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Patient Satisfaction in Outpatient Department Services and Its Impact on Healthcare Delivery: A Study at Lovee Shubh Hospital Pvt. Ltd., Lucknow, India

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Abstract: ***Background: It has been realized that patient satisfaction is an essential factor that measures quality of healthcare and performance of organization. Through this patient survey in outpatient clinics (OPDs) it was understood and realized that patient perceptions of service quality communication waiting time, staff behaviour, and hospital environment all have an effect on health outcomes as well as a hospital's reputation. Understanding these aspects will assist hospitals to apply research-based methods for improvement of quality of services provided to healthcare facilities. Objective: This research paper was meant to evaluate the level of satisfaction of the outpatient visitors at Lovee Shubh Hospital, Pvt. Ltd. in Lucknow and further discover the main factors determining the satisfaction level of the patients as well as the quality of the services being offered to them. Methods: A descriptive cross-sectional study making use of a mixed-method research approach was done on 200 people in the OPD department selected with stratified random sampling. Through a standardized questionnaire, primary data were gathered on their age sex waiting, doctor consultation, staff behaviour, cleanliness, and overall feelings of satisfaction. Also, background information was collected from published sources of information and records of patients in the hospital. Statistical analysis involved the use of descriptive statistics percentages charts, and chi-square test was employed to establish the relationships between the characteristics of respondents and levels of satisfaction of patients at the medical facility. Results: Overall, patientwith service at Outpatient Departments (OPCs) was very high.Doctor-Patient relationship was the aspect that was appreciated the most by the patients at 23.0% followed by Staff Conduct at 21.6%, Registration (20.3%), Cleanliness (18.9%), Waiting Time (16.2%). A majority of the respondents approximately 87% of them, were very happy with healthcare services they had received. Most (60%) of those surveyed were found to have had a waiting time shorter than twenty minutes while younger people were Quite a bit more satisfied than older people. Communication skills, staff proficiency, cleanliness of the clinic premises, availability, and quick delivery of services were the top contributing aspects to patient. Conclusion: It has become evident that patientis shaped by factors both related and unrelated to the provision of medical services. Monitoring of patients' experiences regularly, communication skills improvement between patients and providers, lessening waiting time, training for staff and the adoption of practices that are more patient-focused would result in substantial improvement of the quality of service in the Outpatient Departments of the medical facility and So help to achieve better organizational performance. Healthcare managers should involve regular patients' views as their source of information for quality improvement so that they can improve patient satisfaction, loyalty, and health outcomes.***

Keywords: Patient Satisfaction, Outpatient Department, Healthcare Quality, Hospital Management, Service Quality, Patient-Centred Care, Lucknow.

1. Introduction

The shift to patient-centred healthcare delivery has caused most of the countries in the world change how their healthcare systems are running. Patient satisfaction is probably one of the most accurate ways of determining the value of health care quality since it reflects a patient's views about a hospital's clinical effectiveness, service efficiency communication hospitalization, and overall experience. These days, healthcare organizations realize that Beyond better patient results, improving patient satisfaction is the main driver of a better public image of the hospital, loyalty to a particular hospital, financial sustainability, and finally becoming a more powerful competitor in a very competitive environment. The outpatient department (OPD) is the main meeting point between hospitals and their clients besides all those other things. The inpatient model of care takes hospital physicians to provide their services over several days or weeks, whereas with an OPD, medical personnel have to provide their care in one of the most effective, well-coordinated, and patient-friendly ways but for a relatively short consultation period. It is So the patient's view of a medical quality which is based, apart from the clinical competence, on the speed of the administrative procedures, waiting time, the way a doctor communicates, a doctor's interaction, conduct of employees, a clean and inviting atmosphere, and availability of all the services without the need for disclosure [1-2].

Chronic medical conditions, higher degree of medical consciousness, population migration, and rising patient demands have resulted in the change of healthcare systems in this country. The patients today not only are quite medical conscious but they also expect a hospital to meet their demand for quick consultation, respectful communication, digital booking of appointments cleanliness low-priced medical services, and transparent administrative systems. Patient satisfaction from this development is becoming a crucial performance measurement for certifying health organizations, health planners, and hospital administrators. Private hospitals

