A Study of Improving Quality of Care and Patient Satisfaction through Effective Hospital Management with Reference to Select Hospitals in Delhi

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ABSTRACT: This study examines how effective hospital management can improve the quality of care and patient satisfaction at AIIMS, MAX HOSPITAL, and SRI BALAJI ACTION MEDICAL INSTITUTE in Delhi. Using a combination of quantitative and qualitative methods, the research looks at current management systems, identifies areas for improvement, and proposes specific actions to take. It focuses on three main areas: putting patients first, getting staff involved, and using technology wisely. By studying both how hospitals are run and what patients think, the research offers practical advice on how to keep getting better and making sure patients are happy

KEYWORDS: Hospital management, quality care, patient satisfaction, AIIMS, MAX HOSPITAL, SRI BALAJI ACTION MEDICAL INSTITUTE, Delhi, mixed-methods approach, patient-centered care, staff engagement, technological advancements, continuous improvement, healthcare delivery optimization.

I. INTRODUCTION

BACKGROUND OF THE STUDY
The healthcare industry is changing rapidly. Patients now have higher expectations, regulations are becoming more strict, and there is a constant drive to improve the quality of care provided. In this ever-changing landscape, hospital management plays a crucial role in managing day-to-day operations, making the most of available resources, and guaranteeing that excellent care is consistently delivered with a focus on patient satisfaction.

Rising Importance of Patient-Centric Care
Amidst these challenges, the paradigm of healthcare delivery has shifted towards a patient-centric model, where patients are not merely passive recipients of care but active partners in their healthcare journey. Patient satisfaction has emerged as a critical metric, reflecting the overall quality of care delivery and serving as a barometer of organizational effectiveness and patient loyalty.

NEED AND IMPORTANCE OF STUDY
Improving quality of care and patient satisfaction through effective hospital management in AIIMS, Max, and SBAMI hospitals in Delhi is imperative. It ensures streamlined processes, enhances patient outcomes, and fosters patient-centered care. Efficient management optimizes resource utilization, enhances staff satisfaction, and ensures regulatory compliance. Positive patient experiences lead to increased referrals, higher retention rates, and a stronger reputation. Additionally, it builds trust within the community and provides a competitive advantage in the healthcare market.

II. SCOPE OF THE STUDY

The scope of this study includes a critical analysis and deep investigation of different dimensions, including hospital management practices, quality care delivery, and patient satisfaction in the healthcare context. These are key elements of the study.
1. Hospital Management Practices:
2. Quality Care Delivery:
3. Patient Satisfaction Metrics:

4. Workforce Engagement and Development:
5. Regulatory Compliance and Accreditation Standards:
6. Patient-Centred Care Initiatives:

III. OBJECTIVES OF THE STUDY

- To study the quality care system in the Indian Hospitality Management System.
- To analyze the quality care system in selected hospitals
- Determine the level of satisfaction of patients admitted in the selected hospitals
- To suggest necessary recommendations for the improvement in the quality care in the hospital management.

IV. REVIEW OF LITERATURE

1. Otani, K., Herrmann, P. A., & Kurz, R. S. (2011). Health-care managers have to address many aspects of the organization, and patient satisfaction is clearly one of the critical aspects for managers. To respond to the need of health-care managers, there have been many patient satisfaction studies. However, these studies focus on which attributes (factors such as nursing care and physician care) are more influential; they do not provide specific aspects for each attribute.

2. Farley, H., Enguidanos, E. R., Coletti, C. M., Honigman, L., Mazzeo, A., Pinson, T. B., ... & Wiler, J. L. (2014). The Institute of Medicine 2001 report Crossing the Quality Chasm1 stated that "the U.S. delivery system does not provide consistent, high quality medical care to all people." The Institute of Medicine defined 6 aims on which to reengineer health care delivery systems. It posited that health care should be safe, effective, patient-centered, timely, efficient, and equitable

3.Marley, K. A., Collier, D. A., & Meyer Goldstein, S. (2004). Managers constantly struggle with where to allocate their resources and efforts in managing the complex service delivery system called a hospital. In the broadest sense, their decisions and actions focus on two important aspects of health care—clinical or technical medical care that emphasizes "what" the patient receives and process performance that emphasizes "how" health care services are delivered to patients.

4.Kamra, V., Singh, H., & Kumar De, K. (2016). This study examines the factors affecting patient satisfaction and their relationships with respondent demographics for tertiary-level health-care services. Data were collected from in-patients of multispecialty hospitals located in northern India with the help of a structured questionnaire. Factor analysis, analysis of variance (ANOVA) and t-test techniques have been employed to analyse the data.

