

**“A STUDY ON PATIENT SATISFACTION AND WAITING TIME IN
PEDIATRIC DEPARTMENT WITH REFERENCE TO RAJAGIRI
HOSPITAL”**

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Submitted by
ATHUL GEORGE N.B
(REG. NO. 210021079990)

Under the supervision of
ASST. PROF. DR. SHIBI. B
Assistant professor Department of BBA



DEPARTMENT OF BACHELOR OF BUSINESS ADMINISTRATION
BHARATA MATA COLLEGE, THRIKKAKARA
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BHARATA MATA COLLEGE

(AFFILIATED TO MAHATMA GANDHI UNIVERSITY, KOTTAYAM)

BONAFIDE CERTIFICATE

This is to certify that the study report entitled “**A STUDY OF PATIENT SATISFACTION AND WAITING TIME IN PEDIATRIC DEPARTMENT WITH REFERENCE TO RAJAGIRI HOSPITAL**” is a record of original work done by **ATHUL GEORGE** (Registration no.210021079990) in partial fulfilment of the requirement for the degree of Bachelor of Business Administration under the guidance of **DR. SHIBI B., 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.

MRS. MANJU MALATHY

Head of the Department

Assistant Professor

Department of BBA

DR SHIBI B.

Assistant Professor

Faculty Guide

Department of BBA

Place :

Date :

(External Examiner)

DECLARATION

This is to declare that this Bonafide record of the project work done by me entitled **“A STUDY OF PATIENT SATISFACTION AND WAITING TIME IN PEDIATRIC DEPARTMENT WITH REFERENCE TO RAJAGIRI HOSPITAL”** in partial fulfilment of the BBA Programme of Mahatma Gandhi University under the guidance of **DR. SHIBI B. 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.

Place :

Date :

ATHUL GEORGE

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Place :

Date :

ATHUL GEORGE

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CHAPTER 1

INTRODUCTION

INTRODUCTION TO THE TOPIC

Patient satisfaction and waiting time are two crucial factors that significantly impact the overall quality of healthcare services. In today's fast-paced world, where time is of the essence, patients expect efficient and timely care. Waiting time, which refers to the duration a patient spends from arrival to receiving care, can greatly influence patient satisfaction levels.

Long waiting times have been associated with negative patient experiences, increased stress levels, and dissatisfaction with healthcare services. Patients may perceive lengthy waiting times as a reflection of a poorly managed healthcare system, leading to decreased trust in providers and reduced patient loyalty.

On the other hand, minimizing waiting times can have several positive outcomes. It not only enhances patient satisfaction but also improves the overall efficiency and effectiveness of healthcare organizations. Reduced waiting times can lead to better patient outcomes, increased patient compliance, and improved resource utilization.

In recent years, healthcare providers and policymakers have recognized the importance of addressing waiting times as a critical aspect of patient-centered care. Efforts have been made to implement strategies such as process optimization, appointment scheduling systems, and technology integration to streamline patient flow and minimize waiting times.

This project will explore the relationship between patient satisfaction and waiting time in healthcare settings. It will discuss the impact of waiting times on patient experiences, the factors contributing to prolonged waiting times, and the strategies that can be employed to reduce waiting times and enhance patient satisfaction. By understanding the significance of patient satisfaction and waiting time, healthcare organizations can strive towards providing a more patient-centered approach, ultimately improving the overall quality of care and patient outcomes.

“A STUDY ON PATIENT SATISFACTION AND WAITING TIME IN PEDIATRIC DEPARTMENT WITH REFERENCE TO RAJAGIRI HOSPITAL” is the project's official title. This project aims to study and survey the patient's waiting time in a hospital and thereby measure their satisfaction with the hospital facilities. Survey mainly focuses on pediatric department in Rajagiri hospital.

The pediatric department focuses on the medical care of infants, children, and adolescents. Specialized pediatricians address a wide range of health issues, including growth and development, vaccinations, and childhood illnesses. Regular check-ups, preventive care, and parental guidance are integral components of pediatric healthcare.

Pediatricians are trained to diagnose and treat various pediatric conditions, such as respiratory infections, allergies, and developmental disorders. They also monitor and promote children's physical, mental, and emotional well-being. Additionally, pediatric departments often collaborate with other specialties to provide comprehensive care for young patients. Regular immunizations, nutrition guidance, and addressing concerns related to child psychology are key aspects of the pediatric department's role.

WAITING TIME IN PEDIATRIC DEPARTMENT

The waiting time in the pediatric department can vary based on factors like appointment schedules, the nature of the visit, and the healthcare facility's efficiency. Generally, pediatricians aim to minimize wait times to ensure timely care for children. It is advisable to check with the specific healthcare provider or facility for more accurate information about waiting times. The patient's sickness severity was found to have a negative correlation with waiting room time, while the lack of a nurse and an examination room contributed to an increase in the same. Wait times in the exam room for the doctor were influenced by the doctor's availability, how many patients were being seen in the emergency room at the same time, and how serious the patient's complaint was. Based on the observations, suggestions are made to shorten wait times. This study offers a paradigm for analyzing waiting patterns in comparable institutions, even though every setting is different.

PATIENT SATISFACTION

One way to gauge a patient's happiness with their healthcare is through patient satisfaction surveys. Even though the terms "patient experience" and "patient satisfaction" are occasionally used synonymously, they are two different ideas. While a patient's happiness is determined by whether their expectations of what should happen during their consultation were fulfilled, their experience is determined by what should happen during their appointment and whether that happened. Put another way, we must not only provide a medically sound experience but also attend to the expectations of the patient.

Why does patient satisfaction matter if we are providing quality medical care? The short answer is that it may result in reduced medical malpractice lawsuits, greater clinical outcomes, patient compliance, and patient loyalty. Practically speaking, we must regard patients as "consumers" of our services, which means we must deal with problems that go beyond health care. Why is patient pleasure important if the healthcare is of high quality? In summary, there is a chance that it will lead to fewer cases of medical misconduct, better clinical outcomes, patient compliance, and patient loyalty. In real terms, we must think of our patients as "consumers" of our services, which means we must address issues that transcend beyond medical care.

Patient satisfaction may also be impacted by a healthcare facility's facilities and physical surroundings. Satisfactory and well-kept facilities enhance the overall experience. Furthermore, patients' perceptions of power over their healthcare journey and their participation in decision-making processes can have a big impact on how satisfied they are. The post-treatment phases, encompassing pain management, rehabilitation assistance, and aftercare, enhances patients' overall satisfaction. Higher satisfaction ratings are typically given to healthcare personnel that show empathy, respect, and a sincere concern for the welfare of their patients. Monitoring patient happiness is a crucial indicator of the overall efficacy of healthcare systems as well as the quality of the services provided. It offers insightful input for ongoing development, assisting healthcare professionals in adjusting to the changing requirements and demands of their patients.

To put it simply up, patient satisfaction is an all-encompassing picture of the patient's experience with the healthcare system. It includes everything from interpersonal interactions and facility atmosphere to clinical efficacy. In addition to helping specific patients, putting

Patient satisfaction first advances the larger objectives of enhancing healthcare service and results.

FIVE FACTORS THAT AFFECT PATIENT SATISFACTION

- Expectations: - Take a moment at the start of the visit to ask patients what they want from the visit
- Communication: - Communicate in a more positive manner
- Control: - Relinquish some control over the visit, and practice shared decision making
- Time spent
- Appearance

PROBLEM DEFINITION FOR PATIENT SATISFACTION

Patient satisfaction refers to the measure of how satisfied patients are with their healthcare experience, encompassing various aspects of their interactions with healthcare providers, facilities, and systems. It is a critical indicator of the quality of healthcare delivery and plays a significant role in shaping the overall patient experience.

The problem at hand is to address the factors that influence patient satisfaction, identify areas for improvement, and develop strategies to enhance patient satisfaction levels within healthcare organizations. This problem is crucial because satisfied patients are more likely to have better health outcomes, adhere to treatment plans, and have positive

Key Components of the Problem:

Communication: Effective communication between healthcare providers and patients is essential for patient satisfaction. This includes clear and concise information sharing, active listening, and addressing patient concerns and questions.

- **Quality of Care:** The quality of medical care provided significantly impacts patient satisfaction. Factors such as accurate diagnosis, appropriate treatment, pain management, and patient safety contribute to overall satisfaction levels.
- **Access to Care:** Timely access to healthcare services, including appointment scheduling, reducing waiting times, and efficient referrals, is vital for patient satisfaction. Accessibility also involves providing services in a manner that accommodates diverse patient needs, including those with disabilities or language barriers
- **Staff Attitude and Empathy:** The attitude and behavior of healthcare staff greatly influence patient satisfaction. Empathy, respect, and compassion towards patients can enhance the overall healthcare experience and promote patient satisfaction.
- **Facility Environment:** The physical environment of healthcare facilities, including cleanliness, comfort, and amenities, can impact patient satisfaction. A welcoming and well-maintained environment can contribute to a positive patient experience.
- **Information and Education:** Providing patients with adequate information about their condition, treatment options, and self-care instructions can empower them to make informed decisions. Patient education programs and materials can enhance patient satisfaction by promoting engagement and understanding.
- **Emotional Support:** Emotional support and patient-centered care are crucial for patient satisfaction. Recognizing and addressing the emotional needs of

Patients, particularly during challenging times, can significantly impact their satisfaction levels.

- **Continuity of Care:** Seamless coordination and continuity of care, especially during transitions between healthcare settings, can positively influence patient satisfaction. Effective care coordination ensures a holistic approach to patient care, reducing gaps and improving satisfaction.
- **Patient Involvement:** Involving patients in their care decisions and treatment planning fosters a sense of ownership and control. Engaging patients in shared decision-making processes can enhance satisfaction and promote patient-centered care.
- **Feedback Mechanisms:** Establishing feedback mechanisms, such as surveys or suggestion boxes, allows patients to provide input on their healthcare experiences. Collecting and analyzing patient feedback enables healthcare organizations to identify areas for improvement and implement patient-centric changes.

By addressing these key components, healthcare organizations can strive to improve patient satisfaction levels, leading to better patient outcomes, increased patient loyalty, and positive word-of-mouth referrals.

OBJECTIVES OF PATIENT SATISFACTION

Patient satisfaction aims to enhance the overall experience of patients by focusing on aspects such as communication, empathy, respect, and responsiveness. It ensures that patients feel heard, valued, and involved in their care, leading to better outcomes and increased trust in healthcare providers. Satisfied patients are more likely to comply with treatment plans, follow-

Up on appointments, and actively engage in their own healthcare. By addressing patient concerns, healthcare providers can identify areas for improvement, enhance the quality of care, and achieve better clinical outcomes. Engaged patients are empowered to take an active role in their healthcare decisions. By fostering patient satisfaction, healthcare providers encourage patients to ask questions, seek information, and participate in shared decision-making, leading to better health outcomes and increased patient satisfaction. A positive patient-provider relationship built on trust and effective communication is essential for quality healthcare. Patient satisfaction objectives focus on nurturing this relationship, ensuring that patients have open and honest communication with healthcare providers, leading to better collaboration and improved health outcomes. Patient satisfaction surveys and feedback provide valuable insights into the strengths and weaknesses of healthcare services. By analyzing this data, healthcare organizations can identify areas for improvement, implement necessary changes, and enhance overall patient satisfaction levels. Patient satisfaction objectives also aim to improve healthcare accessibility by considering factors such as wait times, appointment scheduling, and ease of access to healthcare facilities. By addressing these issues, healthcare providers can ensure that patients receive timely and convenient care, resulting in higher satisfaction levels.

Overall, the objectives of patient satisfaction revolve around improving the patient experience, enhancing the quality of care, increasing patient engagement, strengthening the patient-provider relationship, identifying areas for improvement, and increasing healthcare accessibility. By achieving these objectives, healthcare organizations can provide patient-centered care that leads to better patient outcomes and overall satisfaction.

SCOPE OF THE STUDY

- **Patient Satisfaction Surveys:** Conducting surveys to measure patient satisfaction provides valuable insights into the factors that influence patient experiences. These surveys can cover various aspects, including waiting times, communication, staff behavior, facilities, and overall satisfaction with the healthcare encounter.

- **Waiting Time Management:** Analyzing and managing waiting times is an essential part of improving patient satisfaction. This scope involves studying factors that contribute to waiting times, such as appointment scheduling, triage processes, workflow efficiency, and resource allocation. By optimizing these factors, healthcare organizations can reduce waiting times and enhance patient satisfaction.
- **Communication and Information:** Effective communication and provision of information during waiting times play a significant role in patient satisfaction. The scope includes studying how healthcare providers communicate updates, explain delays, and provide relevant information to patients during their wait. Improving communication strategies can help alleviate anxiety and frustration, leading to increased patient satisfaction.
- **Patient Expectations:** Understanding patient expectations regarding waiting times is crucial for managing satisfaction. This scope involves studying factors that influence patients' perceptions of waiting, such as the reason for the visit, severity of the condition, and cultural considerations. By aligning expectations with actual waiting times, healthcare providers can manage patient satisfaction more effectively.
- **Patient Education and Engagement:** Utilizing waiting time as an opportunity for patient education and engagement can positively impact patient satisfaction. This scope involves studying strategies to provide educational materials, self-care instructions, and interactive resources to patients during their wait. These initiatives can empower patients, improve their understanding of their health, and increase overall satisfaction.

- **Continuous Quality Improvement:** The scope of studying patient satisfaction and waiting time utilization also includes implementing continuous quality improvement initiatives. This involves analyzing patient feedback, monitoring trends in satisfaction scores, and identifying areas for improvement. By actively addressing patient concerns and making necessary changes, healthcare organizations can enhance patient satisfaction levels.

the scope of studying patient satisfaction and utilization of waiting time encompasses various aspects, including patient surveys, waiting time management, communication strategies, patient expectations, patient education, and continuous quality improvement. By focusing on these areas, healthcare organizations can improve the patient experience, enhance satisfaction levels, and ultimately provide better quality care

LIMITATIONS OF THE STUDY

- **Self-Reporting Bias:** Patient satisfaction surveys rely on self-reporting, which can introduce bias. Patients may provide socially desirable responses, leading to an overestimation of satisfaction levels. Additionally, patients with extreme experiences, either very positive or negative, may be more likely to respond, potentially skewing the results.
- **Limited Generalizability:** Findings from a single healthcare facility or specific patient population may not be generalizable to other settings or populations. Factors such as cultural differences, geographical location, and healthcare system variations can influence patient satisfaction and waiting time utilization differently.
- **Subjective Nature of Satisfaction:** Patient satisfaction is subjective and can vary based on individual expectations, perceptions, and personal experiences. It can be challenging to define and measure satisfaction accurately, as it encompasses various dimensions such as communication, empathy, and overall experience.

- **Incomplete Understanding of Waiting Time:** While waiting time is an important aspect of patient satisfaction, its impact can be complex. Factors such as the purpose of the visit, severity of the condition, and time spent with healthcare providers also influence patient satisfaction. Focusing solely on waiting time may not provide a comprehensive understanding of the overall patient experience.
- **Response Rate and Non-Response Bias:** Patient satisfaction surveys often suffer from low response rates, which can introduce non-response bias. Those who choose to respond may have different characteristics or experiences compared to non-responders, leading to an inaccurate representation of patient satisfaction levels.
- **Lack of Contextual Information:** Patient satisfaction surveys often lack detailed contextual information about specific encounters or events. Understanding the circumstances surrounding a patient's experience, such as the complexity of their condition or unexpected events, can provide a more accurate assessment of satisfaction levels.
- **Limited Focus on Specific Factors:** Studying patient satisfaction and waiting time utilization may not capture the influence of other important factors such as cost, accessibility, and quality of care. These factors can significantly impact patient satisfaction but may not be adequately addressed in studies solely focused on waiting time.
- **Time-Dependent Nature:** Patient satisfaction and waiting time workflow or organizational policies can influence these measures. Long-term studies are needed to capture the dynamic nature of patient satisfaction and waiting time utilization it is important to consider these limitations when designing studies and interpreting the results. By acknowledging these limitations, researchers and healthcare organizations can strive for more robust and comprehensive approaches to understanding and improving patient satisfaction and the utilization of waiting time.