have to bear the brunt of fierce battles for new patients and keeping those who already trust them. Public hospitals don't care too much about their image because of the large number of patients, Then again private ones survive solely through their image, perceived healthcare quality, and word-of-mouth. Because of this, monitoring patients' satisfaction constantly serves as identifying a hospital's main sources of strength with areas in which to improve operations. Hospitals which keep tabs on patients' satisfaction can identify service weaknesses, increase productivity, save their most valuable resources, and initiate change based on proven practice which can enhance medical quality, etc[3-4].Patient satisfaction is a broad and deep issue based on the quality of healthcare services, the quality of human relationships, the work done by the hospital in total, physical facilities, the ease with which services are received without financial constraint, and the emotional support that the hospital gives. Research has consistently shown that doctor's effective communication increases patient's confidence in a doctor, better patient's follow-up and better patient outcome. Patients who receive friendly service from staff, are served without excessive wait times, go through the registration process quickly and end up in a clean hospital, are very likely to be happy. But, when a patient has to wait for a long time, there is very little communication, the patient's affairs are handled at different points at the reception or a long line of patients is waiting at the consultation then very often, a patient becomes dissatisfied and doesn't care about the technical quality of the care he or she has received [5-7]. Lovee Shubh Hospital Pvt. Ltd. Lucknow is a multi-specialty healthcare center which uses the services of the outpatient department for its patients. Since the number of patients is getting higher and higher, keeping the level of medical services high is a challenging mission, which one can succeed by regularly assessing patient feedback and how satisfied the patients are with the treatment given. By gauging the level of patient satisfaction management of the hospital can discover areas which hinder their service, implement improvements first based on their impact on the satisfaction of patients, deliver a highly patient-oriented service, and This way improve their performance as an organization.

This study aimed to find out patients' satisfaction level at the outpatient department of Lovee Shubh Hospital. Main aspects of patient satisfaction that the study looked into were registration procedures, waiting time, contact with doctors, behavior of staff cleanliness accessibility, and health service processes. The study also looked at patient perception on different aspects by their socio-demographic background and suggested realistic measures to improve health service quality [8-9].

The study results will not only provide useful recommendations to the hospital for its improvement in quality management but also continuous quality improvement, patient- centred healthcare delivery enhancement, strengthening patient relationship and overall good results from healthcare. Besides that, this study is an addition to the body of literature about patient satisfaction in private healthcare in India and So it can help the hospital administrators, the policymakers and health practitioners in planning better outpatient service delivery. Because of this, this study is an excellent example of how patient voice can get incorporated into the management planning at the level of a hospital for quality assurance and to promote an outstanding healthcare service with quality control and management guided by evidence.

2. Review of Literature

Patient satisfaction is considered a major quality indicator in healthcare and it has gained acceptance as an indicator of organizational performance. It is a mirror of what the patient is thinking about how the healthcare service has made him or her feel and the kind of healthcare the service has delivered about accessibility efficiency responsiveness, and effectiveness. As patient satisfaction is a key service quality measure in the outpatient context where most of the hospital visits occur, it can also be said to affect treatment adherence, patient loyalty, healthcare access, and the reputation of the hospital. In this pandemic age, many factors have changed the operation and the way of work of the healthcare systems so that there has been a rapid digital transformation in almost everything except the human interface and the need for face-to-face communication. A major research theme in the recent literature is the importance of patient-provider communications as a determinant of patient satisfactions [10]. Communication skills, like listening well, making clear the diagnosis and what kind of treatment it will entail (and the expected outcome of the treatment), are very instrumental for physicians, because they help build trust and patient confidence. One paper recently done in an Indian hospital at the regional level showed that both the doctors conduct and conversation were the top elements of patient satisfaction, even when infrastructure and administrative services of the hospital had to be improved further. They also explained that a polite treatment and thorough information giving are the elements patients value for the quality of healthcare in the hospital setting. Recent literature, as well as findings during the postpandemic years, highlight the crucial role of human elements and communication in outpatient services of a health facility [11]. Looks like patients who have been properly informed about drugs, have sufficient time to discuss with the doctor, or have been supported in emotionally difficult situations show better adherence to treatment guidelines and satisfaction with the healthcare system. Good communication between the healthcare provider and patient has also been shown to reduce anxiety levels in the patients, make them participate more actively in their health, and give rise to strong trust in them. Hospitals that run communication skill-building programs for their doctors and nurses are usually ranked very high when it comes to patient experience scores compared to those that have invested just in their clinical infrastructure. Waiting time is one more factor that determines what level a particular patient will reach for overall satisfaction. Although patients usually accept In reality there will be a few unavoidable waiting times tied to the healthcare system, if the delay comes before registration consultation procedures requiring use of equipment, or pharmacy service, satisfaction levels fall. A lot due to the frustration this delay causes [12]. The 2024 study carried out by researchers in Northern India identified the registration consultation laboratory, and pharmacy waiting time dimensions of the OPD service as the ones scoring the lowest. They recommended, in their paper, workflow redesign, appointment scheduling changes, and pharmacy process improvements to reduce operational time delays.Like waiting

times in general, investigations of patient satisfaction Recently showed that appointment systems and digital registration platforms that are patient-centric, the usage of new technologies in queue management systems, and the optimization of the flow of patients result in enhanced outpatient experiences. Hospitals that have been the first to apply online appointment booking, electronic registration, automated queue monitoring systems, and mobile notification systems are the ones who experience very good results in cutting down waiting periods and raising patient satisfaction. The role of digital innovation is getting even more crucial now after the pandemic as hospital systems try to balance between reducing crowding in the OPD areas and ensuring their efficient operations [13].