5.Gok, M. S., & Sezen, B. (2013). This paper empirically analyses the effects of efficiency and structural quality on patient satisfaction in Turkish public hospitals. It also investigates the controversial relationship between hospital efficiency and structural quality for small, medium and large size hospitals in a comparative perspective. The paucity of healthcare resources is especially problematic in developing countries where poor health condition is one of the most important limitations for economic development and welfare.

6. Camgöz-Akdağ, H., & Zineldin, M. (2010). The aim of this research is to examine the major factors affecting patients' perception of cumulative satisfaction and to address the question whether patients in Istanbul evaluate quality of health care to be similar or different to that of the Kazakhstani, Egyptian and Jordanian patients. The results of this study can be used by the hospitals to reengineer and redesign creatively their quality management processes and the future direction of their more effective health care quality strategies.

7.Sodani, P. R., Kumar, R. K., Srivastava, J., & Sharma, L. (2010). Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauze responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction. (1) Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries

8.Febres-Ramos, R. J., & Mercado-Rey, M. R. (2020). Patient satisfaction is an indicator of the quality of care provided in health services. Knowing the level of satisfaction will improve deficiencies and reaffirm strengths to develop a health system that provides the quality care that patients demand. Objective: To determine the satisfaction of the quality of service of patients of external Internal Medicine consultation of Hospital Daniel Alcides Carrión - Huancayo, from July to November 2016. Methods: Observational, descriptive, cross-sectional study

9.Khamis, K., & Njau, B. (2014). The patient satisfaction perspective of hospital care had gained more attention in recent years and studies have shown that patients are most satisfied with interpersonal interactions, such as staff-patient relationships [2]. A study done in South Africa concluded that patient satisfaction is a fundamental indicator of equitable quality of care [3].

10.Barr, J. K., Giannotti, T. E., Sofaer, S., Duquette, C. E., Waters, W. J., & Petrillo, M. K. (2006). Data from the standardized statewide patient satisfaction survey process were used by hospitals to identify and target new QI initiatives, evaluate performance, and monitor progress. While all hospitals fully participated in the public reporting process, they varied in the stage of development of their QI activities and adoption of the statewide standardized survey for ongoing monitoring of their QI programs.

V. DATA ANALYSIS

1.ANALYSIS ON GENDER

GENDER	FREQUENCY
Male	90
Female	60
TOTAL	150

Table-1: Gender
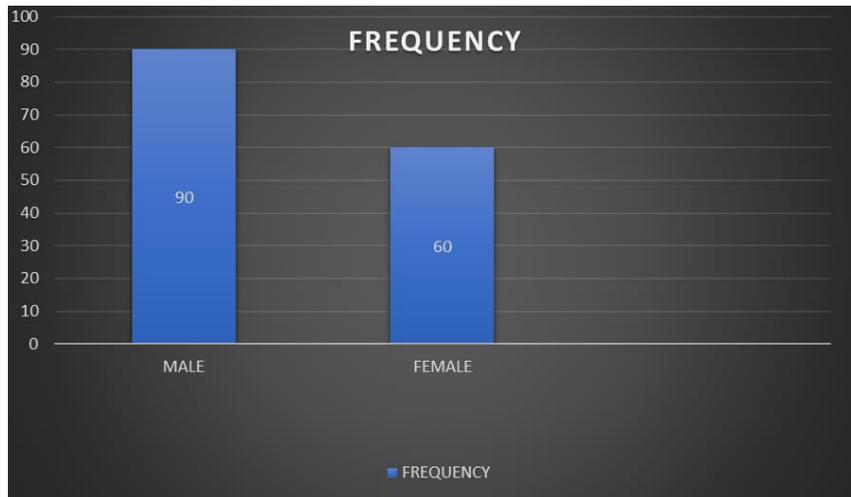
Graph:1

INTERPRETATION:
The data provided appears to represent the frequency distribution of gender among a sample of 150 individuals. Here's how we can interpret the data:

- **Male:** There are 90 individuals in the sample who identify as male.
- **Female:** There are 60 individuals in the sample who identify as female.
- **Total:** The total sample size is 150 individuals.

From this data, we can make several observations:

1. **Gender Distribution:** The sample includes more males (90) than females (60).
2. **Gender Ratio:** The ratio of males to females in the sample can be calculated by dividing the number of males by the number of females. In this case, it would be 90/60 = 1.5, indicating that there are 1.5 times as many males as females in the sample.
3. **Representation:** Depending on the context of the study or population being studied, we can assess whether the gender distribution in the sample accurately reflects the gender distribution in the larger population. If the sample is representative, the findings can potentially be generalized to the population as a whole.