CHAPTER 2
LITERATURE REVIEW

LITERATURE REVIEW

BROAD AREA- A study on patient satisfaction and waiting time in pediatric

Department with reference to RAJAGIRI HOSPITAL

1. Haizel-Cobbina, J., Chotai, S., Labuschagne, J., Belete, A., Ashagere, Y., Shabani, H. K., ... & Dewan, M. C. (2023). Similar to published reports from other regions of the world, the histopathologic variation of paediatric brain and spinal tumours managed throughout 7 SSA referral hospitals. There was notable inter-institutional diversity in the tumor-directed surgery performed on about two thirds of the patients. When appropriate, less than one-third of the patients got adjuvant therapy. For the treatment of children with brain and spinal tumours in SSA to approach parity, multifaceted capacity building initiatives in neuro-oncology are required.
2. Zygiaris, S., Hameed, Z., Ayidh Alsubaie, M., & Ur Rehman, S. (2022). Prior research on the pandemic's impact has mostly concentrated on customer behaviour in relation to taking precautions to safeguard their health; the impact of the pandemic on customer outcomes has received less emphasis. In order to close this gap, SERVQUAL was used to analyse how customer behaviour on social media has changed since the pandemic was announced.
3. Lentine, K. L., Smith, J. M., Hart, A., Miller, J., Skeans, M. A., Larkin, L., ... & Snyder, J. J. (2022). For the treatment of end-stage kidney illness, kidney transplant offers much better quality-of-life and survival benefits than dialysis; nevertheless, maintaining long-term allograft survival, maximising access to transplant, and minimising access inequities are ongoing difficulties. Through the July 2019 Advancing American Kidney Health Executive Order and subsequent national policy measures, the federal government

demonstrated historic support for the urgent need to enhance access to kidney transplants on a nationwide scale.

4. Al-Sofiani, M. E., Alyusuf, E. Y., Alharthi, S., Alguwaihes, A. M., Al-Khalifah, R., & Alfadda, A. (2021). We described the specifics of our Diabetes Telemedicine Clinic procedure for settings with limited resources and offered helpful advice on how to quickly set up this virtual clinic using resources that are now accessible to the majority of patients and healthcare professionals worldwide. We demonstrated our patients' and healthcare professionals' high level of satisfaction with the Diabetes Telemedicine Clinic and their intention to continue using this treatment model once the COVID-19 crisis has passed.
5. Gajarawala, S. N., & Pelkowski, J. N. (2021). Once restricted to isolated or rural areas, telehealth is now widely employed to provide access to care and broaden the geographic reach of health care services. Patients have cited comfort, privacy, efficiency, communication, and convenience as critical elements in the use of telehealth.
6. Cole, T. O., Robinson, D., Kelley-Freeman, A., Gandhi, D., Greenblatt, A. D., Weintraub, E., & Belcher, A. M. (2021). The opioid crisis that the United States is currently experiencing is unprecedented. Over the past 20 years, there has been a notable shift in the geographic distribution of the problem, with an increase in both the number of opioid overdose deaths and non-medical opioid usage occurring in rural places. Previously, the problem was mostly limited to urban areas. The opioid crisis has had a disproportionate effect on rural areas of the United States, as seen by higher reported rates of non-medical opioid usage and overdose there than in metropolitan areas.
7. Kludacz-Alessandri, M., Hawrysz, L., Korneta, P., Gierszewska, G., Pomaranik, W., & Walczak, R. (2021). Telemedicine has been one of the primary forces behind the extraordinarily quick transformation of healthcare systems across the globe since the start of the Covid-19 pandemic. This is because telemedicine is frequently the only way for

patients to receive care during a pandemic. Up to March 2020, telemedicine was only very briefly utilised on a global basis. In the US, teleconsultations accounted for 8% of all medical visits in 2019.

8. Moroz, N., Moroz, I., & D'Angelo, M. S. (2020, November). This article provides an overview of the obstacles that Canadians face when trying to access mental health treatments, and it highlights new federal funding promises that aim to increase the availability of evidence-based and reasonably priced alternatives. Costs, a lack of knowledge about where to obtain assistance, lengthy wait times, and inadequate funding are the main causes of barriers. All Canadian jurisdictions are working to expand early interventions and community-based mental health promotion programmes, particularly for children and youth, through the Common Statement of Principles on Shared Health Priorities agreement.
9. Lee, Y., Raviglione, M. C., & Flahault, A. (2020). Our results indicate that China, India, and the United States are the main locations for TB-related digital health research. Presumably, this is due to the abundance of resources and the high incidence of the corresponding diseases. One intriguing finding from the research is how versatile digital technology is. Digital health technologies are becoming more multifunctional than single-purpose instruments of the past.
10. Specchia, M. L., Frisicale, E. M., Carini, E., Di Pilla, A., Cappa, D., Barbara, A., ... & Damiani, G. (2020). Multidisciplinary teams (METs) gather for Tumour Boards (TBs), where a variety of experts collaborate closely to share clinical decisions regarding cancer treatment. The makeup varies based on the kind of tumour under discussion. MDTs are believed to enhance care performance and optimise patient outcomes when used as an organisational tool. The study's objective was to conduct an overarching review that compiled the body of knowledge regarding the effects of tuberculosis on healthcare procedures and results.

11. Bakhtiyar, S. S., Godfrey, E. L., Ahmed, S., Lamba, H., Morgan, J., Loor, G., ... & Rana, A. (2020). Despite listing sicker and older applicants, this study discovered an increase in heart transplant waiting list survival over the previous 30 years. Compared to post-transplant survival, the waiting list survival time is growing more swiftly.

12. Rahman, N., Nathwani, S., & Kandiah, T. (2020). Positive patient experiences with teledentistry in all five domains have been demonstrated by our study. Healthcare professionals should think about modifying patient paths in light of the COVID-19 pandemic and utilising telehealth to consult on recovery planning and other services while also halting the spread of this extremely contagious illness.

13. Eze, N. D., Mateus, C., & Cravo Oliveira Hashiguchi, T. (2020). The use of digital technology as tools to enhance the quality of health care services at a sustainable cost is something that both patients and policy makers have high expectations for. As a result of the investments made in telemedicine projects by numerous Organisation for Economic Co-operation and Development (OECD) member nations, a sizable and expanding corpus of peer-reviewed research on the subject has emerged. However, the OECD still does not use telemedicine extensively.

14. Tenforde, A. S., Borgstrom, H., Polich, G., Steere, H., Davis, I. S., Cotton, K., ... & Silver, J. K. (2020). The COVID-19 pandemic changed how healthcare was provided, and telehealth grew quickly as a result. Telerehabilitation, which is therapy delivered by speech-language pathologists, physical therapists, and occupational therapists, was quickly embraced with the intention of limiting infection and increasing access to care. This brief report's goal was to outline the viability of telerehabilitation and the level of satisfaction with it.

15. Atmojo, J. T., Sudaryanto, W. T., Widiyanto, A., Ernawati, & Arradini, D. (2020). Since 1960, telemedicine has been used. Establishing workable interactive communications for medical diagnosis and treatment of patients at faraway locations was the goal of telemedicine. Telemedicine is becoming more and more recognised as a cost-saving measure for healthcare organisations in light of the rising costs of healthcare. The purpose of this study was to investigate the potential cost savings for patients and the healthcare system through the use of telemedicine.

16. Asamrew, N., Endris, A. A., & Tadesse, M. (2020). According to the study's findings, around 46.2% of patients expressed satisfaction with the hospital services they received, whereas 15.6% expressed dissatisfaction with those same services. The remaining 37.7% of respondents expressed neither satisfaction nor dissatisfaction with the hospital service. This result indicates that overall patient satisfaction is lower than predicted and lower than that of other medical facilities around the country.

17. Dong, J., Yom-Tov, E., & Yom-Tov, G. B. (2019). Common in service systems, delay notices have the power to affect customers' perceptions of quality and their feelings towards the service provider. Such announcements may also influence consumer decisions, which may have repercussions for the way the system functions as a whole. As a result, study streams devoted to comprehending the effects of delay announcements and creating strategies to support them have emerged in the operations research and management communities in recent years.

18. Hadi, M. A., McHugh, G. A., & Closs, S. J. (2019). Patients with limiting illnesses and the general population both had better quality of life than those with chronic pain. It limits their physical activity, making it more difficult for them to work, play with their kids, maintain positive relationships with their spouses, complete daily activities, and get a decent night's sleep.

19. Kim, W. R., Lake, J. R., Smith, J. M., Schladt, D. P., Skeans, M. A., Noreen, S. M., ... & Kasiske, B. L. (2019). In 2017, 11,514, as opposed to 11,340 in 2016 and 10,636 in 2015, more candidates were added to the liver transplant waiting list (Figure LI 1). Conversely, from a peak of 15,365 in 2011 to 13,239 in 2017, the number of candidates waiting at the end of the year followed a declining trend (Figure LI 2). There were 186 more candidates who were added to the list in 2017 compared to 2016 (11,168 versus 10,982), and there were 513 fewer people waiting at the end of 2017 (10,628 versus 11,141) than at the end of 2016.
20. McKenna, P., Heslin, S. M., Viccellio, P., Mallon, W. K., Hernandez, C., & Morley, E. J. (2019). Multiple medical services, clinicians, and ancillary staff must collaborate in the emergency department (ED) to triage, diagnose, and treat medical issues ranging from the minor to the life-threatening. Overcrowding, which the American College of Emergency Physicians defines as a circumstance where "the identified need for emergency services exceeds available resources for patient care in the ED, hospital, or both," has had a detrimental impact on the ED from its establishment.¹ Increasing ED flow has been the focus of several research and initiatives, particularly in busy EDs where crowding can jeopardise patient safety. Many times, attempts to increase patient flow have been met with extremely little success.
21. Andersson, G., Titov, N., Dear, B. F., Rozental, A., & Carlbring, P. (2019). The world and the way we interact with one other have been altered by modern information technology¹. Computers were first used in psychotherapy research², and their usage in treatment and research rapidly increased with the introduction of the Internet³. These technological advancements have had an impact on psychiatry and clinical psychology.
22. Buvik, A., Bugge, E., Knutsen, G., Småbrekke, A., & Wilsgaard, T. (2019). Following a general practitioner's referral, patients need follow-up consultations for chronic illnesses or previous treatments. According to Norwegian health authorities, regardless of a

population's place of residence, it is the public's duty to provide essential healthcare services. Decentralised services, such as outreach clinics or contemporary technology, lower healthcare system costs and patient travel.

23. De Moissac, D., & Bowen, S. (2019). The hazards that members of linguistic minority groups face to patient safety and the standard of care have been extensively studied. On the other hand, not much research has been done on Canadian official language minority' experiences. Techniques: The experiences of minority Francophones residing in four Canadian provinces were investigated in this multiple method study, which included semi-structured individual interviews with patients and interpreters/health navigators in addition to online and paper-based surveys.
24. Marynissen, J., & Demeulemeester, E. (2019). A overview of the research on issues with multiple appointment scheduling in hospitals is presented in this work. Patients with these issues must visit various resource types in a hospital setting in a sequential manner in order to receive treatment or a diagnosis. As a result, every patient is given a unique path over a portion of the resources that are taken into consideration, and each step must be scheduled. Enabling each patient to visit the resources in his or her subset within the allocated time frame in order to obtain timely care is the primary goal of these difficulties.
25. Larson, E., Sharma, J., Bohren, M. A., & Tunçalp, Ö. (2019). Three independent assessments that highlighted the necessity of improving care quality in order to attain successful universal health coverage were released in 2018. Person-centeredness is a crucial component of high-quality healthcare and health systems. Person-centered care is linked to better health outcomes and healthcare utilisation, which is a feature that is both instrumentally and intrinsically significant (everyone has the right to be treated with dignity and respect). We provide policymakers, researchers, and implementers assistance

on how to tackle the issue of assessing person-centered care in response to calls for 2019 to be a year of action.

26. Launes, G., Hagen, K., Sunde, T., Öst, L. G., Klovning, I., Laukvik, I. L., ... & Kvale, G. (2019). For individuals with obsessive-compulsive disorder (OCD), cognitive behaviour therapy (CBT) with exposure and response prevention (ERP) is generally accepted as the best course of treatment (Öst et al., 2015). This therapy technique can be effectively administered in a variety of formats, such as individual or group, in a concentrated form, or weekly over several months, according to a number of meta-analyses.
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CHAPTER 3
INDUSTRY PROFILE

BRIEF HISTORY OF THE INDUSTRY

- **Ancient Practices:** In ancient societies such as Egypt, Greece, and China, healing was mostly achieved through herbal treatments and spiritual ceremonies.
- **Medieval and Renaissance:** During the Middle Ages, monasteries played a role in healthcare. The Renaissance brought advancements in anatomy and surgery.
- **18th-19th Century:** The rise of modern medicine saw scientific developments, like Edward Jenner's smallpox vaccine. Florence Nightingale pioneered nursing in the 19th century.
- **20th Century:** Medical breakthroughs, antibiotics, and vaccines transformed healthcare. The formation of organizations like the WHO and advancements in technology accelerated progress.
- **Post-World War II:** The establishment of national healthcare systems, like the NHS in the UK, marked a shift towards accessible healthcare for all.
- **Late 20th Century:** Technological innovations, such as the development of MRI and CT scans, revolutionized diagnostics. Managed care models emerged in the U.S.
- **21st Century:** Digital health, telemedicine, and personalized medicine gained prominence. The industry faced challenges like rising costs, but also witnessed breakthroughs in genomics and targeted therapies.
- **Digital Revolution:** The 21st century witnessed a digital transformation in healthcare with electronic health records (EHR), telehealth services, and mobile health apps improving accessibility and efficiency.
- **Precision Medicine:** Advancements in genomics and molecular biology led to the rise of precision medicine, tailoring treatments based on an individual's genetic makeup for more effective and personalized care.
- **Global Health Challenges:** Increasing awareness of global health issues, infectious diseases, and the importance of international cooperation became evident, especially during events like the Ebola outbreak and the ongoing efforts to combat infectious diseases.
- **Rising Healthcare Costs:** The industry faced challenges related to escalating healthcare costs, prompting discussions on healthcare reform, value-based care, and alternative payment models.

- **Artificial Intelligence (AI):** AI applications, such as machine learning algorithms for diagnostics and predictive analytics, began playing a significant role in enhancing medical research and clinical decision-making.
- **Pandemic Response:** The COVID-19 pandemic underscored the importance of healthcare infrastructure, vaccine development, and global collaboration in addressing public health emergencies.
- **Patient Empowerment:** There's a growing emphasis on empowering patients through health education, shared decision-making, and the integration of patient feedback in healthcare processes.
- **Challenges and Opportunities:** Ongoing challenges include healthcare disparities, regulatory complexities, and ethical considerations. Opportunities lie in harnessing technology for preventive care, early detection, and fostering interdisciplinary collaboration.
- **The healthcare industry's history** is a dynamic narrative, shaped by scientific progress, societal changes, and ongoing efforts to improve the quality of care worldwide.
- **Present Day:** Healthcare continues to evolve, with an emphasis on patient-centric care, data-driven approaches, and global efforts to address pandemics like COVID-19.

NATURE OF THE INDUSTRY

The health care industry is a vast and complex sector that encompasses a wide range of organizations and professionals dedicated to maintaining or improving people's health. This industry is crucial for providing medical services, preventive care, and wellness support to individuals and communities. The nature of the health care industry is characterized by several key elements:

1. **Diversity of Services:** The health care industry offers a diverse range of services, including primary care, specialty care, emergency services, diagnostic services, rehabilitation, mental health care, and more. It spans various settings such as hospitals, clinics, nursing homes, and home healthcare.
2. **Multidisciplinary Collaboration:** Health care involves collaboration among professionals from different disciplines, including physicians, nurses, pharmacists, therapists, technicians, and administrative staff. This interdisciplinary approach is essential for comprehensive patient care.

3. **Regulatory Environment:** The health care industry is heavily regulated to ensure the safety and quality of care. Regulatory bodies set standards for medical practices, patient privacy, and the approval of pharmaceuticals and medical devices.
4. **Advancements in Technology:** Technological advancements play a significant role in the health care industry, influencing diagnosis, treatment, and patient care. Electronic health records (EHRs), telemedicine, medical imaging, and innovative therapies are examples of how technology is integrated into health care.
5. **Insurance and Financing:** Health care often involves complex financial arrangements, with various stakeholders including health insurance companies, government programs, and individuals. The financing and reimbursement models can vary significantly across different countries and regions.
6. **Global Nature:** Health care is a global industry, with medical research, drug development, and the movement of health care professionals occurring on an international scale. Global health issues, such as pandemics, also highlight the interconnectedness of health care systems worldwide.
7. **Focus on Prevention:** There is an increasing emphasis on preventive care and wellness promotion to reduce the burden of chronic diseases and improve overall population health. Public health initiatives, vaccination programs, and health education are integral components of modern health care.
8. **Demographic Challenges:** Aging populations in many parts of the world pose challenges to the health care industry, as there is an increased demand for services and a growing prevalence of chronic conditions. This necessitates a shift toward more efficient and sustainable health care models.
9. **Ethical Considerations:** The health care industry is guided by ethical principles, such as patient autonomy, confidentiality, and the duty of care. Ethical dilemmas often arise in areas like end-of-life care, resource allocation, and experimental treatments.
10. **Continuous Evolution:** The health care industry is dynamic and constantly evolving. New medical discoveries, evolving patient needs, and changing societal expectations contribute to ongoing transformations in the delivery and organization of health care services.