A great deal of recent research has focused on the physical setting of facilities providing healthcare, as well. Based on findings from studies in India, what comes next factors seem to influence patients' views of the quality of care: availability and comfort of seating, hygiene (e.g. cleaning) signage ventilation, accessibility (such as for disability-friendly services), sanitation, and basic infrastructure. Patients get the impression of good hospitals when the environment is clean, safe, and nice. Also, they feel assured that infection control measures have been thoroughly followed. Hospitals that take good care of their premises with clean, dust-free facilities are able to attract many satisfied customers while those with poorly maintained infrastructures or insufficient facilities can only generate mediocre patient reviews. Healthcare facilities that put patients first, by understanding their needs, involving them in decisions, and providing care tailored to those needs will probably be more successful. Patient-centered care is a model of treatment that focuses on patient preferences which leads patients, to some extent, having control of their healthcare through shared decision-making [14]. The model also emphasizes individualized treatment, ongoing relationship with patients (continuity of care), providing emotional support, and making sure the communication is efficient, accurate, and timely. The patient-centric care model of care seems to result in better treatment adherence, higher patient participation, improved clinical results, and higher satisfaction in total.Lately the main emphasis has been placed on making healthcare providers more patient-centered so it has not only the physical care but also the emotional aspect of patients that get attention. If the doctor is really patient in explaining everything to the patient and takes the time to answer the questions, then it is a sign of respect for patient's decision-making and that is the main component of the patient-centered care model. And, the doctor should listen to the patient and should involve them in the decision-making process [15]. In other words, the patient-centered care model is based on the idea that the patient should be considered as a partner in the management of their illness and be actively involved in the process. Professional, cordial, and responsible behavior of the healthcare practitioners is a big part in the satisfaction of the patient. For most people, the moment they get in contact either with receptionist, nurse or doctor is the moment they can form their first judgment. Their feelings about the entire healthcare system may be based upon the behavior they witnessed in reception staff, nurses, and other support staff that they have encountered. Research papers show that when a patient is given respectful treatment, gets timely assistance, has their needs acknowledged, and is made to feel cared for then, in essence, the healthcare setting is very much at their disposal. Patients are not always content with their time spent waiting, but Truth is respectful behavior can Quite a bit influence a pleasant overall experience has been confirmed by the recent studies [16].

On the other side, a lack of courtesy at one stage or another can create a wave of discontent even among those who are well served medically. Poorly delivered messages about healthcare issues, a lack of proper coordination between professionals, or rude and disrespectful staff can lead customers to being upset. This is the case even when the level of care and the quality of the medical treatment given were excellent. Many studies done between the years 2023 and 2025 have looked at different patient satisfaction levels among groups as well. Patient satisfaction and the expectations of different people can be affected by their age, level of education, family and economic status, previous healthcare experiences, and the frequency of hospital visits. The younger generation of patients often prioritize online booking and digital consultation as the main factors affecting their satisfaction with a healthcare center [17]. On the contrary, elderly patients are much more concerned about having adequate communication with doctors, being able visit the center regularly and, if possible, at different times of the day, getting personalized care, etc. Literacy is another factor in patient satisfaction. Research shows that better-educated individuals tend to have the highest expectations about healthcare services and their overall quality so they are the ones who have the highest likelihood to express their dissatisfaction with the services.

Patient-centered technologies in the form of health IT solutions are rapidly transforming the delivery of ambulatory care at large. As recent studies in healthcare literature, healthcare providers may have a positive impact on patient outcomes if they have integrated the right kinds of technology solutions such as As an alternative to having a traditional office visit with the patient, telemedicine services enable a physician or a specialist at one physical location to deliver the medical services to a patient located at another physical location via telephone, e-mail or a secure web page. Healthcare facilities that use these patient-centered healthcare technologies have been found to benefit from increased patient satisfaction, improved resource utilization, more efficient service delivery among staff, and better management of hospital operations.