2.ANALYSIS ON AGE

AGE	FREQUENCY
21-30	15
31-40	40
41-50	45
51& above	50
TOTAL	150

Table-2: Age
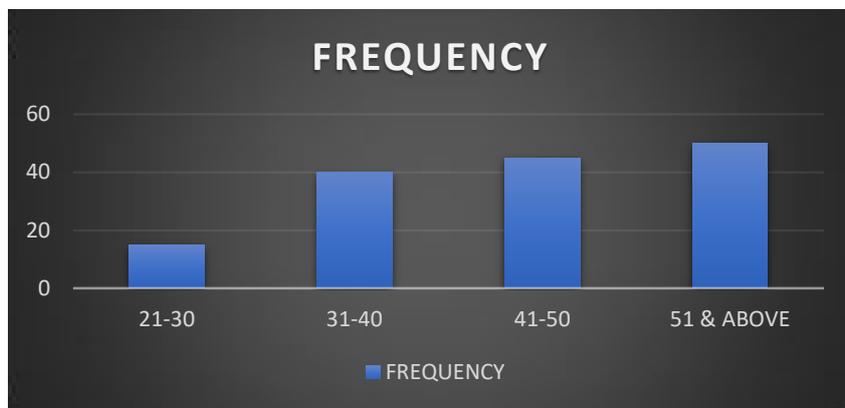
Graph:2

INTERPRETATION

The data provided represents the frequency distribution of age groups within a sample of 150 individuals. Let's interpret the data:

Age Groups:
- **21-30:** There are 15 individuals in the sample aged between 21 and 30 years.
- **31-40:** There are 40 individuals in the sample aged between 31 and 40 years.
- **41-50:** There are 45 individuals in the sample aged between 41 and 50 years.
- **51 & above:** There are 50 individuals in the sample aged 51 years and above.
- Total: The total sample size is 150 individuals.

Here are some observations based on the data:
- **Age Distribution:** The majority of the sample falls into the older age categories, with more individuals aged 41 years and above.
- **Age Range:** The sample covers a wide range of ages, from 21 years to above 51 years.
- **Representation:** The distribution of age groups within the sample provides insights into the demographic composition of the study population. Researchers can assess whether the age distribution in the sample accurately reflects the age distribution in the larger population of interest.

3.ANALYSIS ON HOSPITALS

HOSPITALS	FREQUENCY11
AIIMS	50
MAX HOSPITAL	50
SRI BALAJI ACTION MEDICAL INSTITUTE	50
TOTAL	150

Table-3: Hospitals
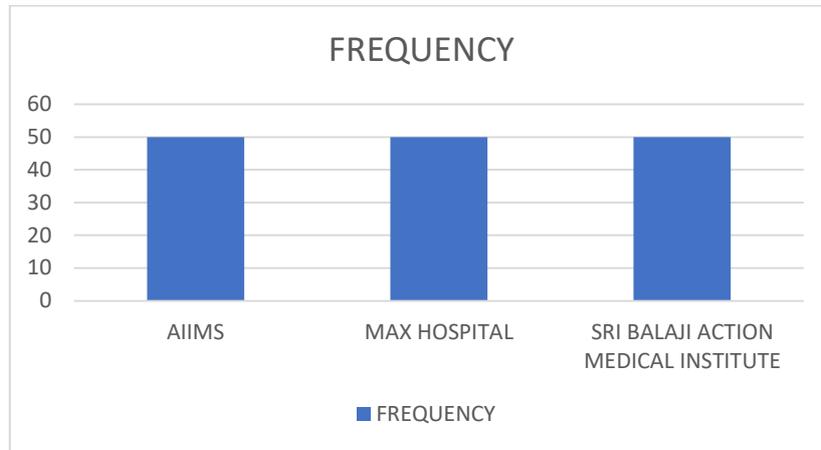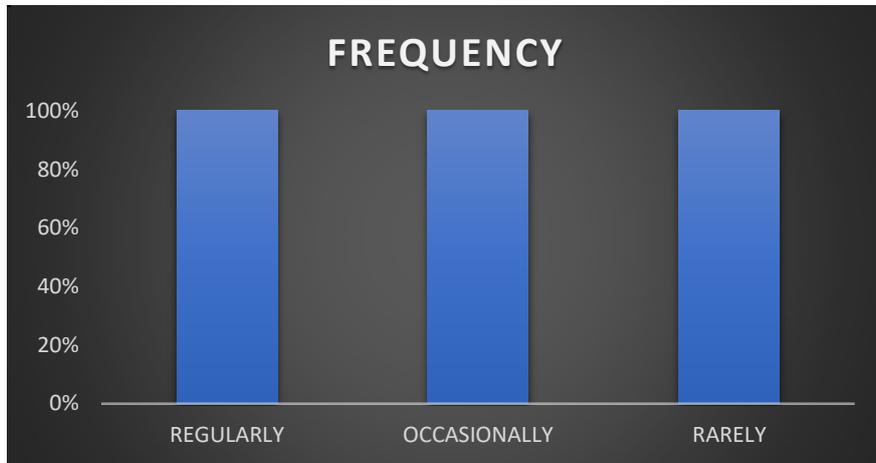
Graph:3