Understanding the nature of the health care industry is crucial for policymakers, health care professionals, and the public to navigate its complexities and work towards improving overall health outcomes.

INDUSTRIAL PERFORMANCE IN GLOBAL LEVEL

The healthcare industry is a critical component of global economies, playing a crucial role in maintaining public health and well-being. Several factors contribute to the performance of the healthcare industry on a global level:

- **Market Size and Growth:**
 - The global healthcare market is substantial and has been experiencing consistent growth over the years.
 - Factors such as an aging population, increasing prevalence of chronic diseases, and technological advancements contribute to the expansion of the healthcare sector.
1. **Technological Advancements:**
 - The integration of technology, including electronic health records, telemedicine, and medical devices, continues to reshape the healthcare landscape.
 - Innovations in medical research, diagnostics, and treatment options contribute to improved patient outcomes and drive industry growth.
 2. **Pharmaceuticals and Biotechnology:**
 - The pharmaceutical and biotechnology sectors are significant components of the healthcare industry.
 - Ongoing research and development efforts, along with advancements in personalized medicine, contribute to the growth of these sectors.
 3. **Global Health Challenges:**
 - The industry faces challenges related to global health issues, including pandemics, infectious diseases, and the need for affordable and accessible healthcare solutions.
 4. **Regulatory Environment:**
 - The healthcare industry is subject to stringent regulations and oversight to ensure the safety and efficacy of medical products and services.
 5. **Healthcare Expenditure:**
 - Different countries have varying levels of healthcare expenditure as a percentage of their GDP.
 - Healthcare spending is influenced by factors such as government policies, insurance coverage, and the overall economic situation.

INDUSTRIAL PERFORMANCE IN NATIONAL LEVEL

The healthcare industry's performance can vary significantly from one country to another based on factors such as healthcare infrastructure, government policies, economic conditions, and cultural influences.

1. Healthcare Infrastructure:

- The availability and quality of healthcare infrastructure, including hospitals, clinics, and medical facilities, play a crucial role in determining the overall performance of the healthcare industry.

2. Government Spending and Policies:

- Government expenditure on healthcare, as a percentage of the national budget or GDP, is a key indicator of a nation's commitment to its healthcare system.
- Policies related to healthcare funding, insurance, and regulations significantly impact the industry's performance.

3. Access to Healthcare Services:

- The accessibility of healthcare services to the population, including rural and underserved areas, is a critical factor in evaluating the effectiveness of a healthcare system.

4. Health Outcomes:

- Health indicators such as life expectancy, infant mortality rates, and disease prevalence are often used to assess the overall health outcomes within a country.

5. Technological Integration:

- The adoption of technology in healthcare, including electronic health records, telemedicine, and digital health solutions, contributes to improved efficiency and patient care.

6. Public and Private Sector Involvement:

- The balance between public and private sector involvement in healthcare can vary. Some countries have predominantly public healthcare systems, while others rely more on private providers.

7. Workforce and Education:

- The availability of skilled healthcare professionals, ongoing training, and education contribute to the effectiveness of healthcare delivery.

8. Preventive Health Measures:

- The emphasis on preventive healthcare measures, such as vaccination programs and public health campaigns, can impact the overall health of the population.

9. Health Insurance Coverage:

- The extent of health insurance coverage and the comprehensiveness of insurance plans influence individuals' ability to access healthcare services.

INDUSTRIAL PERFORMANCE IN REGIONAL LEVEL

Regional variations in healthcare performance can be influenced by a combination of economic, cultural, and policy factors. Here are some key considerations when examining healthcare performance at the regional level:

1. Healthcare Infrastructure:

- The presence of hospitals, clinics, and medical facilities in a region impacts healthcare accessibility and service delivery.

2. Regional Health Disparities:

- Disparities in healthcare access and outcomes may exist between urban and rural areas or among different socio-economic groups within a region.

3. Regional Health Indicators:

- Analyzing regional health indicators such as life expectancy, infant mortality rates, and disease prevalence provides insights into the overall health of the population.

4. Health Workforce Distribution:

- The distribution of healthcare professionals across regions can affect the availability of healthcare services. Shortages in certain specialties or regions may lead to disparities in care.

5. Economic Factors:

- Economic conditions within a region can impact healthcare performance. Wealthier regions may have better-funded healthcare systems and infrastructure.

6. Government Policies and Regional Autonomy:

- Regional or local governance structures may influence healthcare policies and funding, leading to variations in healthcare performance between regions.

7. Cultural and Societal Factors:

- Cultural attitudes toward healthcare, preventive measures and healthcare-seeking behavior can vary between regions and affect health outcomes.

8. Preventive Healthcare Initiatives:

- The implementation of regional preventive healthcare programs, including vaccination campaigns and health education, contributes to the overall health of the population.

9. Regional Health Challenges:

- Unique regional health challenges, such as specific diseases or environmental factors, can impact healthcare performance.

10. Health Information Systems:

- The effectiveness of health information systems, including electronic health records and data-sharing mechanisms, can influence healthcare coordination and outcomes within a region.

PROSPECTS & CHALLENGES IN THE INDUSTRY

PROSPECTS

The healthcare industry continues to experience significant growth and evolution, with several promising prospects and trends shaping its future. Here are some key prospects in the healthcare industry:

1. Digital Health and Telemedicine:

1. The integration of digital health technologies and telemedicine is expanding, offering more accessible and efficient healthcare services. Remote patient monitoring, virtual consultations, and telehealth platforms are becoming increasingly prevalent.

2. Artificial Intelligence (AI) and Machine Learning:

1. AI and machine learning applications in healthcare are advancing diagnostics, personalized treatment plans, and drug discovery. Predictive analytics and AI-driven tools contribute to more efficient and accurate decision-making.

3. Precision Medicine:

1. Advances in genomics and molecular biology are driving the growth of precision medicine. Tailoring medical treatments to an individual's genetic makeup enhances treatment efficacy and reduces adverse effects.

4. Remote Patient Monitoring:

1. With the rise of wearable devices and IoT (Internet of Things) technologies, remote patient monitoring allows continuous tracking of vital signs and health parameters, enabling early intervention and personalized care.

5. Value-Based Care:

1. There is a shift towards value-based care models that focus on improving patient outcomes and reducing overall healthcare costs. Payment structures are increasingly tied to the quality of care delivered.

6. Healthcare Analytics:

1. Big data analytics and healthcare informatics play a crucial role in identifying patterns, optimizing workflows, and improving patient care. Analytics tools contribute to evidence-based decision-making and proactive healthcare management.

7. Biotechnology and Pharmaceuticals:

1. Advances in biotechnology, including gene therapies and regenerative medicine, offer innovative treatment options. The pharmaceutical industry continues to invest in research and development for novel therapies.

8 Global Health Initiatives:

- Collaborative efforts on a global scale are addressing public health challenges, such as infectious diseases, pandemics, and health inequalities. International cooperation is essential for managing and preventing global health crises

9 Healthcare Cyber security:

- As healthcare becomes more digitized, there is a growing emphasis on cyber security to protect patient data and ensure the integrity of healthcare systems. The industry is investing in robust cyber security measures to safeguard sensitive information.

10 Preventive Healthcare:

- There is an increasing focus on preventive healthcare, including vaccination programs, health screenings, and lifestyle interventions. Preventive measures aim to reduce the incidence of chronic diseases and improve overall population health.

11 Mental Health Awareness:

- Recognition of the importance of mental health is growing, leading to increased investment in mental health services, awareness campaigns, and DE stigmatization efforts.

12 3D Printing in Healthcare:

- 3D printing technology is being used for personalized medical implants, prosthetics, and even organ printing. This innovation holds potential for customized and more effective healthcare solutions.

13 Healthcare Robotics:

- Robotics in healthcare is being explored for tasks such as surgery, rehabilitation, and patient care. Robotics can enhance precision, reduce recovery times, and assist healthcare professionals in various capacities.

These prospects indicate a dynamic and rapidly evolving healthcare landscape, driven by technological advancements, innovative therapies, and a growing emphasis on patient-centered care.

CHALLENGES

The healthcare industry faces various challenges that impact its ability to provide effective and accessible care. Some of the significant challenges include:

1. Rising Healthcare Costs:

- Escalating healthcare costs are a persistent challenge, affecting patients, healthcare providers, and governments. Factors contributing to cost increases include technological advancements, pharmaceutical prices, and the aging population.

2 Access to Healthcare:

- Disparities in healthcare access exist globally, with issues such as geographic barriers, socioeconomic factors, and unequal distribution of healthcare resources limiting access to quality care for certain populations.

3 Health Inequality:

- Health disparities based on factors like race, socioeconomic status, and geography contribute to unequal health outcomes. Addressing these inequalities is crucial for improving overall public health.

4 Shortage of Healthcare Professionals:

- Many regions face a shortage of healthcare professionals, including doctors, nurses, and other skilled personnel. This shortage impacts the delivery of healthcare services and can result in increased workloads for existing staff.

5 Technological Integration Challenges:

- While technological advancements offer numerous benefits, integrating new technologies into existing healthcare systems can be challenging. Issues such as interoperability, data security, and staff training need to be addressed.

6 Data Security and Privacy Concerns:

- The digitization of health records and the use of electronic health information raise concerns about data security and patient privacy. Ensuring the confidentiality and integrity of healthcare data is crucial for maintaining trust.

7 Regulatory Compliance:

- The healthcare industry is heavily regulated, and compliance with various regulations and standards is a significant challenge. Staying abreast of changing regulations and implementing necessary changes can be resource intensive...

8 Epidemic Preparedness and Response:

- The emergence of infectious diseases and global pandemics poses challenges to healthcare systems worldwide. Preparedness, timely response, and coordination between nations are essential to effectively manage public health crises.

9 Chronic Disease Management:

- The increasing prevalence of chronic diseases requires effective management strategies. Providing long-term care, patient education, and preventive measures are vital to address the burden of chronic illnesses

10 Mental Health Stigma and Resources:

- Stigma surrounding mental health issues persists, and there is often a lack of resources and access to mental health services. Improving mental health awareness, reducing stigma, and expanding mental health resources are critical

Addressing these challenges requires a multi-faceted approach involving collaboration between healthcare stakeholders, policymakers, technological innovators, and the broader community...

CHAPTER 4
COMPANY PROFILE

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 in the serene setting of Chunangamvely, Alva, and 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 uncompromising excellence in healthcare have made it the first choice among domestic and international patients for their healthcare needs.

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 centered care while advancing medical knowledge and innovation. The mission of Rajagiri Hospital is:

2. To provide the most advanced & scientific, curative, preventive & promotive healthcare that leads to an “**Abundance of life**”.
3. 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.

4. 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 counseling 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.

3 QUALITY POLICIES 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 are 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. Teamwork
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

IPSG4 – 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 redressed 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. 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 always carry out work.

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 decisionmaking 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.

CURRENT BOARD OF DIRECTORS

EXECUTIVE DIRECTOR AND CEO –
FR. JOHNSON VAZHAPILLY CMI

CONSULTANT –
FR. JOSE ALEX ORUTHAYAPILLY CMI

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 PERIYAPADAN CMI

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MEDICAL SUPERINTENDENT –
DR. SUNNY P ORTHEL

DIRECTOR RELATIONS –
DR. V.A JOSEPH

CHIEF OPERATING OFFICER (COO) –
DR. NALANDA JAYADEV

DIRECTOR - NURSING AND ORGANIZATIONAL EXCELLENCE –
DR. ELIZABETH DAVID

CHIEF FINANCIAL OFFICER (CFO) –
MR. JOHN VINCENT

ORGANIZATIONAL CHART

DEPARTMENT OF OPERATIONS



Chapter 5

RESEARCH METHODOLOGY

STATEMENT OF THE PROBLEM

A Study on Patient Satisfaction and waiting Experience in the pediatric department of a Rajagiri Hospital"
The purpose of this study is to observe, understand and analyze the patients experience and satisfaction and average waiting time of patients in the pediatric department of Rajagiri Hospital.

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 data collection and questionnaire mode of research design

Data collection mode of research design refers to collection data using questionnaires surveys interviews where conducted to identify, understand, or assess the presence of a particular condition. It aims to gather information and data from the patients to analyze the waiting time and patient satisfaction.

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.

The population for this study is the total footfall in the Pediatric Op in 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 is 50.

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 analyzed.

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).

DATA SOURCES

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.

DATA COLLECTION TOOLS

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 employee satisfaction. 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 employee satisfaction.

DATA ANALYSIS TOOL

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

CHAPTER 6

DATA ANALYSIS AND INTERPRETATION

6.1 PATIENT OR BYSTANDER

The table showing the number of patients or bystanders who attended this survey

Options	Number of respondents	Percentage
Patients	00	00
Bystander	50	00
Total	50	100%

TABLE 6.1

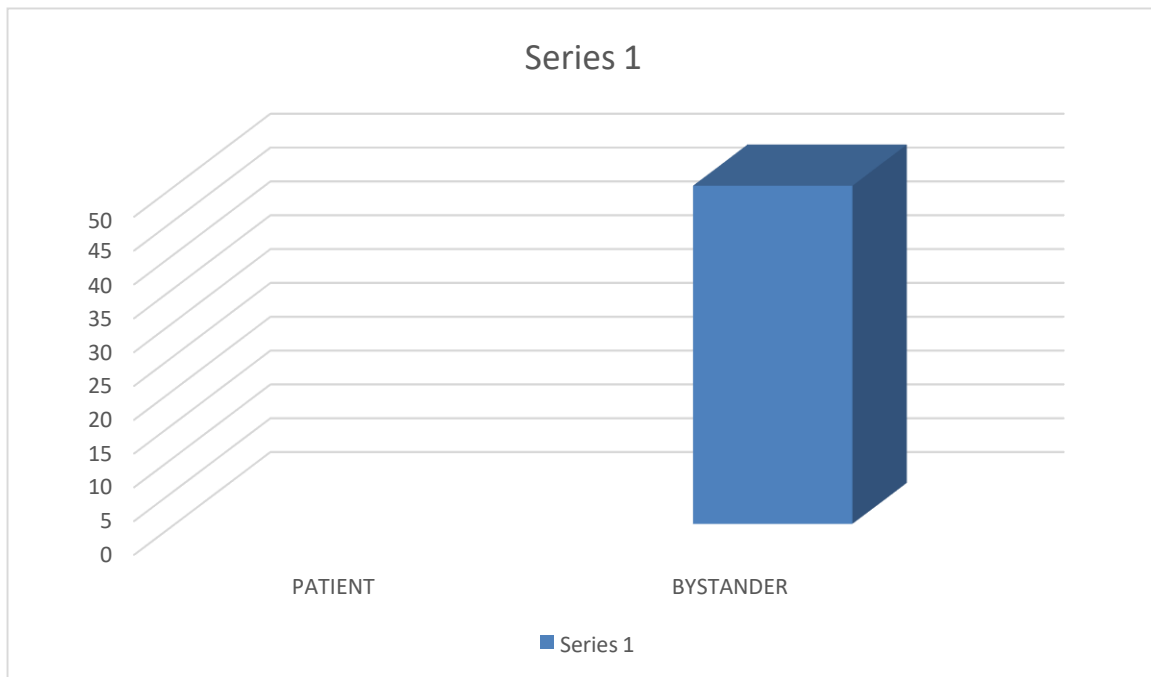


CHART 6.1

INTERPRETATION

According to the above data 50 bystanders of the patients have attended this survey because in pediatricOP the patient are children below the age 12.

