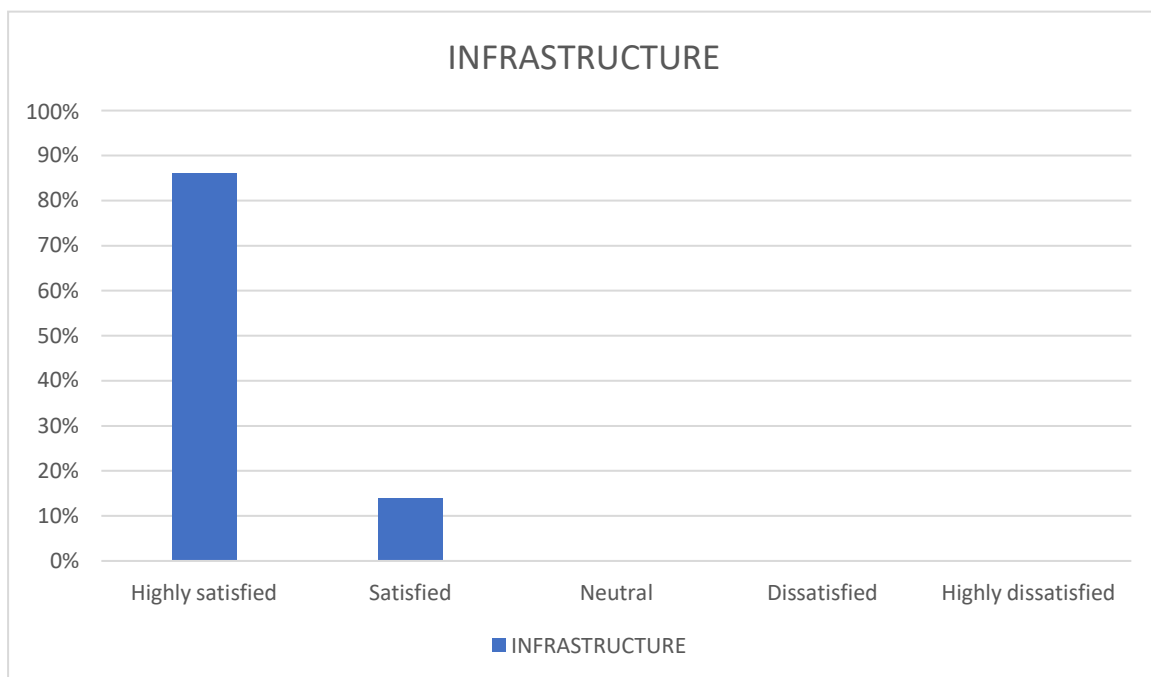


INTERPRETATION

According to the above data 80% participants are highly satisfied, 20% rated satisfied, and patients have not rated neutral, dissatisfied and highly dissatisfied towards the consultation in the health checkup.

24. Are you happy with the health checkup infrastructure?

Options	Number of Respondent	Percentage
Highly Satisfied	43	86%
Satisfied	7	14%
Neutral	0	0%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%



INTERPRETATION

According to the above data 86% participants are highly satisfied, 14% rated satisfied, and patients have not rated neutral, dissatisfied and highly dissatisfied towards the health checkup infrastructure.

CHAPTER 7
FINDINGS, SUGGESTIONS, AND CONCLUSION

FINDINGS

- Patients appreciate clear and empathetic communication from healthcare providers during health check-ups.
- Quick and efficient scheduling, minimal wait times, and prompt attention during appointments contribute to higher patient satisfaction.
- Patients prioritize the quality of healthcare received during check-ups, including accurate diagnoses and effective treatments.
- Tailoring healthcare recommendations to individual needs fosters a positive patient experience.
- Healthcare providers who respect patient preferences and involve them in decision-making tend to receive higher satisfaction ratings.
- Patients value accessible information about their health, treatment options, and potential costs, enhancing their overall satisfaction.
- Demonstrating empathy and understanding towards patients' concerns and anxieties contributes significantly to overall satisfaction levels.
- Patients appreciate healthcare providers who offer proper follow-up care and maintain continuity in managing their health concerns.
- The physical environment of healthcare facilities, including cleanliness and comfort, contributes to the overall satisfaction of patients during health check-ups.
- Streamlined administrative processes, including billing and insurance procedures, positively impact the patient experience and satisfaction with health checkup.
- According to the data 100 %patients are rated highly satisfied and patients are not rated satisfied, neutral, dissatisfied and highly dissatisfied towards the parking experience in the hospital.
- According to the data 86%patients are rated highly satisfied,14%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the availability of appointment in the health checkup.
- According to the data 96%patients are rated highly satisfied,4%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the appointment or booking pattern.

