

# Level of Satisfaction in Patients attending Government Health Facilities of AIIMS, New Delhi, Outreach Outpatient Department, Badsa, Jhajjar, Haryana, India

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## ABSTRACT

Customer satisfaction is an individual feeling of pleasure or disappointment resulting from comparing a product/service's perceived performance or outcome in relation to his or her expectations. Outpatient department (OPD) in any hospital is considered to be a shop window of the hospitals. Our study aims to extract patient's satisfaction through structured questionnaire covering all dimensions like interpersonal manner of health service providers, accessibility, physical environment, and quality of medical care. It was a cross-sectional questionnaire-based study conducted at the All India Institute of Medical Sciences (AIIMS), New Delhi, outreach OPD, over 2 years from November 2014 to February 2016 and included 402 participants. The satisfactions divided into low, medium, and high were found in 17.91, 67.66, and 14.42% respectively. Medium satisfaction was similar in almost all qualification and occupation groups, which could be a subject of perception. Income-wise, upper class had highest level of satisfaction. Among the five divisions of questionnaire, accessibility to health care facility raised some concern from patient point of view, probably this being an outreach OPD. Other four factors like availability of medical resources, interpersonal manner, behavior of health care personnel, and physical environment of health care facility drew similar attention from the participants. The AIIMS outreach OPD can be taken as one of the steps in improving the outreach facility.

**Keywords:** Outreach outpatient department, Patient satisfaction, Questionnaire.

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## INTRODUCTION

Customer satisfaction is an individual feeling of pleasure or disappointment resulting from comparing a product or service's perceived performance and outcome in relation to his or her expectations. The role of government in ensuring that the country's health care system provides optimal services for its population has been greatly emphasized upon.<sup>1</sup> All health care providers and programs in our country have an overwhelming emphasis on quantitative aspect of services delivered, which means that, in a quest to chase runaway targets, we often neglect the concept of quality of care, which is also a right of patients.<sup>2</sup> Outpatient department in any hospital is considered to be a shop window of the hospitals. Nowadays, patients are looking for hassle-free and quick services. This demand is only possible with optimum utility of the resources through multitasking in a single-window system of the OPD.<sup>3</sup> Monitoring patient satisfaction has some advantages over other clinical outcome indicators. Patient satisfaction indicators remain stable over time as opposed to clinical indicators, which will be changed with technology and pace of medical progress.<sup>4</sup> Patient satisfaction is determined by the cultural setting of the people served. Medical care that fulfills the social and emotional needs of the patients is highly accepted. It is determined by the interplay of two factors, i.e., patient's or client's expectations and the real services provided. If the performance falls short of expectations, the customer is dissatisfied and if the performance matches the expectations, he is satisfied. In case the performance exceeds expectations, the client is highly satisfied or delighted.

Patient's satisfaction means patient's attitudes and perceptions toward health care services. Being

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intangible and subjective phenomenon, it is not easy to define. Patient satisfaction is "The degree to which the individual regards the health care as useful, effective and beneficial."<sup>5</sup> Patient satisfaction has been defined as an evaluation and reaction based on the fulfillment of expectations.<sup>5,6</sup> "It is the reflection of experiences of the customers for their expectations and needs."<sup>7</sup> People's use of health services is influenced by a range of psychological, social, cultural, economic, and political forces.<sup>8</sup> Health care includes several services; therefore, there are several factors of patient's satisfaction from doctors, nurses, treatment, general environment, and management. An attempt to evaluate the level of patient's satisfaction is related to different parameters of quality health care at the health facilities. This provides the existing medical system certain parameters that need improvement in the quality of the service provided.<sup>9</sup> Almost all the research on user perceptions includes questions about the personality, expertise, behavior, and interpersonal skills of the doctors. Patients have high expectations from the doctors in terms of showing care for the patient, extending consultation and support. The study of doctor-patient relationship is critical in customizing the doctors' attitude according to the user requirements.<sup>10,11</sup>