6.2 GENDER

The table showing the gender of participants who attended this survey

Options	Number of respondents	percentage
Male	34	68%
Female	16	32%
Total	50	100%

TABLE 6.2

The chart showing the gender of bystanders who attended this survey

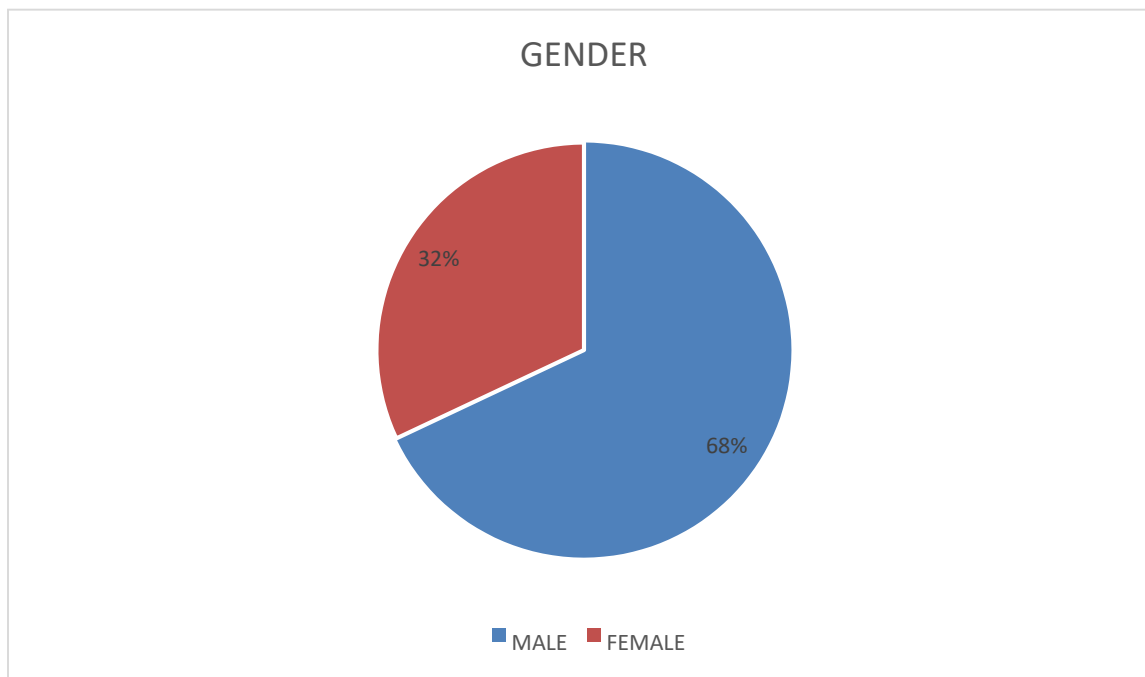


CHART 6.2

INTERPRETATION

According to the above data 32% of the bystanders are male and 68% of bystanders are female in this survey from the pediatric OP.

6.3 AGE

The table showing the age of the bystanders in pediatric department who attended this survey

Option	Number of respondents	percentage
Below 25	14	28%
25-50 Years	36	72%
Above 50	0	0%
Total	50	100%

TABLE 6.3

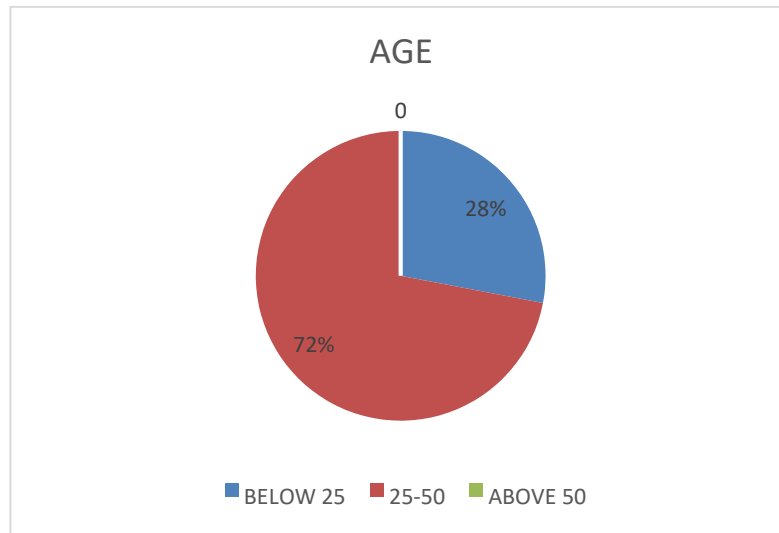


CHART 6.3

The chart showing the age of the bystanders in the pediatric department

INTERPRETATION

According to the above data 28% of bystanders are in the age group below 25, 72% are between the age group 25-50 and no bystanders are in the age group 50 and above in this survey from the pediatric OP.

6.4 MARITAL STATUS

The table showing the marital status of the bystanders who attended this survey in pediatric op

Option	Number of respondents	Percentage
Single	14	28%
Married	36	72%
Total	50	100%

TABLE 6.4

The chart showing the marital status of the bystanders who attended this survey in pediatric op

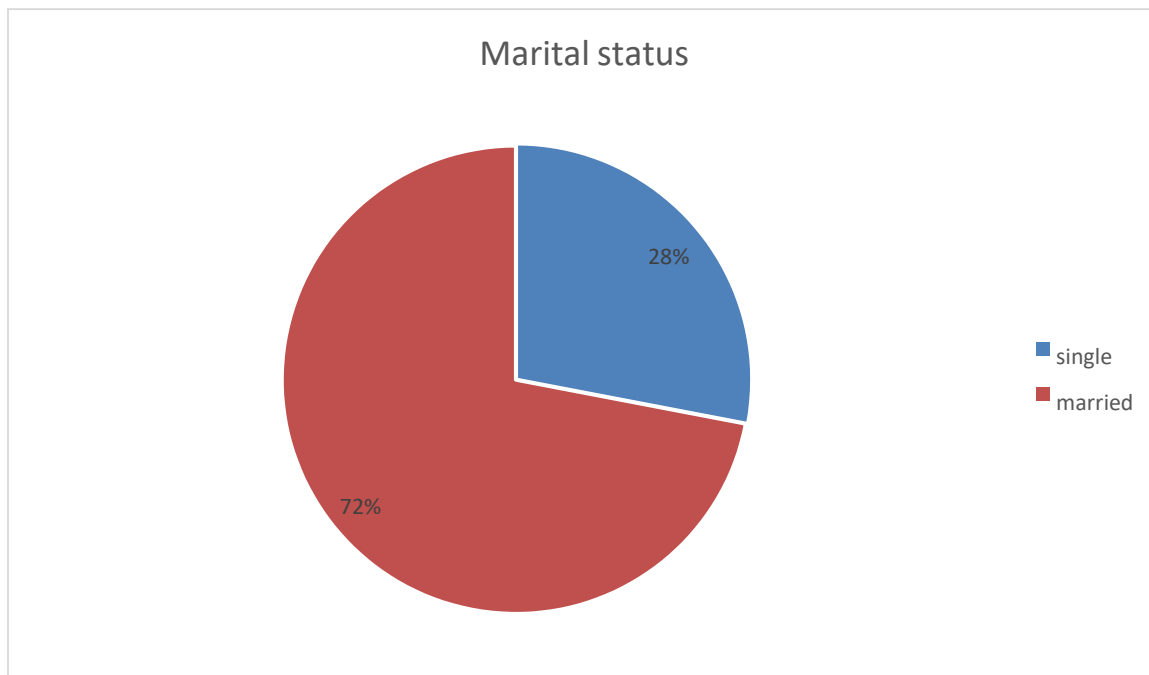


CHART 6.4

INTERPRETATION

According to the above data 28% of the participants are single and 72% of the participants are married.

6.5 EDUCATION STATUS

The table showing the educational status of the bystanders

Options	Number of respondents	Percentage
School	10	20%
UG	10	20%
PG and above	30	60%
Total	50	100%

TABLE6.5

The chart showing educational status of the bystanders

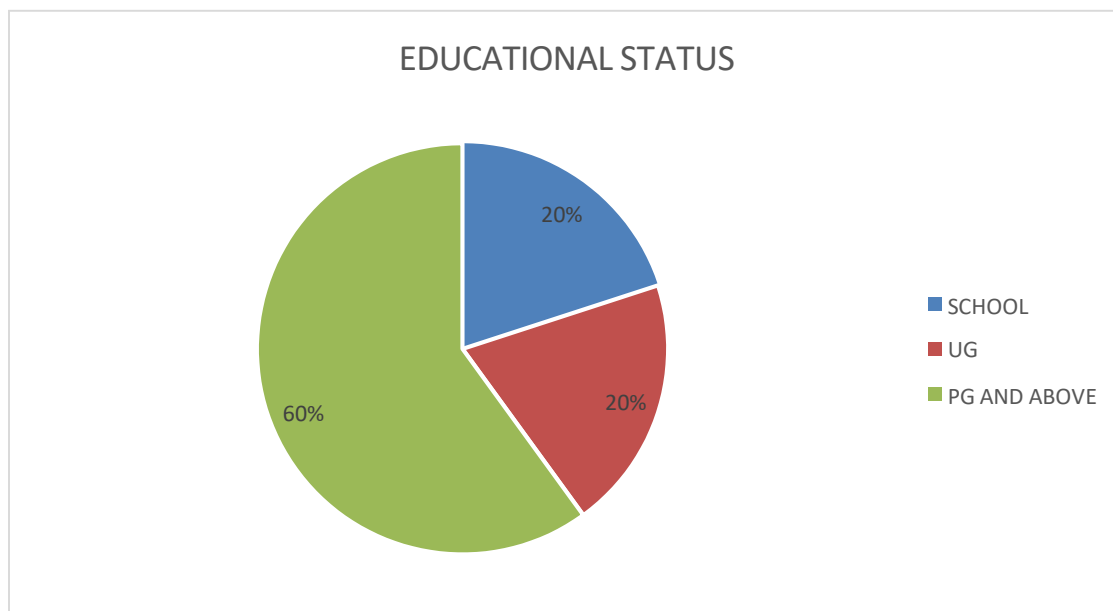


CHART 6.5

INTERPRETATION

According to the above data 20% of the bystanders have school education, 20% of the bystanders are under graduated and 60% of bystanders are post graduated and above qualified.

6.6 OCCUPATION

The table showing the occupation of the bystanders

Option	Number of respondents	Percentage
Government Employee	10	20%
Self Employed	30	60%
Unemployed	10	20%
Pension/Retired	00	100 %

TABLE 6.6

The table showing the occupation of the bystanders

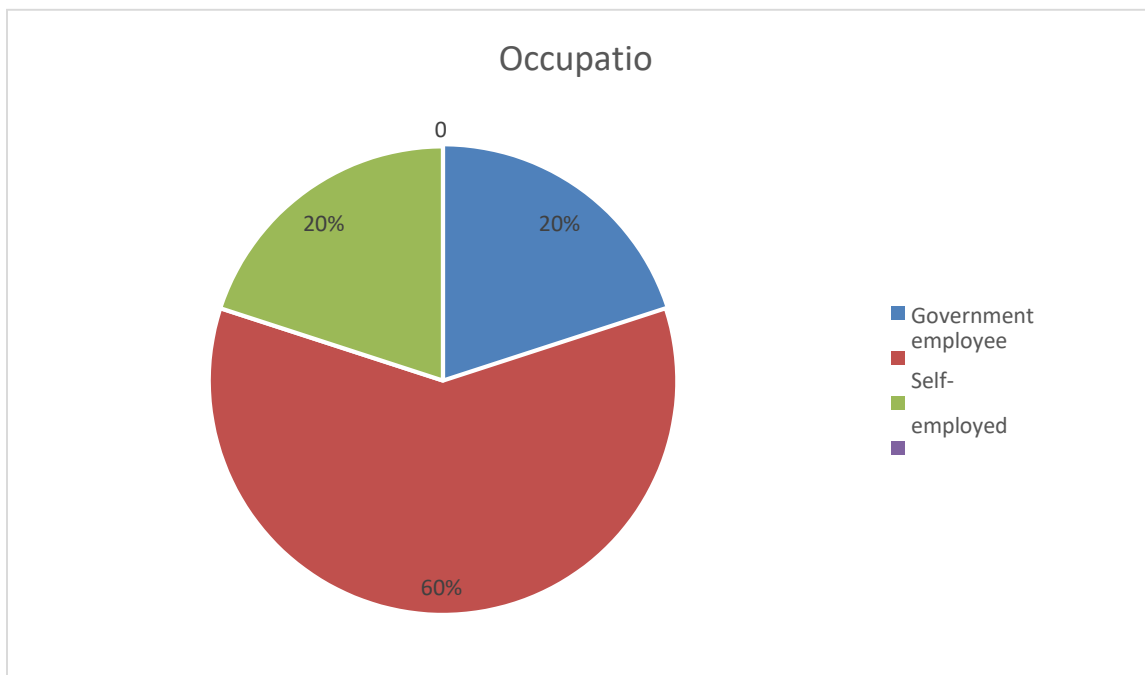


CHART 6.6

INTERPRETATION

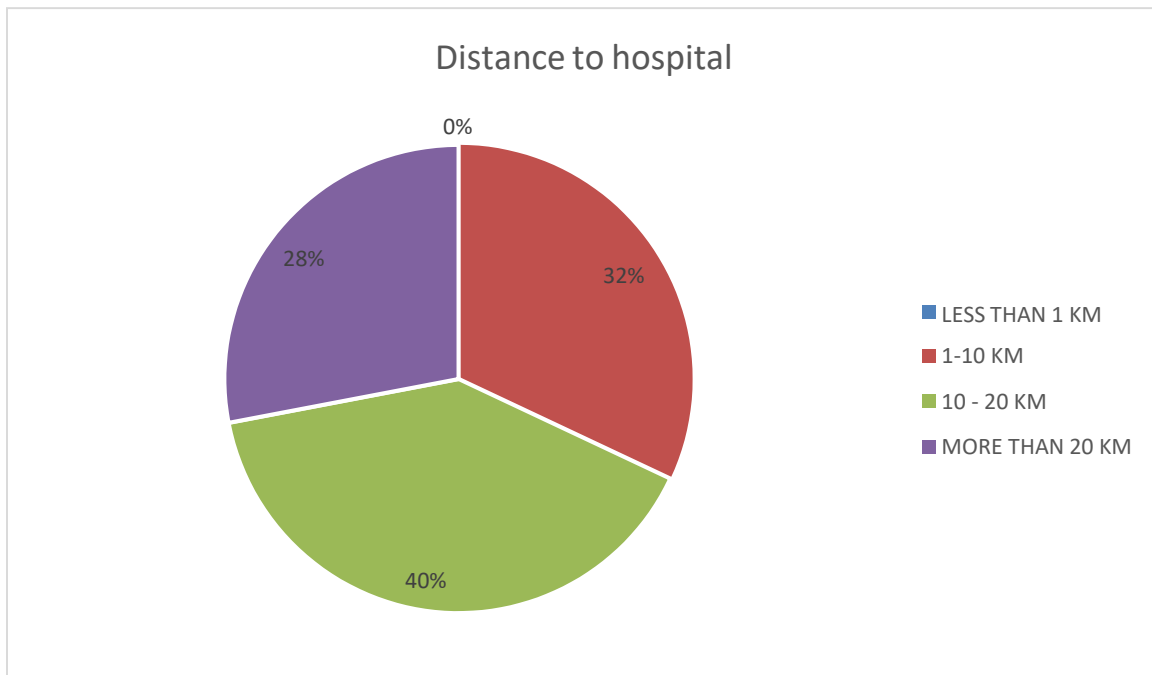
According to the above data 20% of bystanders are government employees, 60% of bystanders are self-employed, 20% of bystanders are unemployed and no bystanders are either pensioner or retired.

6.7 DISTANCETO HOSPITAL

The table showing the distance from the hospital

Option	Number of respondents	Percentage
Less than 1KM	0	0%
1-10 KM	16	32%
10-20 KM	20	40%
More than 20 KM	14	28%
Total	50	100%

TABLE 6.7



The chart showing the distance from home to hospital

CHART 6.7

INTERPRETATION

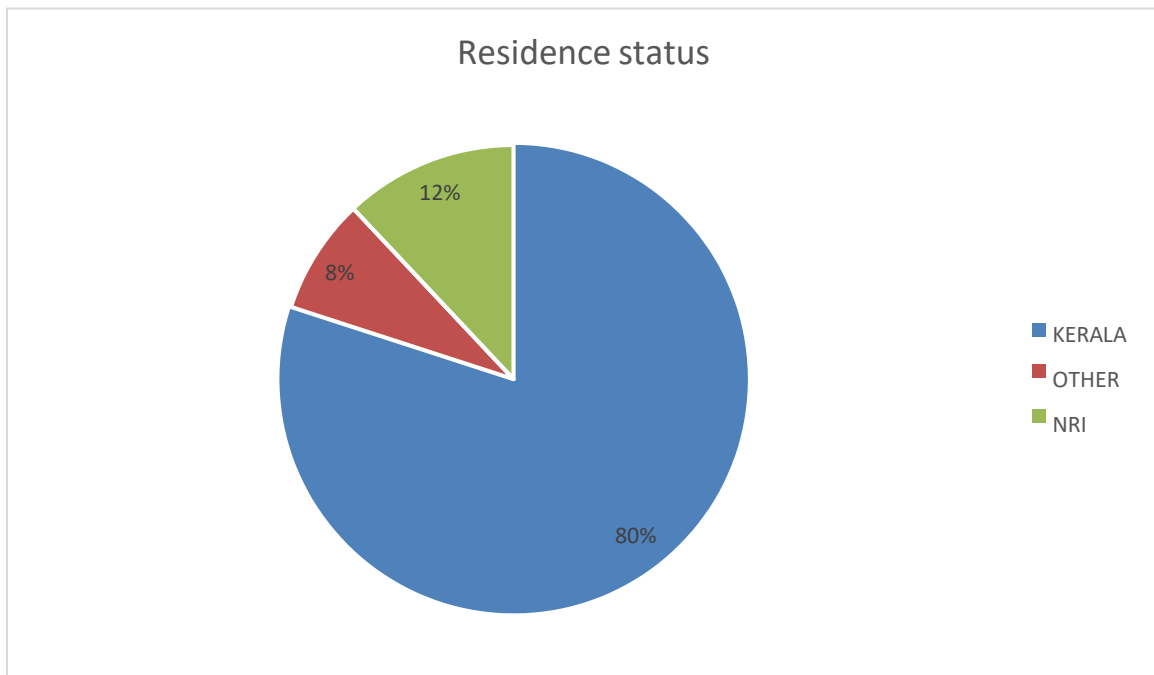
According to above data 32% of patients have distance to hospital from home between 1-10 km, 20% of patients have distance to hospital from home between 10-20 km, and 28% of patients have distance to hospital from home more than 20 kms

6.8 RESIDENCE STATUS

The table showing the residence status of the patient/ bystander.

