



Client Satisfaction Survey - Gateway of Quality Care: Mixed Type Study from a Tertiary Care Centre of Ahmedabad, Gujarat

Rashmi Sanjay Sharma¹, Gneyaa Shirish Bhatt², Bharat H Patel³

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Author's Affiliation:

¹Associate Professor; ²Assistant Professor, Dept. of Community & Medicine, GMERS Medical College, Sola, Ahmedabad; ³Associate Professor & I/C HOD, Dept. of Community & Medicine, GMERS Medical College, Gotri Vadodara

Correspondence

Dr Rashmi Sharma
drrashmi_psm@yahoo.com

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ABSTRACT

Background: Client satisfaction surveys integral part of quality improvement at a health facility, help in preparing action plan to identify the causes of low satisfaction and steps to maximize patient satisfaction. Aims of this study were to (1) explore level of client satisfaction, (2) find out the reasons of low satisfaction and (3) suggest feasible means for improvement.

Methodology: A mixed type of study with both quantitative and qualitative components was undertaken after permission from the head of institute. A total 421 (124 OPD & 297 IPD) patient's satisfaction survey forms filled during 2015 - 2016 were analyzed. In order to get more insight and as part of qualitative research, 2 focus group discussions (FGDs) of treated/ discharged patients from IPD and 1 for OPD cases were conducted in early 2017.

Results: Most respondents during client survey, expressed satisfaction over, cleanliness, security, parking facilities and behavior of hospital staff. Half of the participants were aware of their rights. More than 25% waited for less than 10 minutes for their registration. However, none of the participants could see concerned care provider within 30 minutes of registration. In FGDs too, most participants mentioned free of cost services, good behavior of doctor, satisfactory treatment and cleanliness of hospital as reasons for choosing this hospital.

Conclusion: While survey findings are largely flattering to the system, those from FGDs pointed out certain areas of improvement. Hence, it is recommended to include FGDs, as a part of current client satisfaction survey. Grievance redressal system must be in place in the form of mail boxes installed at hospital. The observations of the survey were shared with all the stakeholders to find out realistic solutions.

Key words: client satisfaction survey, FGD, quality of health care

BACKGROUND

Health care organizations (HCOs) world over are operating in an extremely competitive environment and patient satisfaction has become a key to gaining and maintaining market share.¹ According to Donabedian's declaration for including patient perception into quality assessment of care, health-

care managers incorporate patient centered care as a major component in the healthcare mission.² It is an effective proxy indicator to measure the success of doctors as well as hospital itself.³ Customer feedback is a primary performance indicator to judge the overall of the Quality Management System (QMS) and therefore it should receive ade-

quate attention. Inputs include relevant, representative and reliable data so if analyzed properly can be used effectively.⁴

The quality of health service can be an inexpensive type with minimum side effects but can still cure or relieve the health problems⁵. It is easier to evaluate the patient's satisfaction towards the service than evaluate the quality of medical services that they receive.⁶ Therefore, a research on patient satisfaction can be an important tool to improve the quality of services.⁷

Client satisfaction is essential to any HCO and client satisfaction survey from time to time can provide an insight into how to improve the quality. When done thoughtfully with proper follow up, the results can immediately affect the way we practice irrespective of size, specialty and location.⁸ Patient satisfaction surveys are tools for learning; they give proportion of problem areas and a reference point for making managerial decisions. It also inculcates a measure of accountability among physicians and other staff for care delivery. Apart from this, it (1) serves as a tool in decision-making, (2) is used to document quality of care to accrediting organizations and consumer groups and (3) provides leverage in negotiating contracts. However, the most important reason to conduct such surveys is that they provide the ability to identify and resolve potential problems before they become serious. They are also used to assess/measure specific initiatives/changes by identifying those operations and procedures that require better explanation to patients in service delivery, most importantly, they increase patient loyalty by demonstrating your care about their perceptions and look for ways to improve¹.

For the purpose of measurement of quality, one needs to look at the entire process including resources available, settings in which care is rendered, process of delivery of care, and the competency of those delivering the care. Client's experience is affected by both tangible and intangible components of the service provided as well as what happens after the customer departs physically from the system of service provider. Patient satisfaction is largely subjective and depends on patient perceptions, relative to their expectations. Because of this reason, it's difficult to define and measure patient satisfaction. Although, not everyone agrees on exactly what or how to measure, patient satisfaction has become an integral part of the current health care delivery system⁹. With this background, it was proposed to evaluate the existing system in terms of structure, process and outcome in a tertiary care teaching hospital located in Ahmedabad with the following objectives:

1. To review the current system for assessing client's satisfaction,
2. To determine the areas and causes of low satisfaction among the clients in terms of structure, process and outcome,
3. To suggest improvement measures to the authorities to make it more client friendly.