Recently, continuous quality improvement (CQI) as one of the organizational strategies that help maintain and enhance patient satisfaction has been widely recognized. Modern studies have made it clear that patient satisfaction surveys are more than just a device to assess quality of healthcare; they also matter a lot in evidence-based decision-making and redesign of services. Setting benchmarks of patient satisfaction indicators, auditing on a regular basis, performing root cause analyses, and tracking improvement initiatives through data have all made it possible for hospitals to pinpoint their service weaknesses and create appropriate interventions. As such, management of the quality of services through the use of data has proven to be an indispensable factor in today's hospital administrators [18-19]. Although research on patient satisfaction is growing rapidly, we have to admit that there are

still crucial areas that need more investigation. Many studies from the latest period are conducted on either a large tertiary care teaching hospital or a major metropolitan healthcare facility. But, relatively limited empirical findings are available from middle-sized private hospitals that operate in Tier-2 cities like Lucknow. Apart from this, it is true many of the papers only tackle a specific aspect of patient satisfaction and fail to evaluate all aspects such as patient registration services, waiting time, doctor-patient interaction, staff behaviour, cleanliness, and demographic characteristics through a single theoretical lens at a time[20]. There's no significant amount of evidence as to what extent patient satisfaction results can be effectively turned into managerial changes supporting continuous quality improvements, either. All of these restrictions make a strong case for the current study, which seeks to explore the level of patient satisfaction among patients who have visited the outpatient departments at Lovee Shubh Hospital Pvt. Ltd. Lucknow thereby trying to uncover the areas in which the operations are Mostly good, those where they do have problems with the service, and the most efficient strategies backed by evidence for better patient care delivery and higher quality health care.

3. Research Gap

Patient satisfaction is not only a major criterion for assessing the quality of healthcare but also plays an equally crucial role in outpatient departments. Here, most interactions of the patients with the hospital take place. Through many researches published last decade that explored what makes a hospital popular or unappealing to patients at tertiary hospitals, medical teaching centers, and government health services, it can also be noted that aspects like physician-patient communication, patient waiting hours, hospital facilities accessibility, physical condition of the rooms, staff attitude and many other elements Really affected their views on the quality of care. Yet

One Second, it is quite common for the previous researchers to consider only one aspect, for instance the waiting time, or the nurse/patient relationship, and yet completely ignore the patient satisfaction issue overall. There are various facets of patient satisfaction, and its assessment will heavily depend on not only the patient's interaction with the doctor and their physical condition but also things like the hospital's facilities, the behavior of the staff, the level of cleanliness, etc.

In other words, a multifaceted examination of these patient satisfaction indicators would definitely help get a more thorough picture of patient feelings. One thing that seems to be somewhat neglected in the literature on patient satisfaction research is how different characteristics of the patients such as age gender educational background, occupation, and socioeconomic status can mean different expectations and interpretations of the health care quality offered. Being aware of and addressing these variations through targeted services would allow healthcare organizations to better serve different their patients [21].

Fourth, though Truth is patient satisfaction surveys have been a common practice for a number of years, few hospitals have been able to make use of the survey data for operational improvements. The link between patient satisfaction survey results and hospital CQI efforts or strategies is still a missing piece in the puzzle. If hospitals could only rely on patient satisfaction insights to better manage patient flow, allocate resources to different departments, develop their staff, carry out digital transformation among other initiatives, this would be extremely beneficial for them and the whole of the healthcare sector

Lastly, the limited research that has focused attention only on Lovee Shubh Hospital Pvt. Ltd. Lucknow's outpatient patient satisfaction. Considering the increased patient volume, changing patient expectations and the growing competition between private healthcare providers, there is a need to investigate in a structured manner patients' experiences and uncover the healthcare delivery areas that are in need of improvement [22].

The purpose of this study is to reveal gaps, if any, in research by carrying out a detailed assessment of patient satisfaction at Lovee Shubh Hospital OPD. Patient satisfaction is analyzed here regarding their demographic factors, quality of service, organisational operations as well as implementation of recommendations based on evidence aimed at supporting continuous quality improvement and patient-centered healthcare delivery.

4. Objectives of the Study

4.1 General Objective

To evaluate patient satisfaction with outpatient department services at Lovee Shubh Hospital Pvt. Ltd., Lucknow, and examine its impact on healthcare service quality.

4.2 Specific Objectives

1) To get a sense of how generally patients are satisfied with the services offered through the outpatient department at the hospital.
2) Through this we intend to see the way patients are satisfied on things like registration procedures, waiting time, doctor consulting, staff behavior, and hospital cleanliness.
3) The effects of age and gender on patient satisfaction levels will be scrutinized.
4) Main factors that determine patient satisfaction at an outpatient clinic will be sought out.
5) Patient's views about effective communication as well as healthcare service delivery will be scrutinized.
6) Both areas of strength and weakness in the provision of Out Patient services should be unearthed.