Options	Number of respondents	Percentage
Kerala	40	80%
Other state	4	8%
NRI	6	12%
Total	50	100

TABLE 6.8



The chart showing the residence status of the patient/ bystander.

CHART 6.8

INTERPRETATION

According to the above data 80% of the patients/bystander are from Kerala, 8% are from other states and 12% of patients are NRI.

6.9 PARKING EXPERIENCE

The table showing the rating of parking experience of the bystander of the patient

Options	Number of respondents	Percentage
Highly Satisfied	10	20%
Satisfied	34	68%
Neutral	2	4%
Dissatisfied	2	4%
Highly Dissatisfied	2	4%

TABLE 6.9

The chart showing the rating of parking experience of the bystander of the patient



CHART6.9

INTERPRETATION

According to above data 20% of bystanders are highly satisfied 68% of bystanders are satisfied, 4% bystanders are rated neutral, 4% are rated dissatisfied and 4% are rated highly dissatisfied towards the parking experience

6.10 SIGN BOARDS AND DIRECTORIES

The table showing the satisfaction with the sign boards and directories to different department

Options	Number of respondents	Percentage
Highly Satisfied	10	20%
Satisfied	30	60%
Neutral	4	8%
Dissatisfied	6	12%
Highly Dissatisfied	0	0%
Total		

TABLE 6.10

The chart showing the satisfaction with the sign boards and directories to different department

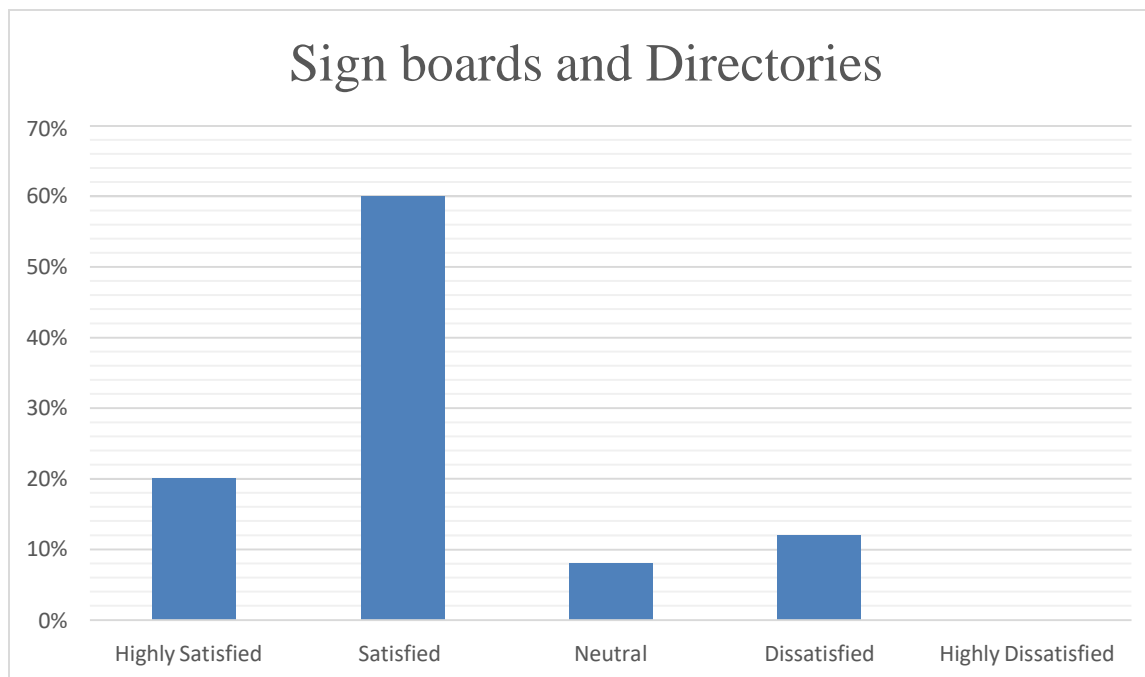


CHART 6.10

INTERPRETATION

According to the above data 20% of bystanders are highly satisfied, 60% of bystanders are satisfied, 8% bystanders are rated neutral, 12% are rated dissatisfied and no patients are rated highly dissatisfied towards the sign boards and directories

6.11 REGISTRATION AND BILLING PROCESS

The table showing the satisfaction of registration and billing process

Options	Number of respondents	Percentage
Highly Satisfied	2	4%
Satisfied	20	40%
Neutral	20	40%
Dissatisfied	4	8%
Highly Dissatisfied	4	8%
Total		

TABLE 6.11

The chart showing the satisfaction of registration and billing process

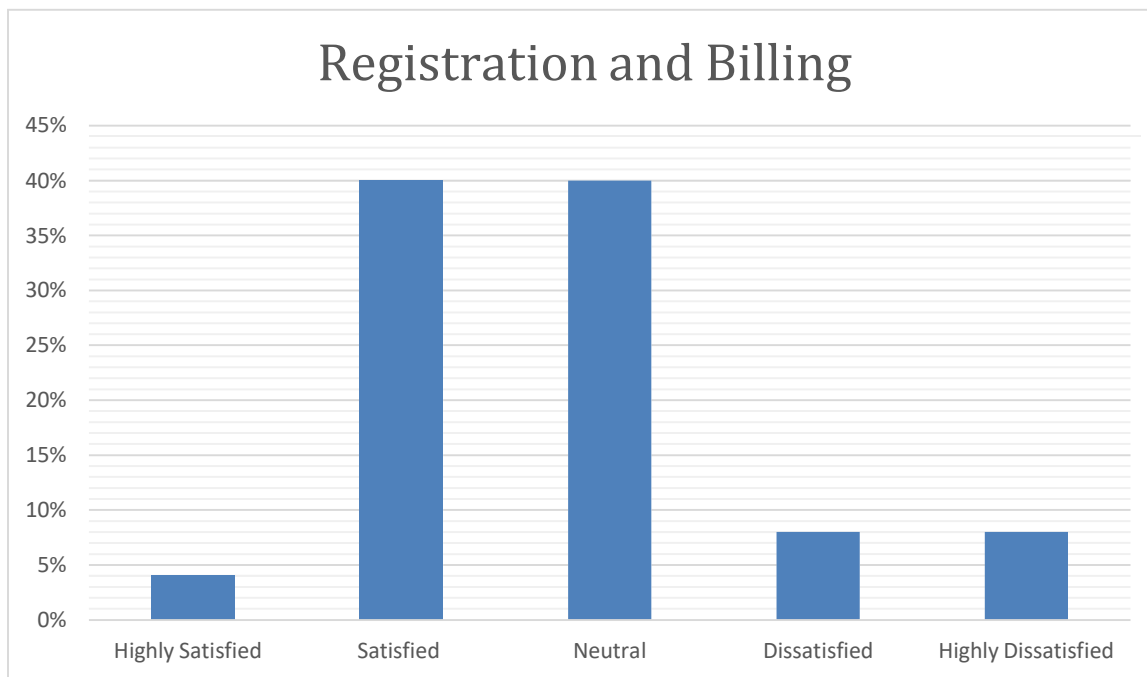


CHART 6.11

INTERPRETATION

According to the above data 4% of bystanders are highly satisfied, 40% of bystanders are satisfied, 40% of bystanders are neutral, 8% of bystanders are dissatisfied and 8% bystanders are rated highly dissatisfied towards the registration and billing process

6.12 INSTRUCTION PROVIDED

The table showing the satisfaction towards the instructions provided

Options	Number of respondents	Percentage
Highly Satisfied	10	20%
Satisfied	28	56%
Neutral	8	16%
Dissatisfied	2	4%
Highly Dissatisfied	2	4%
Total		

TABLE 6.12

The chart showing the satisfaction towards the instructions provided

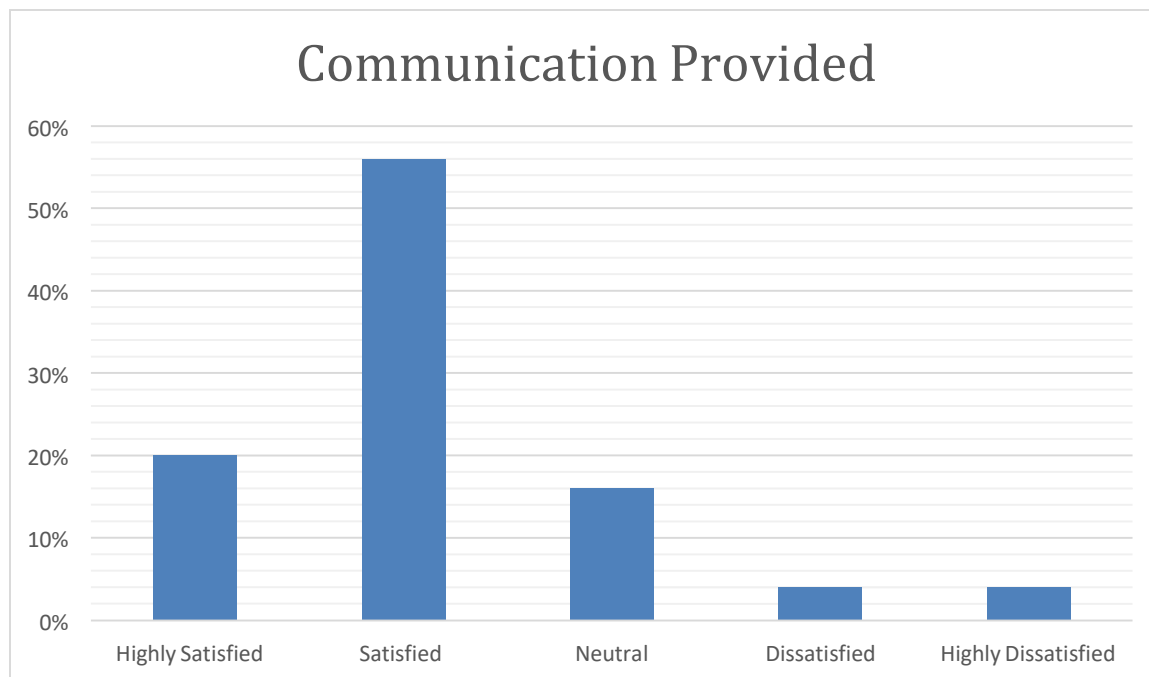


CHART 6.12

INTERPRETATION

According to the above data 20% of bystanders are highly satisfied 56% of bystanders are satisfied, 16% bystanders are rated neutral, 4% are rated dissatisfied, and 4% are rated highly dissatisfied towards the instructions provided in the pediatric OP

6.13 WAITING TIME AND CONSULTATION DELAY

The table showing the satisfaction towards the waiting time and consultation delay

Options	Number of respondents	Percentage
Highly Satisfied	10	20%
Satisfied	26	52%
Neutral	10	20%
Dissatisfied	4	8%
Highly Dissatisfied	0	0%
Total		

TABLE 6.13

The chart showing the satisfaction towards the waiting time and consultation delay

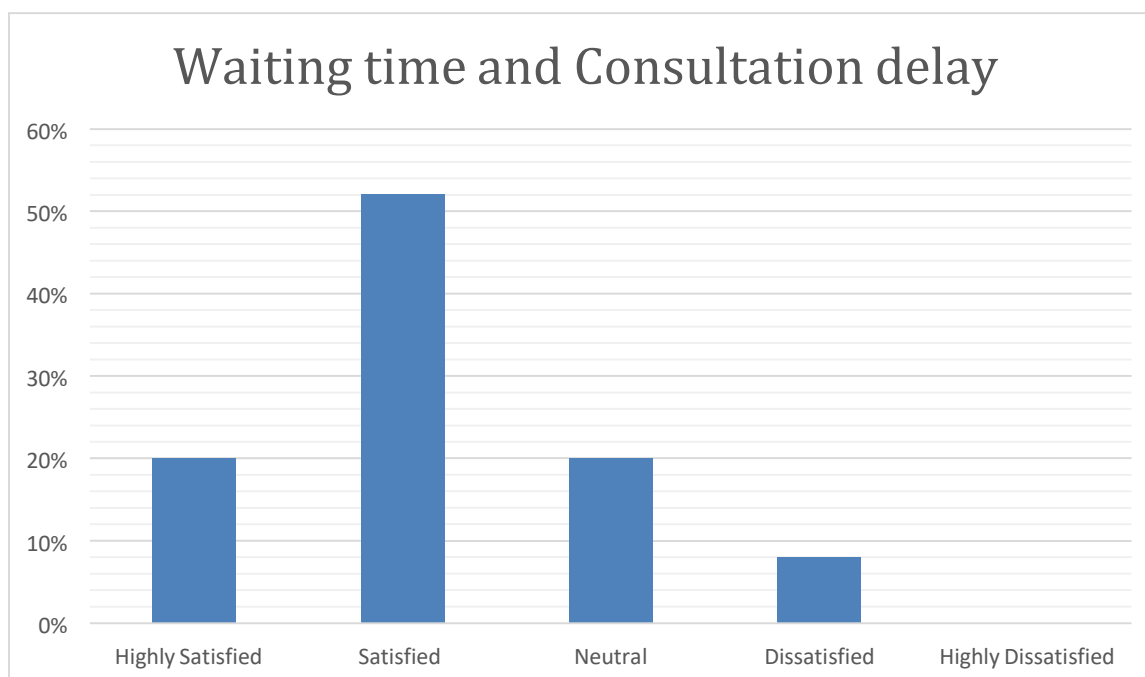


CHART6.13

INTERPRETATION

According to the above data 20% of bystanders are highly satisfied, 52% of bystanders are satisfied, 20% of bystanders are neutral, 8% of bystanders are dissatisfied and no bystanders are rated highly dissatisfied towards the waiting time and consultation delay.

6.14 WAITING AREA

The table showing satisfaction towards the waiting area of pediatrics

Options	Number of respondents	Percentage
Highly Satisfied	4	8%
Satisfied	30	60%
Neutral	12	24%
Dissatisfied	4	8%
Highly Dissatisfied	0	0%
Total	50	100

TABLE 6.14

The chart showing satisfaction towards the waiting area of pediatrics

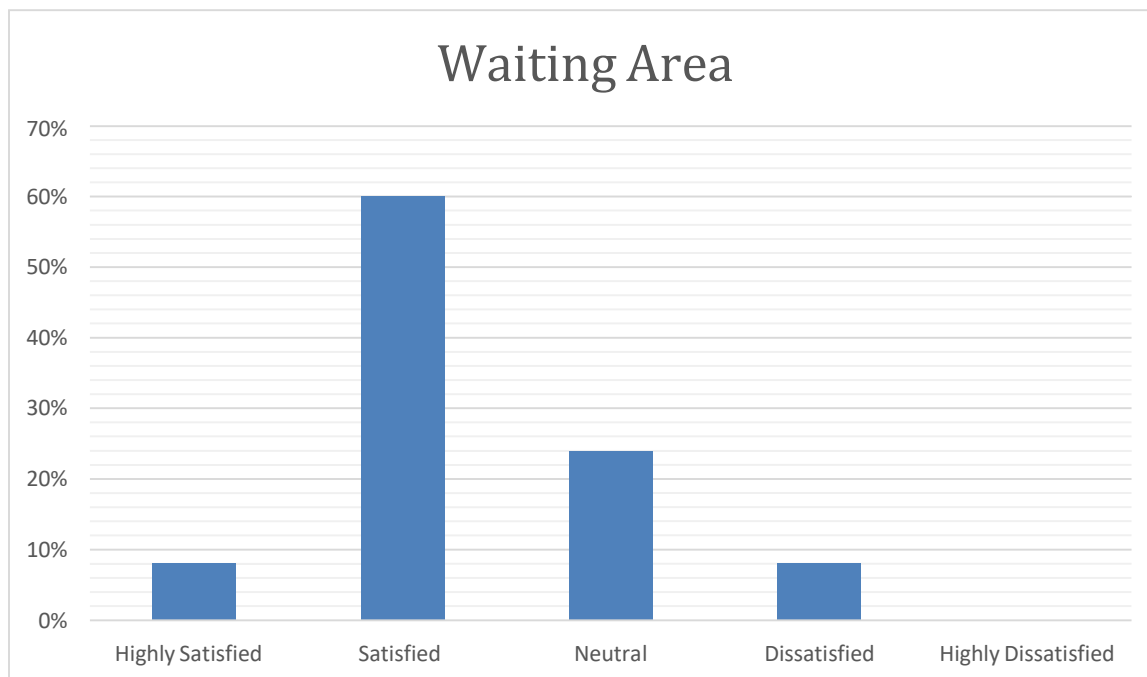


CHART 6.14

INTERPRETATION

According to the above data 8%% of bystanders are highly satisfied, 60%% of bystanders are satisfied, 24% of bystanders are neutral, 8%% of bystanders are dissatisfied and no bystanders are rated highly dissatisfied towards the waiting area.