- According to the data 6%patients are rated highly satisfied,94%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the registration and the billing process and time taken in the health checkup.
- According to the data 28%patients are rated highly satisfied,72%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the staff courteous and helpful during the visit.
- According to the data 90%patients are rated highly satisfied,10%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the instructions provided from the health checkup.
- According to the data 80%patients are rated highly satisfied,20%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the experience during the sample collection.
- According to the data 82%patients are rated highly satisfied,18%patients are rated satisfied and patients are not rated neutral, dissatisfied and highly dissatisfied towards the facilities and amenities provided in the health checkup.
- According to the data 100%patients are rated highly satisfied, patients are not rated satisfied, neutral, dissatisfied and highly dissatisfied towards the cleanliness and comfort of the facilities.
- According to the data 100%patients are rated highly satisfied, patients are not rated satisfied, neutral, dissatisfied and highly dissatisfied towards the drinking water and toilet facilities.
- According to the data 28%patients are rated highly satisfied, 20% rated satisfied, 52% neutral, and patients are not rated dissatisfied and highly dissatisfied towards the package rates.
- According to above data 20%patients are rated highly satisfied, 80% rated satisfied, and patients are not rated neutral, dissatisfied and highly dissatisfied towards the overall experience in the health checkup.
- According to the data 70%patients are rated highly satisfied, 30% rated satisfied, and patients are not rated neutral, dissatisfied and highly dissatisfied towards the privacy during the health care checkup process.
- According to the data 60%patients are rated highly satisfied, 40% rated satisfied, and patients are not rated neutral, dissatisfied and highly dissatisfied towards the privacy during cross consultation.

- According to the data 80%patients are rated highly satisfied, 20% rated satisfied, and patients are not rated neutral, dissatisfied and highly dissatisfied towards the consultation in the health checkup.
- According to the data 86%patients are rated highly satisfied, 14% rated satisfied, and patients are not rated neutral, dissatisfied and highly dissatisfied towards the health checkup infrastructure.
- According to the data 86%patients are rated highly satisfied, 14% rated satisfied, and patients are not rated neutral, dissatisfied and highly dissatisfied towards the staff providing proper communication and help during the health checkup.

SUGGESTIONS

- Implement strategies to improve communication between healthcare providers and patients, ensuring clarity, empathy, and active listening.
- Streamline appointment scheduling and optimize clinic workflows to minimize patient wait times, demonstrating respect for their time.
- Develop personalized care plans based on individual patient needs, fostering a more tailored and patient-centered approach to healthcare.
- Encourage and involve patients in their healthcare decisions, keeping them informed and actively engaged in their treatment plans.
- Offer accessible and easy-to-understand educational materials to empower patients with information about their health conditions, treatments, and preventive measures.
- Train healthcare staff to exhibit empathy, understanding, and compassion, creating a supportive environment that addresses patients' emotional needs.
- Maintain clean, comfortable, and well-maintained facilities to create a positive and welcoming atmosphere for patients during their visits.
- Establish effective follow-up procedures to monitor patients' progress, address concerns, and ensure continuity of care after health check-ups.

ANNEXURE

ANNEXURE

QUESTIONARE

Please take a few minutes to answer the questions

Are you patient or bystander?

.....

Gender

- Male
- Female

Age

- Below 25
- 25-30 years
- Above 50

Marital status

- Single
- Married

Education status

- School
- UG
- PG and above

Occupation

- Government
- Self employed
- Unemployed
- Pensioner /Retired

Distance to Hospital

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

Residence Status

- Kerala
- Other state
- NRI

How would you rate your Parking Experience?

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

How would you rate the availability of appointment in health checkup?

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

Are you satisfied with appointment or booking pattern?

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

Were the staffs courteous and helpful during your visits?

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

Are you satisfied with the instructions provided from the health checkup?

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

Are you happy with the Registration and billing process and time taken in the health checkup?

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

How was your experience during the sample collection?

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

How would you rate the facilities and amenities provided in the health checkup?

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

How satisfied are you with the cleanliness and comfort of the facilities?

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

Are you satisfied with the drinking water and toilet facilities?

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

Are you happy with the package rates?

- Highly Satisfied
- Satisfied

- Neutral
- Dissatisfied
- Highly Dissatisfied

How would you rate your overall experience in the health checkup ?

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

Are you satisfied with the privacy during health checkup process ?

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

How was your experience during the cross consultation?

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

Were the staff providing the proper communication and helpful during the health checkup?

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

Are you happy with the health checkup infrastructure ?

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

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