Recommendations will be made on scientifically-validated methods that will help improve patient satisfaction and healthcare quality at the same time.

5. Materials and Methods

5.1 Study Design

This study adopted a descriptive cross-sectional design, mixing a quantitative and qualitative research method. Surveys helped gauge patient satisfaction through fixed-response items whereas free-flowing observation and

literature review allowed for deeper patient-centered investigation in service delivery and healthcare quality.

The descriptive design was found suitable because it captures the existing conditions and the variables connected to them without any manipulation. The combined method of data collection ensured a holistic analysis of the issue through the union of figures from the quantitative and qualitative data [23].

5.2 Study Setting

The research was carried out at Lovee Shubh Hospital Pvt. Ltd. Gomti Nagar Lucknow Uttar Pradesh, India. The hospital is an extended healthcare facility which includes outpatient inpatient diagnostics, emergency and preventive, and specialized health services. Being multi-sectional and a well-established hospital, it can be a valid place to gauge patient satisfaction since the outpatient services cater to a large mix of people belonging to different socioeconomic and educational groups.

5.3 Study Population

The study was conducted on the outpatient department of the hospital, i.e. the people who presented themselves for the different services offered by the specialty clinics. People who attended these specialist clinics, with the exception that their demographic profile including age gender job and educational level, did not matter, were chosen as subjects for the sample. So the sample was taken from these specialist clinics age gender, etc. didn't matter[24].

5.4 Inclusion Criteria

The researchers selected individuals over 18 years of age who have visited the outpatient services (OPD) of Lovee Shubh Hospital Pvt. Ltd. Lucknow during the specific study period. The subjects should only have those who can physically and mentally comprehend and understand what this research is seeking and are able to give reliable answers. Being a respondent was a completely voluntary act which participants undertook after their written assent had been obtained. Each subject was given a brief explanation about the aims of the study before being handed the questionnaire; the study assured the confidentiality and anonymity of responses and also informed participants of their right to leave the study at any point as it would not affect their health care.

5.5 Exclusion Criteria

The study excluded **patients attending the emergency department**, as their medical conditions required immediate clinical attention and did not permit participation in the survey. **Inpatients** were also excluded because the study focused exclusively on outpatient department (OPD) services[25]. Additionally, **critically ill patients** who were physically or mentally unable to complete the questionnaire were not included. Finally, **patients who declined to participate** or did not provide informed consent were excluded to ensure voluntary participation and maintain ethical research standards.

5.6 Sample Size

In this study, a number of 200 outpatient responders involved. It was decided the sample size should be enough to represent the outpatient population and allow statistical analysis meaningful enough within different demographic groups.

5.7 Sampling Technique

We adopted a stratified random sampling method so that adequate representation of different age groups, genders, and socioeconomic backgrounds is guaranteed. Stratification helped to reduce sampling bias and also contributed to the increased representativeness of our study outcomes.

5.8 Data Collection

1) Primary Data

A structured questionnaire was the mode of collection for primary data which was given to patients at Lovee Shuabh Hospital Pvt. Ltd. Lucknow. Make sure to note here that the questionnaire was administered after the patient finished their outpatient consultation. This timing decision was deliberate as it aimed to make the recall of respondents easier which can be translated into better data collecting practices. The questionnaire had a mix of open-ended and closed-ended questions that were used to generate a statistical summary for the degree of patients' satisfaction as well as qualitative details which included the patients' experiences, their opinions, and the service improvement ideas from their side [26]. This questionnaire was a result of a careful attempt to comprehensively measure several aspects related to outpatient healthcare services and it was made up of four different parts. The first part was concerned with acquiring information about the demography of these patients that included but not limited to the aspects like the age gender occupation, level of education, etc. The second part dealt with procedures of hospital registration and the quality of administrative services. Factors like easy registration, waiting time and appointment scheduling with administrative efficiency were some of the areas which this section of hospital services would cover. The third part covered the areas related to consultation with doctor and quality of service which was a very important aspect of hospital. Areas like communication between doctor and patient, staff behaviour, professionalism, and cleanliness of the hospital were the focus points of this third part of the instrument. The last section of the questionnaire focused simply on the level to which patients were satified overall and also encouraged patients to come with recommendations and their ideas to make services even better. This well-planned method was a very effective means through which patient's points of view were not only assessed thoroughly but also led to pinpointing of the important aspects determining overall satisfaction of OPD Services.