### Asian Data

The patient satisfaction data from Asian studies from Sharma et al,<sup>12</sup> Prasanna et al,<sup>8</sup> and Verma and Sharma<sup>13</sup> have varied from around 50 to 80%. Factors like registration procedure, doctor behavior, waiting times, transportation, and doctor skill have been independently explored in these studies.<sup>14-16</sup> However, due to lack of a structured questionnaire covering all domains of patient satisfaction and lack of internal consistency and reproducibility, these surveys give only partial information. Our study hence, aims to fulfill this lacuna by covering all patient satisfaction dimensions like interpersonal manner of health service providers, accessibility, physical environment, and availability and quality of medical care.<sup>17</sup>

Therefore, a study was conducted to investigate the level of satisfaction in patients attending government health facilities at the AIIMS, New Delhi outreach OPD Jhajjar, Badsa, Haryana, around 46 km away from the main campus.

## MATERIALS AND METHODS

### Study Design

It was a cross-sectional questionnaire-based study conducted at the outreach clinic, Jhajjar. The target population of this study included all patients who utilized health services at the OPD clinic of AIIMS Jhajjar. Parents or

guardians were the respondents of patients of age less than 14 years. Jhajjar outreach clinic was selected as the study site. The health facility catered to the population of the Jhajjar district and the nearby villages with the total of 956,907 population (source 2011 census).<sup>18</sup> This is an outreach OPD facility center having various departments (lab facility, radiodiagnosis, medicine, surgery, orthopedics, obstetrics and gynecology, pediatrics, ear, nose and throat facility, and ophthalmology) run by AIIMS, New Delhi. The study was carried out over nearly two years from November 2014 to February 2016 with sampling done mainly in winter season (2014–2015 and 2015–2016) between December and January. Similar weather was chosen to maintain coherence in satisfaction related to environmental conditions.

### Sample Size Determination

Sample size was calculated using the formula, sample size  $(n) = z^2 p (1-p)/d^2$  assuming a beta error = 0.2, corresponding power of 80%, and  $Z = Z$ -score when 95% confidence interval for estimating client satisfaction  $Z$  was equal to 2.58, When alpha error = 5%, corresponding to 99% confidence interval, where  $p$  = prevalence of patient satisfaction,  $d$  = allowable error 6.5%. As we presumed maximum variability, hence,  $p = 0.5$ ; sample size thus yielded was 393. Adding a figure of 10% for incomplete interviews, the total number came out to be 430 which was rounded off and 450 patients were interviewed. Selecting only the completed, fully legible, and completed pro formas, 402 of them were finally analyzed.

### Sampling Technique

Systematic random sampling was applied to draw the patients in order to get information about the aspects of health services. The sampling data collection was done once a week on different days to cover heterogeneity in patient population across days. Patients were selected within a  $k$  interval. The  $k$  interval is calculated by using this formula:  $k = a/n \times d$ , where  $k$  = sampling interval,  $a$  = actual number of patients who consumed services at the OPD clinic per day ( $a = 225$ ),  $d = 8$  (equivalent to 8 weeks, thus spread over 2 months in one season),  $n$  = required number of patients who consumed services at the OPD clinic ( $n = 450$ ).

Thus, by this formula  $k = 4$ .

### Research Instrument

The research instrument was a structured questionnaire (Annexure 1) which was adapted and modified from well-validated questionnaire for primary health care satisfaction in Thailand.<sup>19</sup> The questionnaire was translated into Hindi language which is used locally in the study area.

**Annexure 1:** Questionnaire used in the study (modified version of Net et al<sup>19</sup> questionnaire of satisfaction) which was scored on a 1 to 5 scale developed by Ware, Snyder, and Wright, 1976 = Excellent Satisfaction (81–100%), 4 = Good Satisfaction (61–80%), 3 = Satisfied (41–60%), 2 = Dissatisfied (21–40%), 1 = Poor satisfaction (<20%); and some was also stratified on Likert's system as "strongly agree," "agree," "neither agree nor disagree," "disagree," and "strongly disagree."