METHODOLOGY

The study was conducted at a 900 bedded multi-specialty tertiary level care center which is also attached to a medical college with an OPD attendance of 3598969 (including 13818 of casualty), 35524 indoor admissions (83.2% bed occupancy) in 2015.¹⁰ Due to the mixed study design, it included both quantitative as well qualitative components. After the introduction of National Quality Standard Assurance (NQAS), concept of client satisfaction survey with gradings was brought in. A total 421 filled patient's satisfaction survey forms (124 OPD & 297 IPD) between 2015 and 2016 were filled and analyzed during Nov - Dec 2016. Patient satisfaction survey form for OPD contains 16 questions while that for IPD has 23 questions which depending on their domains were segregated in 3 types namely input, process and outcome indicators. Quantitative component covered analysis of these filled forms while qualitative component included three Focus Group Discussions (FGDs).

FDGs: While two FGDs had 7-8 treated/ discharged participants (after obtaining their informed consent) from IPD of surgery and Medicine departments respectively and one FGD was conducted among patients who visited the OPD. Common guidelines were prepared for FGDs. Participants of each of the FGDs were adult and currently residing in Ahmedabad District. Total duration of each FGD was approximately 30-45 minutes. After introduction by Principal Investigator (PI) about the objectives of this exercise and other team members, their informed consent with full-assured confidentiality was obtained. FGDs began with opening question about the problem which brought them here followed by why they chose this center, referred by whom, were they really satisfied with the service they sought, their good and bad experiences (if any) and would they like to come again or would refer anyone. Information, thus generated was used to suggest points for improvement in the current system.

Ethical consideration: Permission was obtained from the institutional head before conducting the study and after completion, the findings of the study were shared with him. All participants were informed about the purpose of this study and they

were included only after obtaining their informed written consent.

RESULTS

OPD client survey: Out of 124 participants, 81% were females rest males. Half of the participants claimed to be aware of their rights as a patient. About 75% of participants had to wait for 10 minutes or more for the registration but all participants

could get appropriate place to sit while waiting and they received all needed information from the registration counter. It may be noted that none of the participants could see the concerned treatment provider within 30 minutes after the registration. All the participants underwent some investigation (radiological or lab-based tests) here, and for more than 2/3rd of patients, the waiting period was more than 5 minutes. However, all participants could get the test results within 30 minutes.

Table 1: Patient satisfaction in terms of input, process and outcome indicators of Outpatient department (OPD) patients (N = 124)

Q. No	Questions	Yes (%)
Input Indicators		
1	Are you aware of rights of patients?	62 (50)
2	Could you get appropriate place (to sit while waiting) in OPD?	124 (100)
Process Indicators		
1	How long did you wait at registration counter (yes if > 10 minutes)?	93 (75)
2	Could the reception counter provide you the appropriate information?	124 (100)
3	After registration, it took more than 30 minutes to meet the doctor?	124 (100)
4	How long did you wait for investigation (more than 5 minutes)?	83 (66.9)
5	Could you get the test report within time (within 30 minutes)?	124 (100)
Outcome indicator		
1	Are you satisfied with registration services	124 (100)
2	Are you satisfied with the conduct of doctor?	113 (91.1)
3	Have you undergone any investigation (lab based or Xray)?	124 (100)
4	Were you satisfied with the cleanliness in the OPD at hospital?	124 (100)
5	Were doctor & nursing staff favourable to you?	124 (100)
6	Availability of drinking water and wash room cleanliness both were satisfactory?	124 (100)
7	Were you satisfied with parking facilities at hospital?	124 (100)
8	Would you like to revisit this hospital in future for any medical care/ investigation?	124 (100)
9	In future would you recommend any one in need of medical care to this hospital?	124 (100)

Table 2: Patient satisfaction in terms of input, process and outcome indicators of Inpatient department (IPD) patients (N = 297)