2) Secondary Data

Secondary data have been gathered through many reliable and authoritative sources which, in fact, could give a great theoretical backing to the study and also help in the interpretation of the primary research output. Among the listed sources, there were peer-reviewed national and international journal articles, government reports, WHO

publications, hospital records, literature review, textbooks, and healthcare quality reports. This information has served as an invaluable guide for comprehending existing patient satisfaction concepts and factors, tracing the state-of-the-art outpatient healthcare delivery practices, and investigating the quality of services offered by healthcare institutions. Secondary sources of information also played a role in the formulation of the conceptual model, the determination of the research problem's boundaries, and the comparison of study results with those published by researchers in both countries and abroad. Combining primary and secondary data has increased the scientific validity, reliability, and comprehensiveness of the investigation.

3) Research Instrument

A questionnaire was structured as the main tool for data collection. It was built on valid patient satisfaction surveys; the relevant published literature; and the standard practices in the hospital quality assessment. Questions in each part of the questionnaire aimed at investigating several components of healthcare in the outpatient department of Lovee Shubh Hospital Pvt. Ltd. Lucknow. The questionnaire included registration-related problems, patients waiting time, doctor-patient interaction, staff attitude, the state of the hospital, the ease of access to healthcare services, patient-centered care, and how satisfied the patients were in general. Patients' views and experiences on both the medical and non-medical aspects of providing health care were investigated in each segment or part of the instrument. It had mostly closed-ended types of questions with fixed answer options suitable for quantitative data analysis, a few of them were open-ended to get patients' ideas, and also their feedback which in turn would help in service improvement. Answers were written on the forms with boxes and categories to check against and also the patient satisfaction scale[27]. Descriptive statistical procedures were used in the data analysis through the combination of these methods. The structured method of the questionnaire not only made the process of gathering the data reliable and valid, but the method ensured that data collection was consistent while it also covered various issues related to factors affecting patient satisfaction with outpatient care services.

4) Variables of the Study

The present study examined the relationship between several independent variables and the dependent variable to identify the factors influencing patient satisfaction in the outpatient department (OPD). The dependent variable was overall patient satisfaction, which served as the primary outcome measure and reflected patients' overall perceptions and experiences regarding the quality of healthcare services received. Overall satisfaction was assessed based on respondents' evaluations of various aspects of the healthcare delivery process.

The independent variables included the registration process, waiting time, doctor–patient interaction, staff behaviour, hospital cleanliness, communication effectiveness, accessibility of healthcare services, age, and gender. These variables were selected based on an extensive review of previous literature and established healthcare quality assessment frameworks. The registration process and waiting time represented administrative efficiency, while doctor interaction, staff behaviour, and communication effectiveness reflected the interpersonal quality of healthcare services. Hospital cleanliness and accessibility evaluated the physical environment and ease of obtaining care. Demographic variables such as age and gender were included to determine whether patient characteristics influenced satisfaction levels. Collectively, these variables provided a comprehensive framework for analysing the determinants of patient satisfaction and identifying areas requiring improvement in outpatient healthcare service delivery.

5) Statistical Analysis

Descriptive statistical methods have been employed in the data handling: coding, classification and analysis of the data were done with these techniques. Frequency distributions percentages tables, bar charts and pie charts have been made as data summaries. A Chi-square test was suggested for examining the relationships between demographic variables and patient satisfaction. At 95% confidence level the results have been interpreted.

6) Ethical Considerations

The investigation was conducted ethically without deviation. Participation was entirely voluntary, and we made sure that every participant signed a consent form after getting all the information about the study before handing over any information. To keep the privacy of the participants, personal names were erased from the data file. We let the participants know what the purpose of our research was, their option to stop it anytime they wanted and that data will be used only for the study and related works. There was no harmful activity or experiment that could make people hurt by either bodily or mental ways and all data was handled based on the standards generally agreed for medical research ethics.

6. Results

Current research aims at getting patient satisfaction with OPD services based on 200 replies at Lovee Shubh Hospital Pvt. Ltd. Lucknow, and comparing these replies to the standard. This study explored different service delivery aspects in the healthcare facility besides the registration process appointment physician's time with the patient, doctor, patient interaction, staff's behavior, and cleanliness. Also, the demographic profile and patient perception about health care quality were included. We reported patients' feedbacks in the form of descriptive statistics[28]. The graphical display made it possible for us to present the research outcomes in a much more vivid way.

6.1 Patient Satisfaction Across Service Categories

Patient satisfaction was evaluated based on five key aspects of outpatient service quality: the process of registration, patient waiting time, the way patients interact with the doctor, the level of cleanliness, and how the staff behaves. Together, these five dimensions are the main contributors to a positive patient experience when visiting a doctor's office outside of the hospital.