No.	Statements	Satisfaction level				
		1	2	3	4	5
<i>Interpersonal manner of health service providers</i>						
1	Physicians examine and treat me in a very friendly and courteous manner					
2	Physicians and their staff who treat me should give me more respect about my wishes					
3	When I am receiving medical care, physicians and their staff should pay more attention to my privacy					
4	I feel free to complain about my health problem when I am with my physicians					
<i>Accessibility</i>						
5	Staffs at the reception ease me to obtain all information I need about health services here					
6	There are enough seats at the waiting area					
7	I do not have to wait too long for getting medical care at this OPD					
8	I find it hard to get an appointment for medical care right away at this OPD					
9	Places where I get medical care are very conveniently located					
<i>Physical environment</i>						
10	The location of services is clean and has enough space to use					
11	I feel the atmosphere of this OPD is good					
12	There are clear signs and directions to indicate where to go in the service area of this OPD					
13	Facilities and equipment at the OPD are tidy					
<i>Availability of medical resources</i>						
14	Physicians and their health staffs are available whenever I need during my visit					
15	I think my physician's office has adequate medical instruments and equipment needed to provide complete medical care					
<i>Quality of care</i>						
16	Physicians are careful to check everything when examining and treating me					
17	Medical instruments and equipment that physicians use when examining and treating me are very clean					
18	The ability of physicians, pharmacists who give me medical care services is perfect					
19	My physicians and their staff are very competent and have experiences with my medical problem					
20	Medications I receive are good and well-packed					
21	Registration procedure					
22	Time given by doctor					
23	Overall patient global satisfaction					

A pretest of 23 questionnaires was conducted in the OPD clinic prior to the actual data collection for its reliability and feasibility. In the pretest, the values of "Cronbach's alpha" coefficient satisfaction parts were determined. We proceeded with the study only if "Cronbach alpha" value of greater than 0.7 was found and the questionnaire was easily understandable for our patients and data collectors in our resource-limited setting. Socioeconomic status was classified according to "BG Prasad classification"<sup>20</sup> system based on precipitate income updated according to May 2014 (Annexure 2).

## RESULTS

In our study, data of 402 patients were analyzed. The mean age of our study group was 38.19 years [standard deviation (SD) 16.18%], the majority of them being females

**Annexure 2:** BG Prasad classification system of socioeconomic status used in the study

Socioeconomic classification	Value in INR (last reference May 2014)
I (Upper)	1. 5571 INR per capita and above
II (Upper middle)	2. 2786–5570 INR
III (Middle)	3. 1670–2786 INR
IV (Lower middle)	4. 836–1670 INR
V (Lower)	5. Upto 836 INR

[315 (53.5%)] and education wise, number and percentage of illiterate, primary school (up to 5th standard), high school (up to 10th standard), senior secondary (plus two), graduate, and postgraduate were 68 (16.9%), 27 (6.7%), 11 (2.7%), 123 (30.6%), 100 (24.9%), 62 (15.4%), and 11 (2.7%) respectively (Table 1). Occupation wise, the number and percentage of housewives and unemployed

**Table 1:** Demographic and socioeconomic profile of population under study

<i>Profile of the participants</i>	<i>Number of patients (n)</i>
Demography	402
Age, mean (SD)	38.19 (16.18)
Sex = M (%)	187 (46.5)
<i>Education</i>	
• Illiterate	68 (16.9)
• Up to 5th standard	27 (6.7)
• 6 to 7th standard	11 (2.7)
• 8 to 10th standard	123 (30.6)
• Senior secondary	100 (24.9)
• Graduate	62 (15.4)
• Postgraduate	11 (2.7)
<i>Occupation</i>	
• Housewife/unemployed	194 (48.3)
• Farmer	54 (13.4)
• Student	26 (6.5)
• Government job	40 (10.0)
• Private job	80 (19.9)
• Business	8 (2.0)
<i>Income</i>	
• 5571 INR per capita and above	299 (74.4)
• 2786–5570 INR	58 (14.4)
• 1670–2786 INR	15 (3.7)
• 836–1670 INR	12 (3.0)
• Up to 836 INR	18 (4.5)