Q.N	Question	Yes (%)
Input Indicators		
1	Are you aware of rights of patients	297 (100)
2	Is there proper sitting arrangement for patients in waiting	297 (100)
3	The ward where you were admitted was comfortable to stay	295 (99.3)
4	Did proper facilities exist there for drinking water and toilets	297 (100)
5	Clothes/ linens provided in the hospital were clean?	295 (99.3)
6	Food provided to you was tasty and nutritious	292 (98.3)
Process Indicators		
1	Did the reception provide you correct information	297 (100)
2	Registration counter noted your details correctly	297 (100)
3	Was the consent taken from you prior to the clinical examination	297 (100)
4	Were you provided adequate information about the care to be given by you?	297 (100)
5	Were you informed about the estimated expenditure (if any)?	297 (100)
6	Were you informed about possible outcomes of the treatment being given to you	297 (100)
7	Did you wait long for getting admitted in the hospital	18 (6.1)
8	Were the admitted patients getting medicine/ injection at appropriate time	294 (98.9)
9	Did the person dispensing medicine, explain you in detail instruction contained in the prescription	297 (100)
10	Did you wait long at the time of discharge from the hospital	19 (6.4)
11	Prior to discharge whether you were provided sufficient information about diet and care	294 (98.9)
Outcome indicator		
1	Were you satisfied with the behaviour of doctors	297 (100)
2	Were you satisfied with the behaviour of staff nurses	295 (99.3)
3	Other hospital staff behaved with you in a supporting manner	297 (100)
4	Were you satisfied with the cleanliness & security at hospital?	297 (100)
5	Were you satisfied with parking facilities at hospital?	297 (100)
6	Would you advise your friends/ relatives to avail services of this hospital (in need)	297 (100)

When assessed for outcome indicators, all were found satisfied with all indicators i.e. registration services, behavior of doctors/ staff nurses, facilities for drinking water, wash rooms, security, parking (for vehicles). All of them also stated that they would definitely revisit this hospital if the need arises and would also recommend this hospital to others for medical care (table 1).

IPD client survey: Out of 297 participants, 202 (68%) were males; rest females. Among the input indicators, cent percent positive responses were received regarding the awareness of rights of patients, adequate waiting space, facilities for drinking water and toilets. Similar responses were recorded for comfortable stay in the ward, provision of clean clothes and linen where 2 participants refused to speak anything in this regard. When asked about the supply of healthy and nutritious food during their hospital stay all agreed except 2 who denied it and 3 who refused to speak on it. Among the process indicators, the responses were positive in cent percent cases for correct information from registration, correct noting of the detail-sat registration, consent prior to clinical examination, adequate information about the treatment being given, estimation of expenditure to be incurred (if any), possible outcomes of treatment and provision of information regarding the prescribed medicines by the person dispensing the medicine (pharmacist). Except for 20 participants, rest did not find waiting period long while seeking admission. However, regarding time taken during the discharge process, most of the patients (92.2%) were not sure that the time is long or not. Except for 3 participants who chose not to reply, everyone was agreeing that they received drugs/ injections etc. at the right time during their stay and also received full and correct information at the time of the discharge from the hospital. Among the outcome indicators, responses were positive in cent percent cases for satisfactory behavior of doctors/ hospital support staff, satisfaction with cleanliness, security and parking facilities. However, when asked about the behavior of staff nurses, 2 of the participants refused to comment.

Qualitative observations: For all the FGDs, participants belonged to both the genders and their age ranged between 22 and 70 years. Their occupations varied from labor work, waiter, house wife and retired person.

Common findings of all 3 FGDs: Most of the patients came to know or were recommended to this center mainly by relatives/ friends who were treated earlier or they themselves were treated earlier. They chose this hospital for free services, good treatment/behavior by doctors and cleanliness. However, few specifically mentioned about the

rude behavior of nursing and other staff like security. Quantity of food served was inadequate. One person suggested the provision of separate queue for senior citizens as when their turn comes, drug pharmacy gets closed. Cleanliness in wash rooms needs improvement. Drinking water facilities are not adequate. Overall, all were satisfied with hospital services and would like to revisit and would refer others.

Some of the verbatim response of patients were as below.

When enquired about why they have chosen this hospital were

1. “અહીંયા મોટાભાગની સેવાઓ તદ્દન મફત આપવામા આવે છે”(Most of the services available here are free of cost)
2. “ડોક્ટર અને નર્સિંગ સ્ટાફનુ વર્તન ખુબ જ સરસ છે,” (Behavior of doctors & nursing staff is very nice)
3. “સાફ-સફાઈ અને યોખખાઈ ખુબ સરસ છે.” (Clean environment is here)
4. “ડોક્ટર દ્વારા ખુબ સરસ સારવાર કરવામા આવે છે.”(treatment provided by doctor is very good).