Table 1: Distribution of Patient Satisfaction Across Service Categories

Service Category	Percentage (%)
Registration Process	20.3
Waiting Time	16.2
Doctor Interaction	23.0
Cleanliness	18.9
Staff Behaviour	21.6

6.2 Interpretation

Doctor interaction got the highest satisfaction percentage (23.0%) which means patients are very happy with physicians' professional knowledge, communication skills, treatment explanations, and the whole consulting experience. This result implies that patient care continues as the main area of healthcare at Lovee Shubh Hospital. A significant 21.6% of the total satisfaction score was derived from staff behaviour, showing that politeness, promptness, and respectful treatment were the key factors in patients' satisfaction. Positive human relationships between healthcare workers and patients build trust and motivate treatment compliance quite Quite a bit. The registration process satisfaction score was 20.3%. This score was relatively high indicating generally good registration services with Yet room to streamline administrative procedures and decrease registration delays. Hospital cleanliness added up to the total satisfaction by 18.9%. Majority of respondents appreciated the cleanliness of the hospital, which is a clear indication that sanitation standards, waiting area, consultation room, and common facility cleaning was maintained to a sufficient level. Waiting time was the most unsatisfied factor (16.2%) and So, it should be the main focus area of improvement. While a fair number of patients were handled within the time limits, peak hour delays spoiled patients perception of their overall experiences [29]. We can conclude based on these results that administrative efficiency and patient flow management are the main areas for quality improvement.

6.2.1 Age-wise Distribution of Respondents

Understanding the demographic composition of respondents provides valuable context for interpreting patient satisfaction levels. Age influences healthcare expectations, communication preferences, and healthcare utilization patterns.

Table 2: Age-wise Distribution of Respondents

Age Group	Frequency	Percentage (%)
Below 20 years	11	5.6
21–30 years	45	22.6
31–40 years	55	27.8
41–50 years	39	19.4
51–60 years	27	13.9
Above 60 years	23	11.1

Interpretation

Knowledge of respondents' demographic makeup is a big part in understanding patient satisfaction. As people grow older, their expectations of healthcare services, their preference of communication, and patterns of healthcare utilization differ. A significant proportion, 43.4%, of the surveyed patients belonged to the age groups of 21, 40 years, which is the prime age for work. Patients in 31-40 age bracket accounted for the greatest share of all respondents' groups (27.8%) followed by the 21-30 years of age (22.6%). Elderly persons who comprised only 15% of the total sample was quite Much lower number so it could be an OPD service of hospitals not attracting seniors as OPD or they might prefer to have their healthcare provided by specialist's clinic. Young/middle age adults were the main part of the data, which also reflects Really hospitals are used mainly by the working population. This demographic situation also makes sense as to the quite high demands on quick registration, reduced consultation time, and fast services in general.

6.3 Gender-wise Patient Satisfaction

Gender differences in patient satisfaction were evaluated to determine whether healthcare experiences differed between male and female patients.

Table 3: Gender-wise Satisfaction Analysis

Gender	Satisfied	Not Satisfied	Satisfaction (%)
Male	90	10	90.0
Female	84	16	84.0

Interpretation

We explored gender differences in patient satisfaction to assess healthcare experiences from male and female patients. Overall patient satisfaction score was very high as 174 out of 200 respondents were happy with the OPD services.90% male patients expressed satisfaction whereas the female patients only 84% female reported feeling satisfied. Both groups had positive perceptions but female patients were comparatively more critical in their evaluations of healthcare services. The observed difference might be due to different expectations of communication styles, varying levels of concern for privacy issues, differing waiting room experiences, or service accessibility[30]. This result may guide the hospital's management to implement stronger gender-specific healthcare initiatives using better communication strategies, provision of enhanced privacy facilities, and delivery of patient-centred services to provide equal healthcare opportunities and experiences to both genders.

6.4 Staff Behaviour According to Age Group

Table 4: Staff Behaviour Rating by Age Group

Age Group	Excellent	Good	Average	Poor
18–30 years	35	25	15	2
31–45 years	20	20	10	1
46–60 years	15	15	5	3

Interpretation

Younger patients showed greater levels of satisfaction with staff treatment consistently higher than older patients. In addition, most of the patients aged between 18, 30 years gave either excellent or good ratings for staff, reflecting a staff that is effective in communicating with patients by being not only a good listener but also showing respect and offering timely help. Slightly less excellent ratings were given for 31, 45 years patient's comments but the overall picture remained as positive. The patients' levels of satisfaction declined gradually in case of those aged 46 years and more. Compared with younger people older patients showed much bigger difference in rating for average and poor. Meaning elderly patients might need more help, longer periods of consultation, use of easier language, better accessibility and also be treated

more individually at health services. Some say age-friendly healthcare should That means be considered as a major aspect of quality improvement initiatives for OPD.