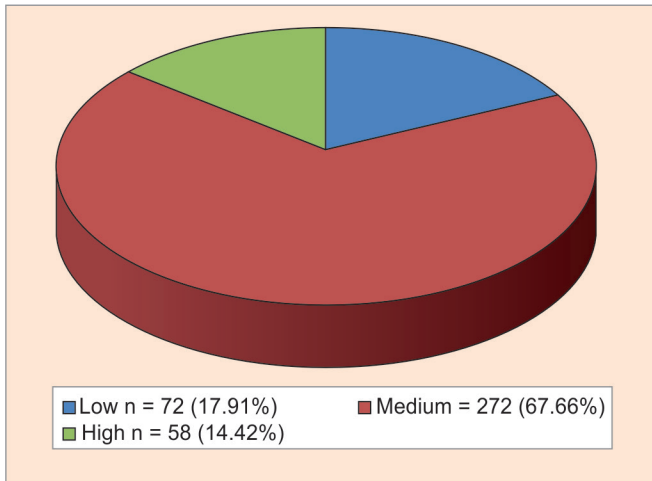
males together constituted around 194 out of total 402 which constituted the majority 48.3%. Farmers, students, government employees, private firm employees, and businesspersons were 54 (13.4%), 26 (6.5%), 40 (10%), 80 (9.9%), and 8 (2.0%) respectively. Socioeconomic status on BG Prasad classification consisted of 299 out of 402 over 5,571/month INR, 58 patients (14.4%) had income less than 5,571, but more than 2,786 INR, 15 (3.7%), 12 (30%), and 18 (45%) patients had income that ranged from 1,670 to 2,786, 836 to 1,670, and up to 836 INR respectively.

The questionnaire (Annexure 1) grossly dealt with issues under five major subheadings that were: Accessibility to health care facility, availability of medical resources, interpersonal manner and behavior of health care personal, physical environment of health care facility, and quality of health care. The overall satisfaction was classified into three by dividing the average of all the scores (Table 2) into lower third (low satisfaction), middle third (medium satisfaction), and upper third percentile (high satisfaction). As shown in Graph 1, the global satisfaction of the patients (patients') toward health services at the outreach OPD clinic of AIIMS, New Delhi, was found to be low, medium, and high satisfaction as in 17.91, 67.66 and 14.42% respectively.

**Table 2:** Characteristics of patients in the study divided into low, medium, and high level of satisfaction groups

	<i>Low</i>	<i>Medium</i>	<i>High</i>	<i>p-value</i>
n	72	272	58	
Age [mean (SD)]	40.40 (17.74)	38.15 (16.26)	35.62 (13.43)	0.246
Sex = M (%)	38 (52.8)	115 (42.3)	34 (58.6)	0.039
<i>Education (%)</i>				<0.001
• Illiterate	18 (25.0)	49 (18.0)	1 (1.7)	
• Up to 5 <sup>th</sup> standard	6 (8.3)	17 (6.2)	4 (6.9)	
• 6 to 7 <sup>th</sup> standard	5 (6.9)	6 (2.2)	0 (0.0)	
• 8 to 10 <sup>th</sup> standard	16 (22.2)	102 (37.5)	5 (8.6)	
• Senior secondary	16 (22.2)	60 (22.1)	24 (41.4)	
• Graduate	8 (11.1)	36 (13.2)	18 (31.0)	
• Postgraduate	3 (4.2)	2 (0.7)	6 (10.3)	
<i>Occupation (%)</i>				0.026
• Housewife/unemployed	35 (48.6)	140 (51.5)	19 (32.8)	
• Farmer	17 (23.6)	27 (9.9)	10 (17.2)	
• Student	6 (8.3)	17 (6.2)	3 (5.2)	
• Govt. job	5 (6.9)	28 (10.3)	7 (12.1)	
• Private job	9 (12.5)	54 (19.9)	17 (29.3)	
• Business	0 (0.0)	6 (2.2)	2 (3.4)	
<i>Income (%)</i>				<0.001
• 5571 INR per capita and above (upper)	59 (81.9)	213 (78.3)	27 (46.6)	
• 2786–5570 INR (upper middle)	5 (6.9)	43 (15.8)	10 (17.2)	
• 1670–2786 INR (middle)	0 (0.0)	8 (2.9)	7 (12.1)	
• 836–1670 INR (lower middle)	0 (0.0)	4 (1.5)	8 (13.8)	
• Up to 836 INR (lower)	8 (11.1)	4 (1.5)	6 (10.3)	
Accessibility [mean (SD)]	3.66 (0.57)	4.34 (0.39)	4.91 (0.10)	<0.001
Availability [mean (SD)]	3.56 (0.73)	4.45 (0.48)	5.00 (0.00)	<0.001
Interpersonal [mean (SD)]	4.05 (0.63)	4.68 (0.33)	5.00 (0.00)	<0.001
Physical environment [mean (SD)]	3.52 (0.50)	4.51 (0.46)	5.00 (0.00)	<0.001
Quality [mean (SD)]	3.85 (0.57)	4.62 (0.34)	5.00 (0.02)	<0.001