INTERPRETATION:
The dataset comprises three hospitals: AIIMS, MAX HOSPITAL, and SRI BALAJI ACTION MEDICAL INSTITUTE, each with a frequency count of 50. The total frequency across all three hospitals is 150.

- **Equal Representation:** The equal occurrence of each hospital suggests that they are being represented equally in whatever context this data is being used. This could imply that each hospital holds similar significance or relevance to the research, study, or analysis being conducted.

- **Standardized Comparison:** This balanced representation may indicate an intention to compare these hospitals systematically across various criteria such as patient outcomes, treatment efficacy, service quality, or cost-effectiveness. Such standardized comparison allows for fair assessment and meaningful conclusions.

- **Research Methodology:** The equal frequency could imply that these hospitals were selected using a specific methodology, such as random sampling or stratified sampling. This methodology ensures that each hospital has an equal chance of being included in the study, enhancing the validity and reliability of the research findings.

4.ANALYSIS ON MEDICAL CARE

MEDICAL CARE	Frequency
Regularly	65
Occasionally	55
Rarely	30
TOTAL	150

Table-4: Medical care

Graph:4

INTERPRETATION:

The provided data presents the frequency distribution for different categories under the variable "Frequency of occurrence" within a sample of 150 individuals. Let's interpret the data:

- **Regularly:** This category includes individuals who engage in the activity regularly. In this sample, there are 65 individuals who fall into this category.
- **Occasionally:** Individuals who engage in the activity occasionally are represented in this category. In the sample, there are 55 individuals who fall into this category.
- **Rarely:** This category encompasses individuals who engage in the activity rarely. In this sample, there are 30 individuals who fall into this category.
- **Total:** The total number of individuals in the sample is 150.

Observations:

1. Distribution of Frequency: The data provides a breakdown of how frequently individuals engage in the activity being measured.
2. Frequency Distribution: The sample includes individuals who engage in the activity regularly, occasionally, and rarely, indicating variability in participation levels.

5.ANALYSIS ON QUALITY

Quality	Frequency6
Excellent	40
Good	55
Average	35
Poor	20
TOTAL	150

Table-5: Quality
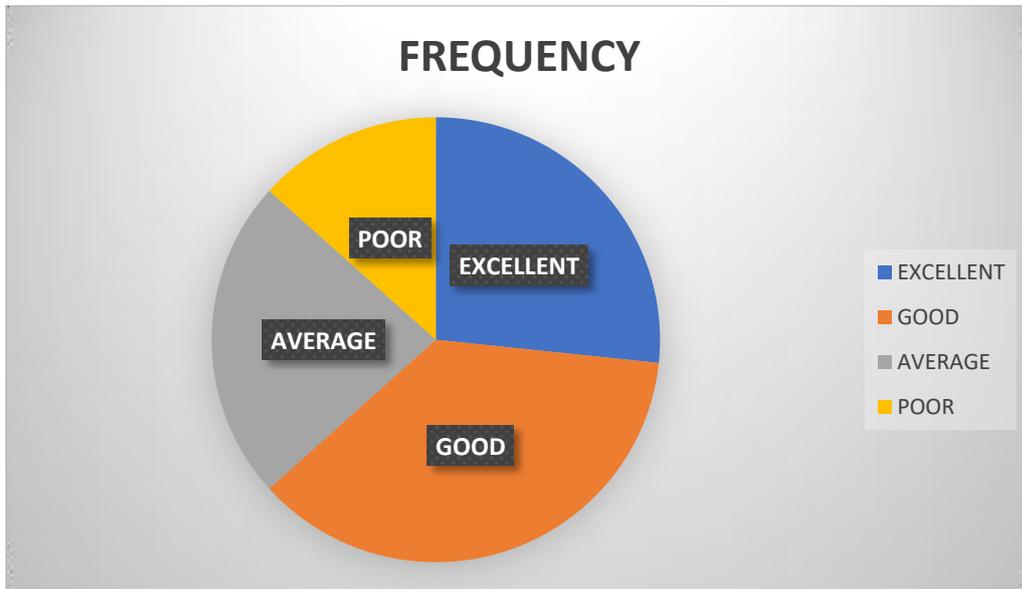
Graph:5

Interpretation

The provided data presents the frequency distribution for different categories under the variable "Quality" within a sample of 150 individuals. Let's interpret the data:

Excellent: This category includes instances where the quality is rated as excellent. In this sample, there are 40 instances where the quality is considered excellent.

Good: Individuals in this category rate the quality as good. In the sample, there are 55 instances where the quality is considered good.

Average: This category encompasses instances where the quality is rated as average. In this sample, there are 35 instances where the quality is considered average.

Poor: Individuals in this category rate the quality as poor. In the sample, there are 20 instances where the quality is considered poor.

Total: The total number of instances in the sample is 150.

VI. CONCLUSION

Quality care and satisfaction of patients in a hospital require strategic leadership, innovative approaches, and unwavering dedication to the principles of patient-centeredness. This dissertation examined the crucial role played by good hospital management in improving care delivery, enhancing positive experiences, and improving the health outcomes of patients. Training and development of staff, therefore, become critical in delivering compassionate and culturally sensitive care and enhancing rapport with the patient. Operational processes should be optimized through the reduction of wait times and the establishment of strong quality assurance mechanisms to ensure that improvement is made to enhance patient satisfaction.

REFERENCES

Articles & Journals:
1. Otani, K., Herrmann, P. A., & Kurz, R. S. (2011). Improving patient satisfaction in hospital care settings. Health Services Management Research, 24(4), 163-169.
2. Farley, H., Enguidanos, E. R., Coletti, C. M., Honigman, L., Mazzeo, A., Pinson, T. B., ... & Wiler, J. L. (2014). Patient satisfaction surveys and quality of care: an information paper. Annals of emergency medicine, 64(4), 351-357.
3. Marley, K. A., Collier, D. A., & Meyer Goldstein, S. (2004). The role of clinical and process quality in achieving patient satisfaction in hospitals. Decision Sciences, 35(3), 349-369.

4. Kamra, V., Singh, H., & Kumar De, K. (2016). Factors affecting patient satisfaction: an exploratory study for quality management in the health-care sector. Total Quality Management & Business Excellence, 27(9-10), 1013-1027.
5.   Analyzing the ambiguous relationship between efficiency, quality and patient satisfaction in healthcare services: the case of public hospitals in Turkey. Health policy, 111(3), 290-300.
6. Camgöz-Akdağ, H., & Zineldin, M. (2010). Quality of health care and patient satisfaction: An exploratory investigation of the 5Qs model at Turkey. Clinical Governance: An International Journal, 15(2), 92-101.
7. Sodani, P. R., Kumar, R. K., Srivastava, J., & Sharma, L. (2010). Measuring patient satisfaction: A case study to improve quality of care at public health facilities. Indian Journal of Community Medicine, 35(1), 52-56.
8. Febres-Ramos, R. J., & Mercado-Rey, M. R. (2020). Patient satisfaction and quality of care of the internal medicine service of Hospital Daniel Alcides Carrión. Huancayo-Perú. Revista de la Facultad de Medicina Humana, 20(3), 397-403.
9. Khamis, K., & Njau, B. (2014). Patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam, Tanzania. BMC health services research, 14, 1-8.
10. Barr, J. K., Giannotti, T. E., Sofaer, S., Duquette, C. E., Waters, W. J., & Petrillo, M. K. (2006).

TEXTBOOK

1 "Performance Improvement For Healthcare: Leading Change With Lean, Six Sigma And Constraints Management" By Bahadir Inozu, Ph.D. Chauncey, Vickie Kamataris, Charles Mount.
2. "Service Quality In Indian Hospitals: Perspectives From An Emerging Market" By- Sanjay Mohapatra, K. Ganesh, M. Punniyamoorthy, Rani Susmitha
3. "Patient Satisfaction: Understanding And Managing The Experience Of Care". By- Irwin Press.

WEB RESOURCES

1.https://www.routledge.com/Hospital-Quality-Implementing-Managing-and-Sustaining-an-Effective-Quality-Management-System/Johnson/p/book/9781032415000
2. https://www.researchgate.net/publication/353807287_Text_book_of_Quality_management
3. www.google.com

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