6.15 FEEDING ROOM FACILITY

The table showing the rating of feeding room facility in pediatric OP

Options	Number of respondents	Percentage
Highly Satisfied	12	24%
Satisfied	30	60%
Neutral	4	8%
Dissatisfied	4	8%
Highly dissatisfied	0	0%
Total	50	100

TABLE 6.15

The chart showing the rating of feeding room facility in pediatric OP

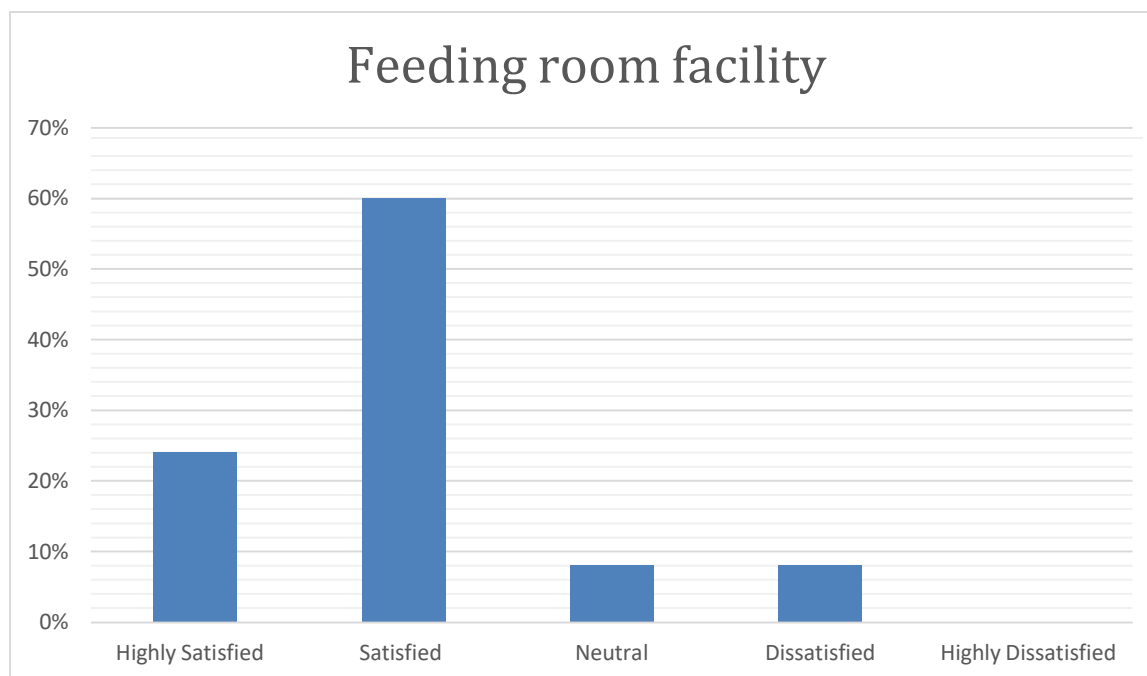


CHART 6.15

INTERPRETATION

According to the above data 24% of bystanders are highly satisfied, 60% of bystanders are satisfied 8% of bystanders are neutral and 8% of bystanders are rated dissatisfied and no bystanders are rated highly dissatisfied towards the feeding room facility

6.16 FACILITIES AND AMENITIES

The table showing the rating of facilities and amenities provided in waiting area.

Options	Number of respondents	Percentage
Highly Satisfied	12	24%
Satisfied	36	72%
Neutral	2	4%
Dissatisfied	0	0%
Highly Dissatisfied	0	0%
Total	50	100%

TABLE 6.16

The chart showing the rating of facilities and amenities provided in waiting area.

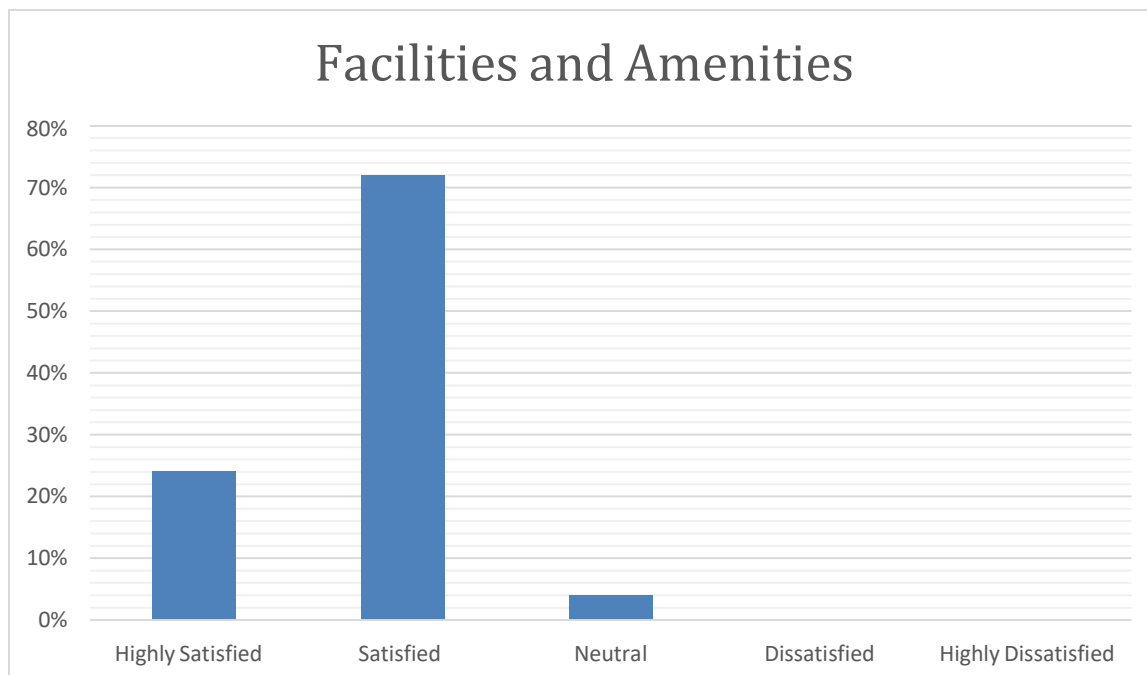


CHART 6.16

INTERPRETATION

According to the above data 24% of bystanders are highly satisfied, 72% of bystanders are satisfied 4% of bystanders are rated neutral, and no bystanders are rated dissatisfied and highly dissatisfied towards the of facilities and amenities provided in waiting area.

6.17 VITALS CHECKING

The table showing the satisfaction with the vital checking

Options	Number of respondents	Percentage
Highly Satisfied	12	24%
Satisfied	22	44%
Neutral	12	24%
Dissatisfied	2	4%
Highly Dissatisfied	2	4%
Total	50	100

TABLE 6.17

The chart showing the satisfaction with the vital checking

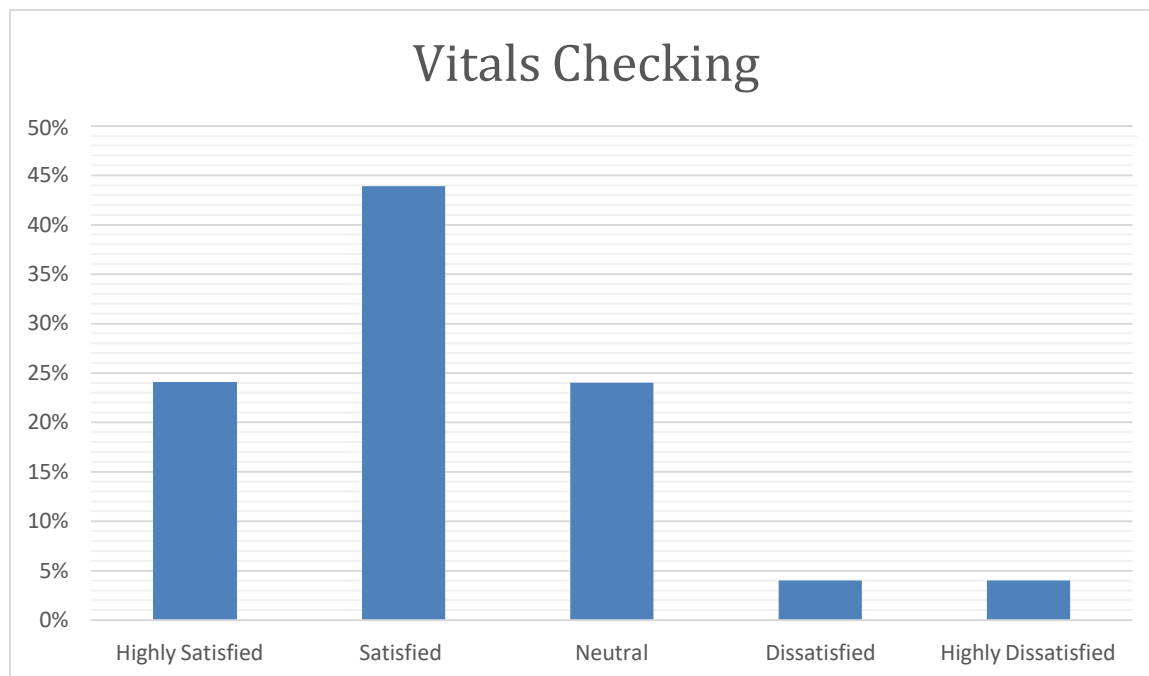


CHART 6.17

INTERPRETATION

According to the above data 24% of bystanders are highly satisfied, 44% of bystanders are satisfied, 24% of bystanders are rated neutral, 4% of bystanders are rated dissatisfied and 4% of bystanders are rated highly dissatisfied towards the vital checking in the pediatric OP

6.18 SAMPLE COLLECTION

The table showing the experience during the sample collection

Options	Number of respondents	Percentage
Highly Satisfied	2	4%
Satisfied	32	64%
Neutral	14	28%
Dissatisfied	0	0%
Highly Dissatisfied	2	4%
Total	50	100%

TABLE 6.18

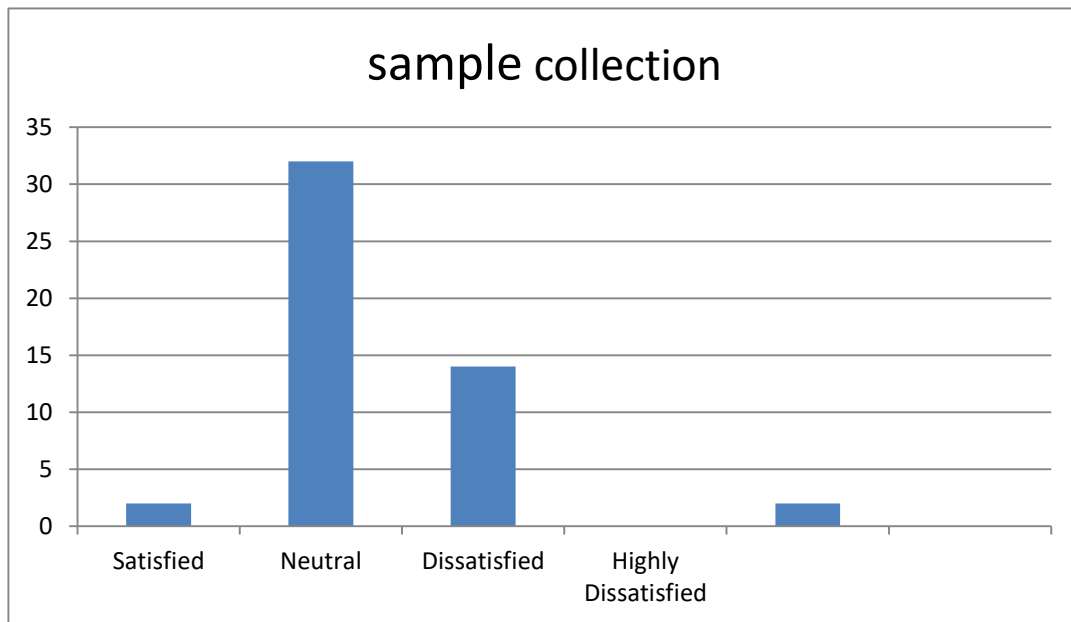


CHART 6.18

The chart showing the satisfaction with the sample collection

INTERPRETATION

According to the above data 4% of bystanders are highly satisfied, 64% of bystanders are satisfied, 28% of bystanders are neutral, no bystanders are rated dissatisfied and 4% of bystanders are rated highly dissatisfied towards the experience during the sample collection

6.19 WAITING TIME

The table showing the satisfaction towards the waiting time

Options	Number of respondents	Percentage
Highly Satisfied	10	20%
Satisfied	26	52%
Neutral	10	20%
Dissatisfied	4	8%
Highly Dissatisfied	0	0%
Total	50	100%

TABLE 6.19

The chart showing the satisfaction towards the waiting time

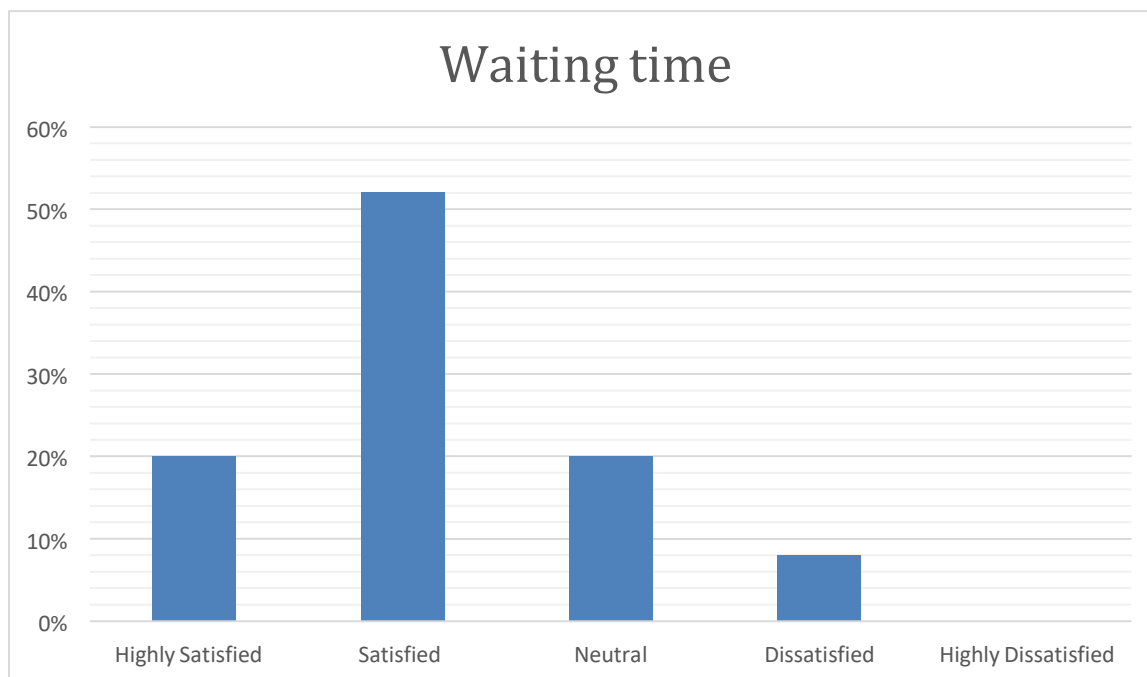


CHART 6.19

INTERPRETATION

According to the above data 20% of bystanders are highly satisfied, 52% of bystanders are satisfied, 20% of bystanders are neutral, 8% of bystanders are dissatisfied and no bystanders are rated highly dissatisfied towards the waiting time.