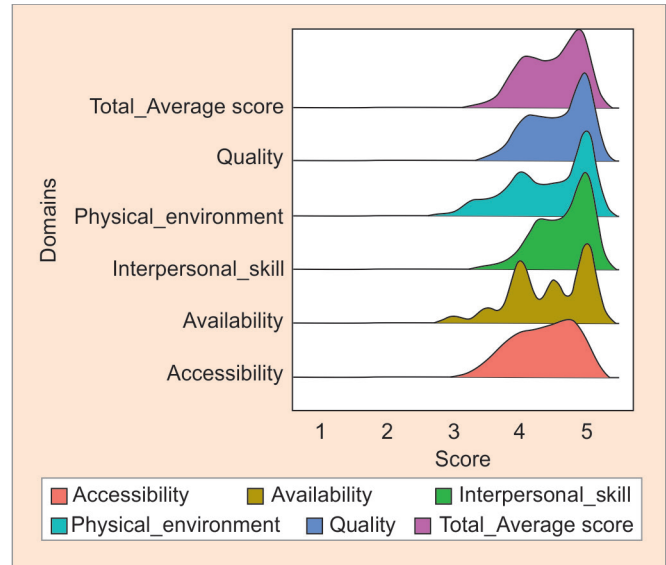
**Graph 1:** Overall satisfaction of the patients attending the government facility at AIIMS outreach OPD, Badsa, Jhajjar, Haryana

### Distribution of Scores

Visualization at distribution of scores (Graph 2, Violin plot) suggests that score for most questions has bimodal peak of 4 (satisfied) and 5 (very satisfied) respectively in all five domains. In interpersonal and quality domains, most items had greater than 50% of very satisfied (5) responses, while in the accessibility domain, greater than 10% cases had a less than 4 (neutral or dissatisfied) response.

### Comparison of Scores across Domains

We did an analysis of variance (ANOVA) of scores across domains. The ANOVA was significant (F-value = 21,  $p < 0.0001$ ). Tukey's *post hoc* analysis suggests that while



**Graph 2:** Distribution of various scores and their predominance among various parameters the scores having highest peak in almost all the groups of around 4 to 5, where 5 was the maximum score given

quality and interpersonal skills domains have significant higher scores than other domains like availability, accessibility, and physical environment, though there is no statistically significant difference between quality and interpersonal Skills (Annexure 3).

### Confirmatory Factor Analysis

A confirmatory factor analysis was conducted on the 23 items with orthogonal rotation which assumes that items are correlated. The Kaiser–Meyer–Olkin (KMO)