When asked to give your feedback to improve the services

1. બાથરૂમમાં સફાઈ બરોબર નથી. (cleanliness in bathroom is not up to the mark)
2. પીવાના પાણીની સગવડ પુરતી નથી. (Drinking water is not adequately available here)
3. પીવાના પાણીની અને ટોઈલેટની વ્યવસ્થા બરાબર નથી.(drinking water & toilet facilities are not up to the mark)
4. ટર્ફને ઓઢવા માટે ધાબળા અપાતા નથી. (blankets are not provided for patients in winters).
5. જમવાનું પુરતું નથી મળતું. (Food provided is not adequate)
6. જમવા માટે બે રોટી અને એક ચમચા ભાત મળે છે જે પુરતું નથી (meal provided is two chapatis and only one large spoon of rice which is not sufficient for me)
7. વધુ ભણેલા ન હોવાથી જ્યારે એક રૂમથી બીજા રૂમમાં તપાસ માટે મોકલવામાં આવે છે ત્યારે રૂમ શોધવામાં તકલીફ પડે છે. (for illiterate patients, it is difficult to locate the various laboratories)
8. નર્સિંગ સ્ટાફનું વર્તન સારું નથી (behavior of nursing staff not good)
9. કેસબારી અને દવાબારી પર સીનીયર સીટીજન માટે અલગ લાઈન હોવી જોઈએ કારણકે લાઈનમાં ઉભા રહીએ છીએ અને વારો આવે ત્યાં સુધી દવાબારી અને કેસબારી બંધ થઈ જાય છે. (There should be provision of separate senior citizen queue as when their turn comes drug pharmacy is closed)
10. ડોક્ટરે લખેલી દવા બહારથી મળતી નથી.(drugs prescribed by doctors are not available here)

11. રીપોર્ટ જલ્દી નથી મળતા અને જ્યારે બીજા દીવસે રીપોર્ટ મળે ત્યારે અગાઉ બતાવેલ ડોક્ટરનો વારો નથી હોતો. (Reports of investigations takes time and they have to come next day to collect report when, they cannot see the doctor to whom they consulted previous day)
12. સીક્યુરીટી સ્ટાફની વર્તણૂક યોગ્ય નથી. (behavior of security staff is not good)

Regarding revisiting the hospital and recommending others

"ભવિષ્યમાં કોઈપણ સારવાર માટે હું આ હોસ્પિટલની ચોક્કસ મુલાકાત લઈશ તથા અન્ય વ્યક્તિઓને પણ અહીંયા સારવાર માટે મોકલીશ". (In future, I would like to visit this facility again and would refer others too)

DISCUSSION

Healthcare industries have seen continuous quality improvement and this gained momentum since 1990¹¹. An interaction with client gives information about the quality of services based on their experiences while still in the hospital. It must include the followings¹²

1. Feedback on quality of services, staff behavior, food quality, waiting times, etc.
2. Out of pocket expenditure (OOPE) incurred during the hospitalization.
3. Effect of communication like counselling services and self-drug administration.

Survey forms used in this study for both OPD and IPD cases, covered first two criteria partially but third one was not at all seen. In OPD based survey, only half of them were aware of rights of a patient. Since remaining half were unaware of their rights, further questioning does not remain reliable as expectations are shaped based on awareness of the rights.

Process analyses the practice of care delivery and includes physician (care provider) –patient (client) interaction (art/ technical management/ efficiency/ documentation of care).⁴A total of 93 (75%) participants had to wait for 10 minutes or more for the registration. A study at Chandigarh,¹³found average time spent by respondents for registration as 33.2 minutes. Though all participants claimed to have received all needed information from the registration counter, none of the participants could see the concerned treatment provider within 30 minutes of the registration.

After consulting physician in OPD, patient is advised diagnostic tests in lab/ radiology department and finds the waiting time for collection of sample or later collection of test reports so long that he/she becomes dissatisfied and despite the quality clinical care, he/she can rate hospital services as

average.⁴ All the participants in this study underwent some investigation and here too the waiting period was more than 5 minutes.

When assessed for outcome indicators in OPD survey, all were found satisfied with registration services and also all except one were satisfied with the conduct of treatment providers (doctors). In another study,¹overall satisfaction regarding the doctor-patient professional and behavioral communication was more than 80 % but was less than 60% with regards of examination and consultation. In the same study, satisfaction with the duration of stay in OPD was 64.6%. All participants expressed satisfaction with the behavior of doctors/ staff nurses, facilities for drinking water, wash rooms, security and of parking (for vehicles). All of them also stated that they would definitely revisit this hospital if the need arises in future and would also recommend this hospital to others. Faith on the treatment provider or health facility emerged out as most important motivating factor for the visit to a tertiary (48.2%) and secondary level (71.9%, 67.1%) of health facilities.¹