6.20 REPORT ON TIME

The table showing the satisfaction of receiving the report on time from laboratory

Options	Number of respondents	Percentage
Highly Satisfied	8	16%
Satisfied	16	32%
Neutral	16	32%
Dissatisfied	10	20%
Highly Dissatisfied	0	0%
Total	50	100%

TABLE 6.20

The chart showing the satisfaction of receiving the report on time from laboratory

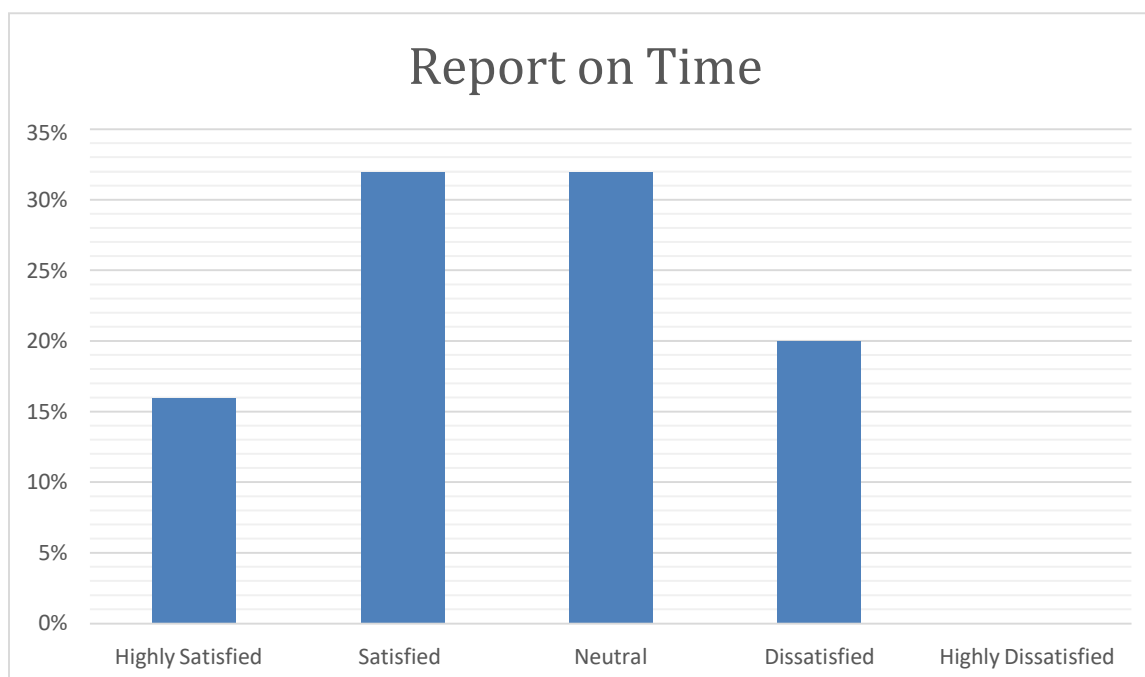


CHART 6.20

INTERPRETATION

According to the above data 16% of bystanders are highly satisfied, 32% of bystanders are satisfied, 32% of bystanders are rated neutral, 20% of bystanders are rated dissatisfied and bystanders are not rated highly dissatisfied towards the satisfaction of receiving the report on time from laboratory

6.21 CLEANLINESS AND COMFORT OF THE FACILITY

The table showing the cleanliness and comfort of the facilities in the pediatric OP

Options	Number of respondents	Percentage
Highly Satisfied	22	44%
Satisfied	24	48%
Neutral	4	8%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100%

TABLE 6.21

The chart showing the cleanliness and comfort of the facilities in the pediatric OP

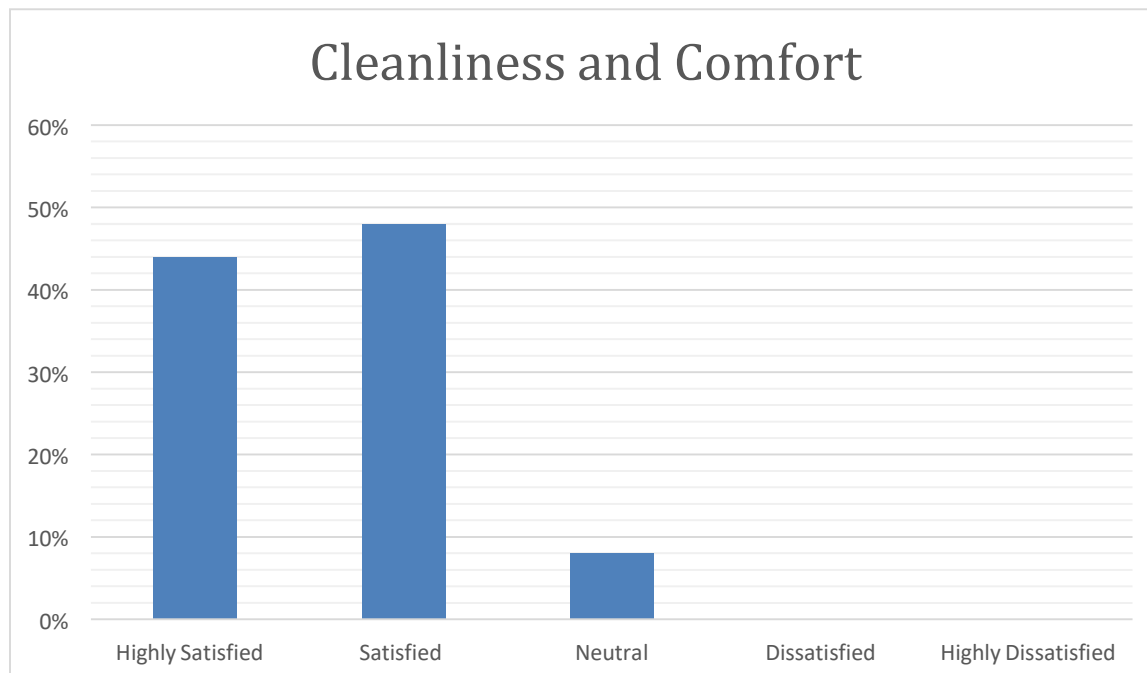


CHART6.21

INTERPRETATION

According to the above data 44% of bystanders are highly satisfied, 48% of bystanders are satisfied 8% of bystanders are rated neutral, and no bystanders are rated dissatisfied highly dissatisfied towards the cleanliness and comfort of the facilities in the pediatric OP

6.22 DRINKING WATER AND TOILET FACILITIES

The table showing satisfaction of drinking water and toilet facilities

Options	Number of respondents	Percentage
Highly Satisfied	26	52%
Satisfied	20	40%
Neutral	4	8%
Dissatisfied	0	0%
Highly dissatisfied	0	0%
Total	50	100%

TABLE 6.22

The chart showing satisfaction of drinking water and toilet facilities

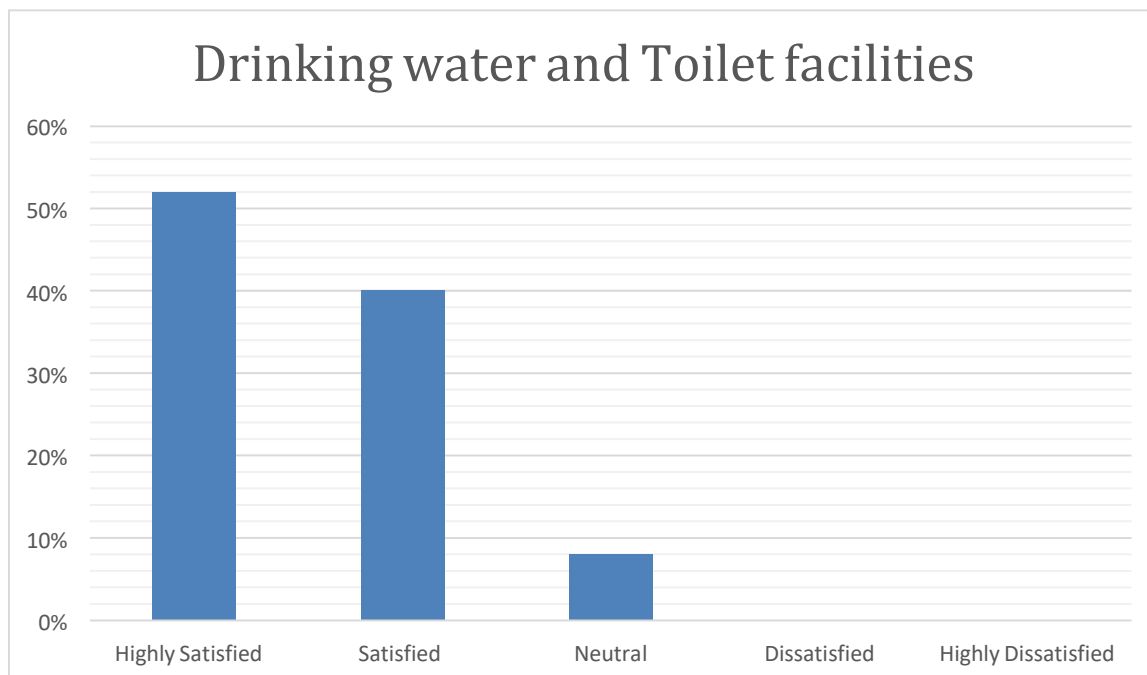


CHART 6.22

INTERPRETATION

According to the above data 52% of bystanders are highly satisfied, 40% of bystanders are satisfied 8% of bystanders are rated neutral, and not rated dissatisfied highly dissatisfied towards the satisfaction of drinking water and toilet facilities

6.23 QUALITY OF CARE

The table showing satisfaction of quality of care

Options	Number of respondents	Percentage
Highly Satisfied	16	32%
Satisfied	20	40%
Neutral	8	16%
Dissatisfied	6	12%
Highly dissatisfied	0	0%
Total	50	100%

TABLE 6.23

The chart showing satisfaction of quality of care

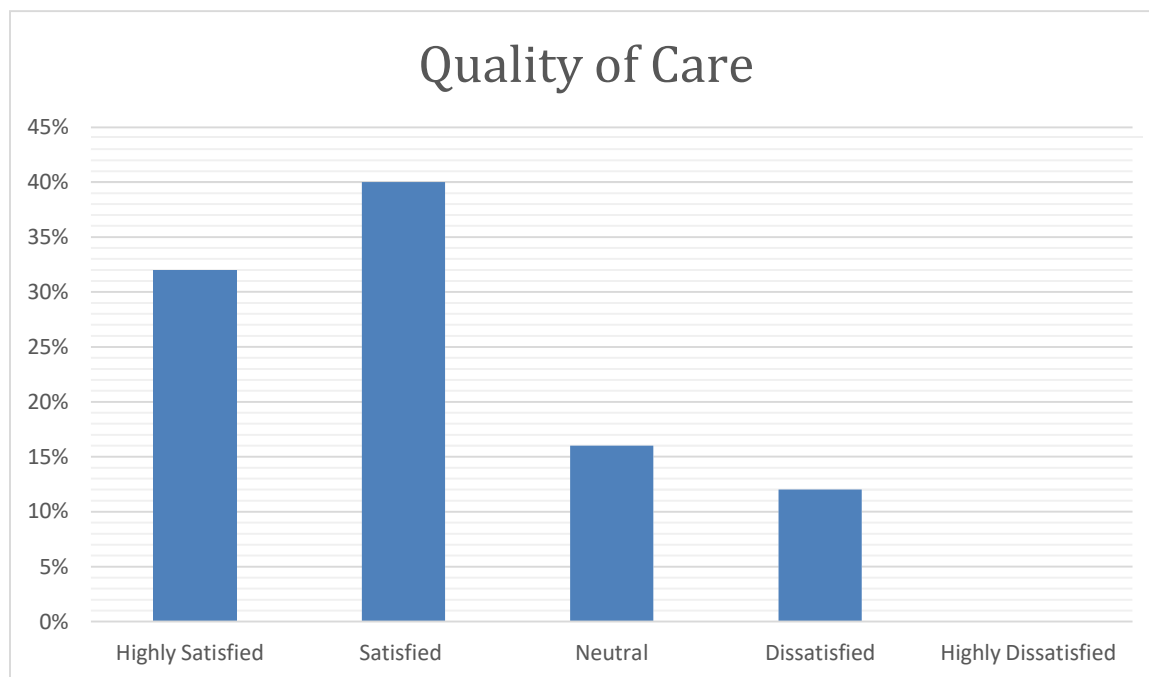


CHART 6.23

INTERPRETATION

According to the above data 32% of bystanders are highly satisfied, 40% of bystanders are satisfied 16% bystanders are rated neutral, 12% of bystanders are rated dissatisfied and bystanders are not rated highly dissatisfied towards the satisfaction of quality of care.

6.24 AVAILABILITY OF APPOINTMENT

The table showing the rating of availability of appointment in pediatric OP

Options	Number of respondents	Percentage
Highly Satisfied	12	24%
Satisfied	30	60%
Neutral	4	8%
Dissatisfied	4	8%
Highly dissatisfied	0	0%
Total	50	100%

TABLE 6.24

The chart showing the rating of availability of appointment in pediatric OP

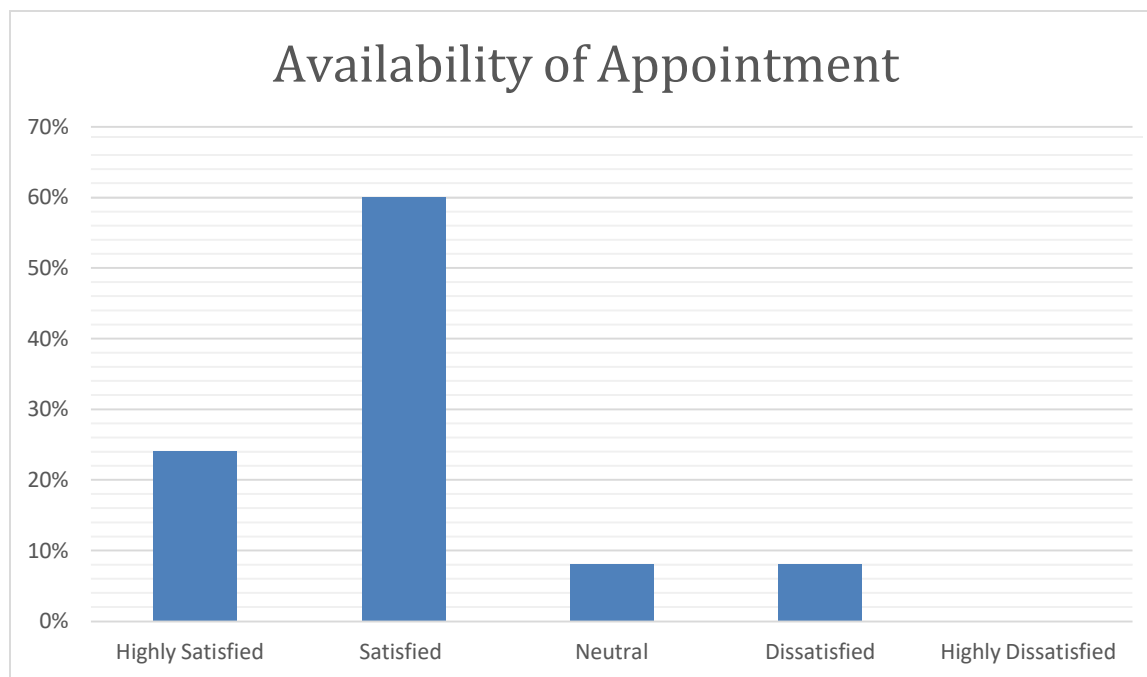


CHART 6.24

INTERPRETATION

According to the above data 24% of bystanders are highly satisfied, 60% of bystanders are satisfied 8% of bystanders are neutral, 8% of bystanders are rated dissatisfied and no bystanders are rated highly dissatisfied towards the availability of appointment in pediatric OP.