**Annexure 3:** Tukey's *post hoc* analysis of difference between domain scores post one-way ANOVA

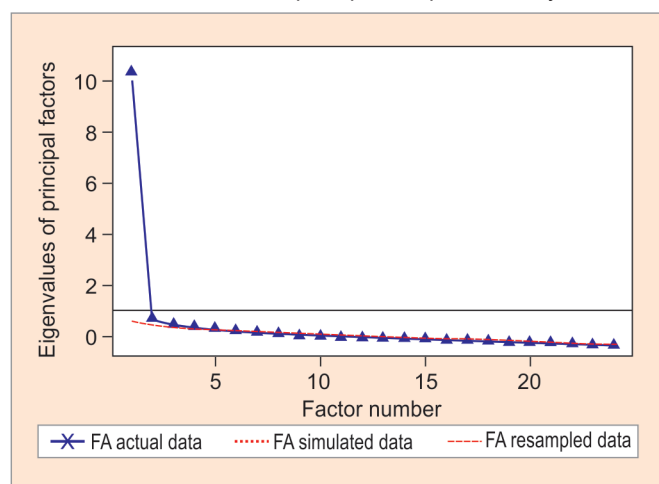
\$Domains	diff	lwr	upr
Availability–Accessibility	0.07014925	−0.038178796	0.17847730
Interpersonal–Accessibility	0.31579602	0.207467971	0.42412407
Physical_Environment–Accessibility	0.10435323	−0.003974815	0.21268128
Quality–Accessibility	0.23899254	0.130664488	0.34732059
Interpersonal–Availability	0.24564677	0.137318717	0.35397482
Physical_Environment–Availability	0.03420398	−0.074124069	0.14253203
Quality–Availability	0.16884328	0.060515234	0.27717133
Physical_Environment–Interpersonal	−0.21144279	−0.319770835	−0.10311474
Quality–Interpersonal	−0.07680348	−0.185131532	0.03152457
Quality–Physical_Environment	0.13463930	0.026311254	0.24296735
p adj			
Availability–Accessibility	0.3926757		
Interpersonal–Accessibility	0.0000000		
Physical_Environment–Accessibility	0.0653889		
Quality–Accessibility	0.0000000		
Interpersonal–Availability	0.0000000		
Physical_Environment–Availability	0.9106676		
Quality–Availability	0.0002115		
Physical_Environment–Interpersonal	0.0000011		
Quality–Interpersonal	0.2986533		
Quality–Physical_Environment	0.0063212		

**Annexure 4:** Cronbach alpha representing internal consistency of domains of score

Domains	Test_retest_reliability	Cronbach_alpha
Interpersonal	0.74	0.79
Accessibility	0.60	0.68
Physical_Environment	0.78	0.81
Availability	0.58	0.66
Quality	0.82	0.91

(Annexure 4) measure verified the sampling adequacy for the analysis KMO = 0.93, and all KMO values for individual items were >0.77, which is well above the acceptable limit of 0.5. Bartlett's test of sphericity,  $\chi^2(253) = 19.334$ ,  $p < 0.001$ , indicated that correlations between items were sufficiently large. An initial analysis was run to obtain eigenvalues for each component in the data. While five components had eigenvalues over Kaiser's criterion of 1 and in combination explained 64% of the variance, component 1 (made up of majority of questions of quality of care domain, 16 to 23) accounted for 23% of variance, component 2 (made of majority of questions in accessibility domain, 6 to 9) accounted for 20% of variance. Component 3 accounted for 9% of variance (had 2 out of 4 questions from environment domains). Components 4 and 5 together accounted for 11% of variance and had component not specific to predefined domains in questionnaire and varying amounts of cross-talk.

The scree plot (Annexure 5) was slightly ambiguous and showed inflexions that would justify retaining anywhere between two and three components. Given the large sample size, and the convergence of the scree plot and meeting Kaiser's criterion on five components, five components were retained in the final analysis. However, it is clear from the analysis that component 1 (quality of care) and component 2 (accessibility) capture maximum amount of variance.

**Annexure 5:** Scree plot showing eigenvalue variation with number of factors in principal component analysis

## Internal Consistency

The internal consistency of subscales (domains) varied from 0.91 (quality of care) to 0.66 (availability). The accessibility and availability domains had lower than recommended value of 0.7, indicating that questions in these domains need to be worded more appropriately for more internal consistency. Test-retest reliability (testing the same questionnaire on the same patients after a duration of thirty minutes) also followed a similar trend like Cronbach alpha.