In the FGD for OPD services, older respondents reported higher satisfaction; possible explanations include lower expectations (of health care), reluctance/ inability to articulate their dissatisfaction and the fact that they may be unaware of recent available/modern treatment and technologies. Despite being equidistant with another bigger government hospital, one participant is coming here regularly (for treatment) *for better services and less crowded conditions*. Another participant informed that he has come here from adjoining state for treatment as recommended by his relatives. Some studies⁴ have found that clients who are more sick or experience psychological stress are less satisfied. Choice of service provider is associated with higher satisfaction. Gate keeping organization like ours where the clients (participants) have little or no choice in their treatment, score relatively poorly on satisfaction. Some other good points mentioned in this FGD were good quality of treatment, cleanliness and behavior of doctors/ nursing staff. Some areas which needed intervention as identified by the participants were

1. Provision of separate queue for senior citizen at drug dispensing counter
2. Drugs prescribed by doctors should be available within hospital.
3. For clients coming from neighboring state, language is a barrier for communication.

Patient centered functions are patient's rights and also reflect organization's ethics. In IPD survey, cent percent positive response received regarding the awareness of right of patient may be as a result

of signage displayed in the hospital at a prominent place. Still it seems that patients were not fully aware and that is why almost all of them were satisfied with almost all services provided in the hospital. Similar responses were recorded for comfortable stay in the ward, facilities for drinking water and toilets which may be because IPD facilities are provided through newly constructed building fully equipped with all basic amenities. When asked about the supply of healthy and nutritious food during the stay, all agreed for it except some denied it (2) or refused to speak (3). Out of 11 process indicators, for 7, the responses were positive in cent percent cases i.e. correct information from registration, adequate information about the treatment, estimation of expenditure (if any) etc. They received drugs/ injections at the right time during their stay and also received full and correct information at the time of the discharge except few. Among the outcome indicators, responses were positive in cent percent cases for satisfactory behavior of doctors/ hospital support staff, satisfaction with cleanliness, security and parking facilities.

Such a rosy picture painted by the clients on a designed form is difficult to believe and an element of courtesy bias (forms were filled up while sitting in front of Asst. Administrator in her office) cannot be ruled out. This assumption of ours appears to be true when we compare these results with the findings of FGDs conducted amongst OPD/ IPD cases and here contrasting findings were seen for availability of drinking water, wash room facilities, correct information given at reception counter, quality of food etc. While most of the participants were appreciative of behavior of doctors, some were critical of behavior of supportive (mainly nursing & attendants) and security staff. Thus, the FGDs done by us in addition to the client satisfaction survey, not only complimented our findings of survey but also provided us a new insight and better understanding of patient's level of satisfaction.

CONCLUSION

Study methods used include analysis of survey forms of OPD and IPD and 3 FGDs done amongst discharged IPD and OPD cases. Based on the observations, it was found that all findings were not in agreement. While the findings of surveys are largely flattering to the system, those from FGDs were not so much. In view of this, certain recommendations have been made which are listed below:

1. Every hospital shall have a regular, built in and sustainable system of getting client's feedback.

2. As revealed by this study, maximum and best possible information is generated when a mix of both quantitative and qualitative methods are used. Therefore, it is proposed that a system be evolved to gather client's feedback using both quantitative and qualitative methods. It is proposed that based on the annual number of OPD and IPD cases, a minimum of 0.1% and 1% of survey forms must be filled up for both OPD and IPD cases respectively equally spread out in all 4 quarters to see the improvement. For qualitative analysis, it is proposed that at least 1 FGD each for OPD and IPD be conducted in each quarter of the year.
3. Grievance redressal system should be strengthened. Complaint boxes shall be installed at prominent places in the hospital where clients can drop their complaints/ suggestions. Such boxes should be opened every month in presence of Medical Superintendent and should be directed to concerned departments/ units for corrective actions.
4. Survey forms must reflect all the areas of client satisfaction and shall be different for both OPD and IPD.
5. Information thus gathered is best used, when it is analyzed and shared with all stakeholders like Medical Superintendent (MS), Clinicians, staff nurse, supportive staff from all departments including supportive services (drug pharmacy, kitchen, laundry) and general administration for taking corrective and preventive actions (CAPA). Score based survey form can be generated to see the impact of preventive and corrective actions taken from time to time.

LIMITATIONS

Satisfaction is a relative as well as subjective measure and everyone perceives it differently. Responses in survey may have a courtesy bias as forms were filled up while sitting in front of Assistant Administrator. There is also a selection bias as the participants were not selected randomly.

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