6.25 HOSPITAL TARIFF

The table showing the satisfaction towards hospital tariff

Options	Number of respondents	Percentage
Highly Satisfied	4	8%
Satisfied	34	68%
Neutral	8	16%
Dissatisfied	4	8%
Highly dissatisfied	0	0%
Total	50	100%

TABLE 6.25

The chart showing the satisfaction towards hospital tariff

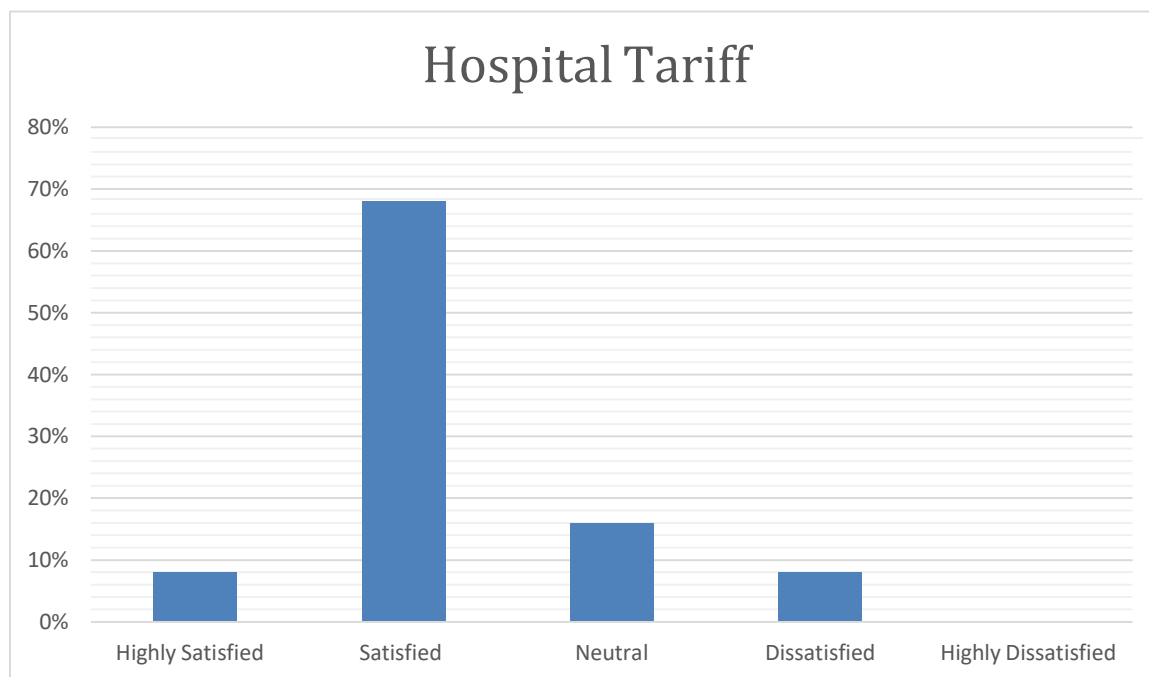


CHART 6.25

INTERPRETATION

According to the above data 8% of bystanders are highly satisfied, 68% of bystanders are satisfied 16% of bystanders rated neutral, 8% of bystanders are rated dissatisfied and bystanders are not rated highly dissatisfied towards the satisfaction towards hospital tariff

6...26 OVERALLEXPERIENCE

The table showing the overall satisfaction towards the hospital

Options	Number of respondents	Percentage
Highly Satisfied	2	4%
Satisfied	34	68%
Neutral	8	16%
Dissatisfied	4	8%
Highly dissatisfied	0	0%
Total	50	100%

TABLE 6.26

The chart showing the overall satisfaction towards the hospital

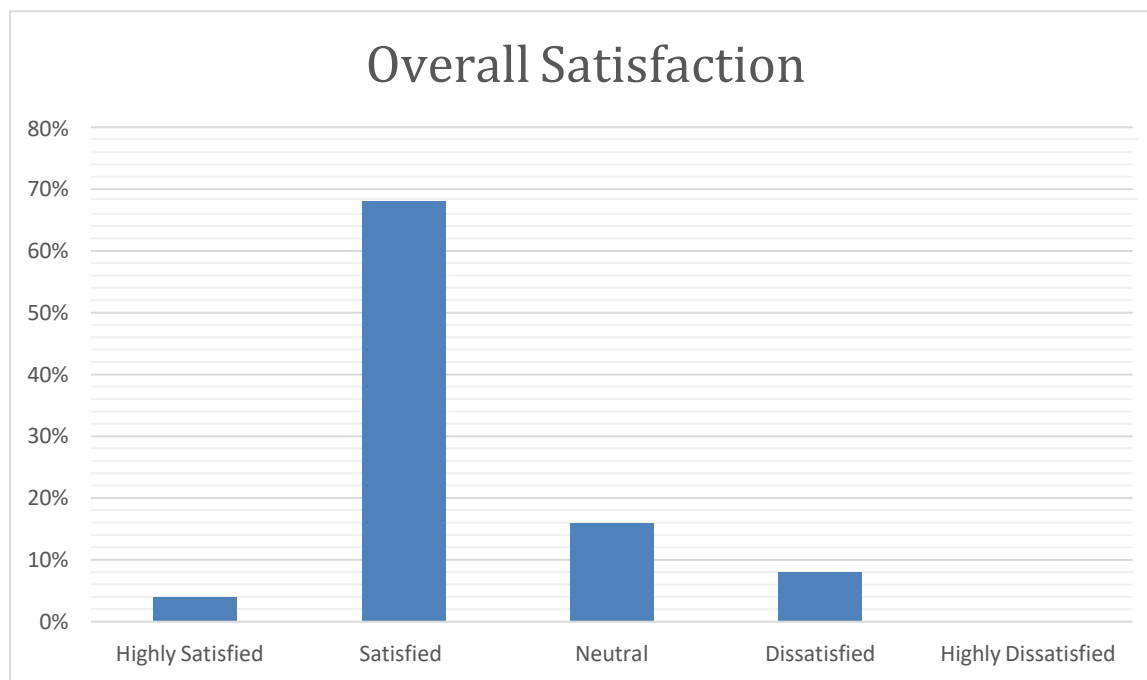


CHART 6.26

INTERPRETATION

According to the above data 4% of bystanders are highly satisfied, 68% of bystanders are satisfied 16% of bystanders are rated neutral, 8% dissatisfied, and bystanders are not rated highly dissatisfied towards overall satisfaction towards the hospital

6.27 WAITING TIME FOR CONSULTATION

Waiting time for a sample size of 50 patients was calculated. The following box show the approximate waiting time for consultation:

DATE	BILLING TIME	CONSULTATION TIME	WAITING TIME
19-12-2023	09:14:00	09:19:47	00:05:47
19-12-2023	10:31:24	12:12:58	01:41:34
19-12-2023	10:52:39	12:06:47	01:14:08
19-12-2023	11:03:48	12:16:58	01:13:10
19-12-2023	11:09:49	12:33:33	01:23:44
19-12-2023	11:26:42	12:42:32	01:15:50
19-12-2023	11:51:31	13:04:32	01:13:01
19-12-2023	11:52:47	13:00:09	01:07:22
19-12-2023	11:54:52	12:54:40	00:59:48
19-12-2023	12:04:46	12:45:10	00:40:24
19-12-2023	12:39:05	13:12:11	00:33:06
19-12-2023	12:46:18	13:14:57	00:28:39
20-12-2023	10:36:24	11:43:19	01:06:55
20-12-2023	10:41:58	12:28:37	01:46:39
20-12-2023	10:50:09	12:18:05	01:27:56
20-12-2023	10:50:42	11:57:19	01:06:37
20-12-2023	10:56:21	12:08:20	01:11:59
20-12-2023	11:53:18	12:37:08	00:43:50
20-12-2023	12:03:43	13:10:39	01:06:56
20-12-2023	12:13:28	12:43:47	00:30:19
20-12-2023	12:33:27	12:40:18	00:06:51
20-12-2023	12:42:55	12:52:58	00:10:03
20-12-2023	12:42:55	12:52:58	00:10:03
20-12-2023	12:48:59	13:37:02	00:48:03
20-12-2023	12:57:48	13:15:55	00:18:07
20-12-2023	13:03:08	13:03:25	00:00:17

26-12-2023	09:51:56	10:22:27	00:30:31
26-12-2023	10:23:22	10:39:27	00:16:05
26-12-2023	10:29:56	10:52:12	00:22:16
26-12-2023	10:32:03	10:55:56	00:23:53
26-12-2023	10:51:13	10:58:46	00:07:33
26-12-2023	11:05:21	11:20:18	00:14:57
26-12-2023	11:16:36	11:45:15	00:28:39
26-12-2023	11:26:03	11:46:55	00:20:52
26-12-2023	11:29:18	11:53:39	00:24:21
26-12-2023	11:37:19	12:19:55	00:42:36
26-12-2023	12:48:52	12:50:23	00:01:31
26-12-2023	13:09:06	15:09:07	02:00:01
26-12-2023	13:09:59	13:44:14	00:34:15
26-12-2023	13:41:42	13:48:25	00:06:43
26-12-2023	13:48:00	14:40:31	00:52:31
26-12-2023	13:52:05	14:08:16	00:16:11
26-12-2023	13:56:01	14:25:24	00:29:23
28-12-2023	09:01:39	09:35:11	00:33:32
28-12-2023	09:11:24	09:32:00	00:20:36
28-12-2023	15:52:25	16:01:40	00:09:15
28-12-2023	16:14:22	16:26:11	00:11:49
28-12-2023	16:16:02	16:17:19	00:01:17

6.28 THE AVERAGE WAITING TIME

AVERAGE WAITING TIME	
19-12-2023	00:59:43
20-12-2023	00:48:02
26-12-2023	00:34:35
28-12-2023	00:15:18

INTEPRETATION

According to the data collected, the above box shows the average waiting time taken for consultation. The data was collected on 19-12-23, 20-12-23, 26-12-23 and 28-12-23. The waiting time is mentioned above. The increased waiting time is due to long IP Rounds, Emergency cases and prioritizing certain cases. Hence we can understand that the increase waiting time in turn affects the patient satisfaction.

CHAPTER 7

FINDINGS, SUGGESTIONS AND CONCLUSION

FINDINGS

- 20% of bystanders are highly satisfied 68% of bystanders are satisfied, 4% bystanders are rated neutral, 4% are rated dissatisfied and 4% are rated highly dissatisfied towards the parking experience
- 20% of bystanders are highly satisfied, 60% of bystanders are satisfied, 8% bystanders are rated neutral, 12% are rated dissatisfied and no bystanders are rated highly dissatisfied towards the sign boards and directories
- 4% of bystanders are highly satisfied, 40% of bystanders are satisfied, 40% of bystanders are neutral, 8% of bystanders are dissatisfied and 8% bystanders are rated highly dissatisfied towards the registration and billing process
- 20% of bystanders are highly satisfied 56% of bystanders are satisfied, 16% bystanders are rated neutral, 4% are rated dissatisfied, and 4% are rated highly dissatisfied towards the instructions provided in the pediatric OP.
- 20% of bystanders are highly satisfied, 52% of bystanders are satisfied, 20% of bystanders are neutral, 8% of bystanders are dissatisfied and no bystanders are rated highly dissatisfied towards the waiting time and consultation delay.
- 8% of bystanders are highly satisfied, 60% of bystanders are satisfied, 24% of bystanders are neutral, 8% of bystanders are dissatisfied and no bystanders are rated highly dissatisfied towards the waiting area.
- 24% of bystanders are highly satisfied, 60% of bystanders are satisfied 8% of bystanders are neutral and 8% of bystanders are rated dissatisfied and no bystanders are rated highly dissatisfied towards the feeding room facility

- 24% of bystanders are highly satisfied, 72% of bystanders are satisfied 4% of bystanders are rated neutral, and no bystanders are rated dissatisfied and highly dissatisfied towards the facilities and amenities provided in waiting area.
- 24% of bystanders are highly satisfied, 44% of bystanders are satisfied, 24% of bystanders are rated neutral, 4% of bystanders are rated dissatisfied and 4% of patients are rated highly dissatisfied towards the vital checking in the pediatric OP
- 4% of bystanders are highly satisfied, 64% of bystanders are satisfied, 28% of bystanders are neutral, no bystanders are rated dissatisfied and 4% of bystanders are rated highly dissatisfied towards the experience during the sample collection
- 20% of bystanders are highly satisfied, 52% of bystanders are satisfied, 20% of bystanders are neutral, 8% of bystanders are dissatisfied and no bystanders are rated highly dissatisfied towards the waiting time.
- 16% of bystanders are highly satisfied, 32% of bystanders are satisfied, 32% of bystanders are rated neutral, 20% of bystanders are rated dissatisfied and bystanders are not rated highly dissatisfied towards the satisfaction of receiving the report on time from laboratory
- 44% of bystanders are highly satisfied, 48% of bystanders are satisfied 8% of bystanders are rated neutral, and no bystanders are rated dissatisfied highly dissatisfied towards the cleanliness and comfort of the facilities in the pediatric OP
- According to the data collected the average waiting time taken for consultation was recorded. The data was collected on 19-12-23, 20-12-23, 26-12-23 and 28-12-23. The waiting time is mentioned as 59min 43sec, 48min 02 sec, 34min35se, and 15 min 18sec. The reason for increased waiting time is due to long IP Rounds, Emergency cases and prioritizing certain cases. Hence we can understand that the increase waiting time in turn affects the patient satisfaction.
- The patient satisfaction level is affected by multiple factors like waiting time, inadequate communication and lack of proper facilities.

SUGGESTIONS

- **Enhance communication:** Ensure clear, empathetic communication between staff and patients.
- **Streamline processes:** Optimize appointment scheduling, registration, and check-in procedures. **Comfortable environment:** Create a welcoming and clean space with comfortable seating and amenities.
- **Timely service:** Minimize wait times and keep patients informed if delays occur.
- **Personalized care:** Tailor services to individual needs, fostering a sense of personalized attention.
- **Feedback mechanisms:** Implement surveys or feedback forms to understand patient experiences and address concerns.
- **Staff training:** Train healthcare providers and staff in customer service and empathy.
- **Technology integration:** Leverage technology for efficient record-keeping and communication.
- **Patient education:** Offer resources to help patients understand their conditions and treatment plans.
- **Follow-up care:** Establish post-visit communication to ensure ongoing support and address any post-visit concerns.

CONCLUSION

In conclusion, optimizing patient satisfaction in a pediatric outpatient setting requires a holistic approach. By prioritizing clear communication, creating a welcoming environment, minimizing wait times, and personalizing care, healthcare providers can significantly enhance the overall experience for young patients and their families. Continuous feedback mechanisms, staff training, and technological integration further contribute to sustained improvements. The focus on patient education and thoughtful follow-up care ensures a comprehensive and positive pediatric outpatient experience, fostering trust and well-being for the youngest members of our communities. Additionally, emphasizing a child-friendly atmosphere with age-appropriate amenities, colorful decor, and engaging activities contributes to a positive environment. Collaborative efforts between healthcare providers and families play a crucial role in addressing pediatric patients' unique needs and concerns. Regularly reassessing and adapting practices based on feedback ensures an ongoing commitment to excellence in pediatric outpatient care. Ultimately, a compassionate and family-centered approach not only enhances patient satisfaction but also contributes to the overall well-being and health outcomes of the young patients under care.

In conclusion achieving optimal patient satisfaction in pediatric outpatient settings demands a multifaceted strategy. Cultivating a nurturing environment, enhancing communication, and prioritizing family involvement are crucial components. Integrating innovative approaches, ongoing staff education, and adapting to evolving needs showcase a commitment to continuous improvement. By blending medical expertise with compassionate care, pediatric outpatient facilities can not only meet but exceed the expectations of both young patients and their families, fostering a positive impact on the overall health and well-being of the community they serve.

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ANNEXURE

ANNEXURE 1 – QUESTIONNAIRE

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

01. Are you the patient or the bystander?

.....

02. Gender

- Male
- Female

03. Age

- Below 25
- 25-50 years
- Above 50

04. Marital Status

- Single
- Married

05. Education Status

- School
- UG
- PG and above

06. Occupation

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

07. Distance to Hospital

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

08. Residence Status

- Kerala
- Other State
- NRI

09. How would you rate your parking experience?

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

10. How would you rate the sign boards and directories to different departments?

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

11. Are you happy with the Registration and Billing Process and the time taken in the pediatric OP?

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

12. Are you happy with the communication provided and accuracy?

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

13. Were you informed regarding the waiting time and consultation delay in pediatric OP?

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

14. Was the waiting area child friendly and comfortable?

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

15. Are you satisfied with the feeding room facility available in the pediatric OP?

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

16. Are you happy with the Amenities and activities to help distract and entertain your child whilewaiting?

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

17. Are you satisfied with the Vitals checking area of the children?

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

18. How was your experience during the sample collection?

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

19. Are you satisfied with the Waiting Time for the Consultation in the Pediatric OP?

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

20. Have you received the Report on time from Laboratory?

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

21. How satisfied are you with the Cleanliness and Comfort waiting area and the examination room?

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

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

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

23. Were you satisfied with the Quality of Care received?

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

24. How would you rate the availability of appointment in Pediatric OP?

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

25. Are you happy with the hospital tariffs?

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

26. How would you rate your overall Experience in the hospital?

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

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