## Multivariate Analysis

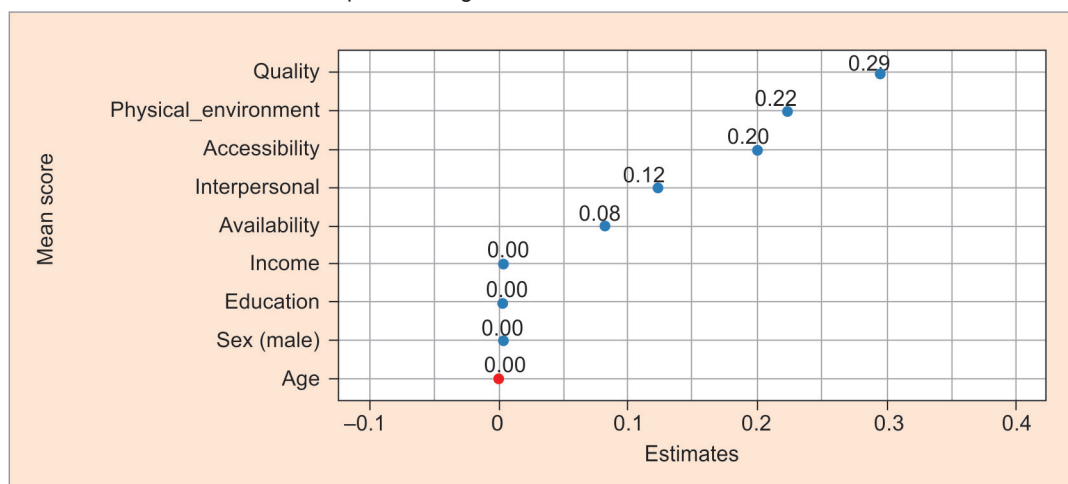
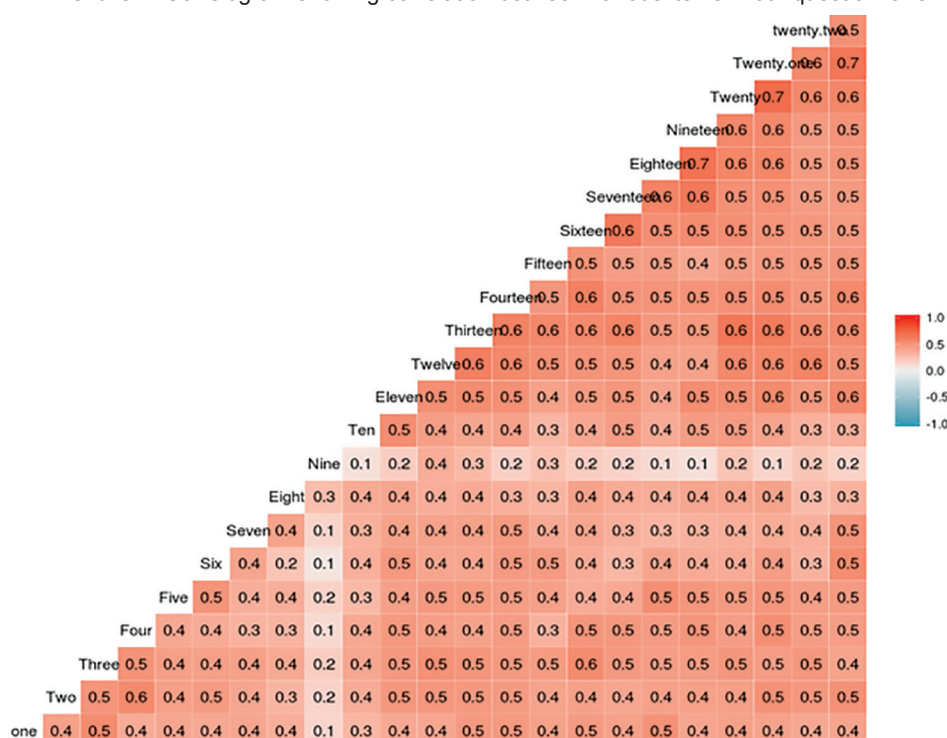
We carried out a multiple linear regression with average score as dependent variable and other predictor domain scores as independent variables. The model had significant goodness of fit. (R square = 0.98). The coefficient of regression estimates shows that one-point improvement in quality will lead to 0.29-point improvement in mean score while controlling for other variables. Corresponding values for other domains are 0.22 for physical environment, 0.20 for accessibility, 0.08 for availability, and 0.12 for interpersonal skills; other variables are nonsignificant. It implies that quality and physical environment play a major role in affecting average score in our study. The forest plot of regression coefficients is shown in Annexure 6.