6.5 Patient Experience Regarding Waiting Time

Table 5: Patient Experience with Waiting Time

Waiting Time	Frequency	Percentage (%)
0–10 minutes	50	25.0
11–20 minutes	70	35.0
21–30 minutes	45	22.5
31–45 minutes	25	12.5
More than 45 minutes	10	5.0

Interpretation

Most of the respondents (60%) were served within 20 minutes which reveals that operations in the outpatient are pretty efficient. About 22.5% of them had to wait for 21, 30 minutes while only 17.5% reported that they had waited for more than 30 minutes. While the major majority of patients had their waiting times within an accepted range, the existence of some moderate and very long delays hints at areas where there is room for further performance enhancement. Giving a go at a digital system for booking appointments online, issuing digital queue tokens, monitoring queues live, scheduling physicians for more even and frequent slots, and staff augmentation in the evenings could all further help in reducing the time patients have to wait and also increase their level of satisfaction.

6.6 Analysis of Patient Perception Questions

Table 6: Summary of Respondents' Perceptions Regarding Patient Satisfaction and Healthcare Service Quality (N = 100)

Question/Indicator	Most Preferred Response	Responses (n)	Percentage (%)	Interpretation
Principal function of the Health Screening Department	Preventive healthcare	32	32	Respondents demonstrated moderate awareness regarding the preventive role of health screening services.
Major determinant of patient satisfaction	Cost of services	29	29	Financial affordability was considered one of the major factors influencing patient satisfaction.
Role of communication in patient satisfaction	Communication effectiveness	28	28	Effective communication between healthcare providers and patients was recognized as an important determinant of satisfaction.
Most effective strategy for improving patient satisfaction	Improving communication between healthcare providers and patients	41	41	Better communication was considered the most effective approach to enhancing patient satisfaction.
Preferred method for assessing healthcare quality	Patient satisfaction surveys and structured questionnaires	45	45	Respondents recognized patient satisfaction surveys as valuable tools for monitoring healthcare quality.
Benefit of effective communication	Fosters trust and understanding	50	50	Half of the respondents believed that effective communication strengthens trust, understanding, and patient-centred care.
Most influential determinant of patient satisfaction	Timely access to healthcare services	38	38	Efficient appointment scheduling and reduced waiting time were identified as important contributors to patient satisfaction.
Importance of staff competence	Improves patient outcomes	42	42	Respondents acknowledged that competent healthcare professionals contribute significantly to better patient outcomes and satisfaction.
Benefit of patient-centred care	Enhanced patient engagement	60	60	The majority recognized that patient-centred care improves patient participation and involvement in healthcare decisions.
Important aspect of healthcare facility design	Comfort and accessibility	70	70	Most respondents emphasized that a comfortable and accessible healthcare environment positively influences patient experience.
Strategy for continuous quality improvement	Benchmarking performance indicators	58	58	Respondents recommended benchmarking and performance measurement as effective approaches for continuous improvement in healthcare quality.

6.7 Overall Summary of Results

The results show that patients' satisfaction at Lovee Shubh Hospital overall is very good. Most of them gave positive feedback about doctor's interaction, behaviour of the staff, and registration services. Waiting time Yet came out to be the main operational problem. Satisfaction levels of young patients were higher than the elderly. Consistently, good communication, trained staff, easy access, cleanliness of the facility, and giving proper care to the patients were found to be the major contributors to overall patient satisfaction. The findings can be a solid evidence base to identify areas of quality improvement efforts that will ultimately lead to better patient experiences.

7. Conclusion

The article presents an in-depth review of customer care in hospitals which is considered as one of the factors affecting overall health service quality. The report is based on a survey conducted at outpatient departments (OPDs) in a private hospital, Lovee Shubh Hospital Pvt. Ltd. Lucknow. Major factors that are found to satisfy the patients are friendly attitude of the doctors and staff, smooth and efficient

registration process, and hospital environment that is clean and well maintained Patients are not very satisfied with waiting time in the clinic, they suggested that there should be a system for appointment to minimize waiting times. Doctors' communication skills with patients was the most influential factor in determining patient satisfaction. Patient satisfaction was also affected by the competence of the staff, the accessibility of the hospital and the availability of patients' centred care. From the data on the patients' satisfaction survey, they have found some interesting correlations between the satisfaction levels to different age groups, occupation types. A better service quality can be achieved by using feedback from the patients, training the staff more often, and implementing various quality improvement processes. This research gives a very helpful and practical direction to hospital executives for making patients more happy and delivering better services in the health sector through their actions and words

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