## Predictor Factors

On correlation matrix of age with domain scores, we see that higher age is negatively correlated with all domains, while higher income and better occupation status are associated with better scores on all domains (Annexure 7).

While age has been seen to have a negative correlation in other studies as well, income and occupation are negatively correlated in other studies, but positively correlated in our study.

The results show that medium satisfaction was more in almost all qualification group and the same also holds true with different occupation groups with p-value being significant for both <0.001 and <0.026 respectively. Income wise, in upper class, most of them has medium satisfaction, followed by low satisfaction, and least had high satisfaction, while upper middle and middle had mostly medium satisfaction, followed by high satisfaction and least had low level of satisfaction. Lower middle had highest satisfaction, followed by medium-level satisfaction while lower class, most of them had low level of satisfaction, followed by high level of satisfaction, and then least had medium level of satisfaction. Among the five major subheadings of the complete questionnaire, most of them (n = 272) had medium level of satisfaction

**Annexure 6:** Forest plot showing coefficients of effect of domains on mean score**Annexure 7:** Correlogram showing correlation between various items in our questionnaire

with average score given about 4 out of 5, followed by low level of satisfaction ( $n = 72$ ) with score of 3 given out of 5 and high level of satisfaction ( $n = 58$ ) in which most of them marked maximum 5 out of 5. The findings can be correlated with the distribution of scores in various groups shown in the figure.

## DISCUSSION

The proportion of medium satisfaction was higher and the proportion of lower satisfaction was lower than other similar study by Net et al.<sup>19</sup> However, in gross, it could be observed that in this unique kind of a pilot outreach

OPD by an apex government health center in India, the distribution of scores suggests that we need to keep up our performance in quality and interpersonal domain, while we need to improve in accessibility domain. Gross satisfaction level was quite positive, with a combined medium and high level of satisfaction constituting 330 out of 402 (82.08%). At the same time, generally felt and quoted issues by most of the staffs working at the center that none of the patient availing this facility would be unsatisfied was disproved by the fact that 72 out of 402 (17.91%) were low satisfied. Distribution of scores suggests that we need to keep up our performance in quality and

interpersonal domain, while we need to improve in accessibility domain. Gender wise, the center catered a proportionally more female (54.65%) against the sex ratio of 862 (46.29%) of the Jhajjar district according to 2011 census. That is a remarkable note in a country like India, where women empowerment is being focused upon. The mean age of the population attending the clinic was 38 years (with standard deviation of 16 years), so mostly it was distributed around young population and the representation of the geriatric age group was lacking. The higher age group around mean of 40 years and lower age group of mean 35 years (in comparison with mean of total, i.e., 38 years) had low and high level of satisfaction respectively. While 83.1% of the population attending the facility were literate, given that the total literacy rate of the district is around 80% according to 2011 census. The majority of the subjects (52%) of the population were educated up to secondary and senior secondary level. Irrespective of the education profile, almost in all such groups majority had medium level of satisfaction while illiterate and low education profile people had slightly higher proportion of low satisfaction level. Against the anticipation, the farmers constituted 13.4% of the total number of patients attending the health care facility at Jhajjar, while the total fraction of cultivators according to the 2011 census were 34.5%. This may be explained by the geographical location of the Jhajjar health care facility. Other major observation was made that housewives and unemployed constituted around 48.3% of total patients under study. But almost in all occupation group, majority had medium satisfaction level. According to BG Prasad classification of socioeconomic status, most of the patients were belonging to upper to middle to upper class. High to lower middle class of people had medium to high level of satisfaction compared with lower socioeconomic class people where the majority of them had low level of satisfaction.

## CONCLUSION

An outreach OPD attached to a full-fledged tertiary center having multispecialty facility is very much welcomed by the people. This kind of setting gives the consumers a specialized, hassle-free, smooth, and quality health care. This also de-loads the work burden of the main apex/tertiary center side by side and provides a quick and timely referral for the patient in remote areas. The Jhajjar outreach OPD by AIIMS, New Delhi, is an excellent example of the same. As shown in the study, this model sets a good example for the existing outreach OPD in India. These kinds of new centers across our nation are the need of the hour where AIIMS outreach OPD sets the ways to improve and reach high level of satisfaction.

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