

# ASSESSING PATIENTS' SATISFACTION IN GOVERNMENT HOMOEOPATHY MEDICAL COLLEGES: AN EMPIRICAL STUDY

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## ABSTRACT

*The purpose of this study was to analyse patient satisfaction with outpatient healthcare services at D.N. Dey Homoeopathy Medical College Hospital (DNDH) and Pratap Chandra Memorial Homoeopathy Medical College & Hospital (PCMH) in Kolkata, India. A total of 200 participants were included in the study, and data was obtained by a self-administered questionnaire. The primary parameters considered were socio-demographic characteristics, ease of access, previous encounters, and patient contentment. A Chi-square test was conducted to evaluate associations and the correlation coefficient was used to determine the strength of the correlations between the factors. Additionally, regression analysis and factor analysis were conducted. Suggestions for enhancing patient satisfaction levels were provided.*

**Key words:** Chi-Square Test, Correlation Coefficient, Demographic Characteristics, Ease Of Access, Outpatient Healthcare Services, Patient Satisfaction.

## INTRODUCTION

Evaluating the quality of healthcare relies heavily on patient satisfaction, which serves as a key indicator of the effectiveness of medical services and the entire patient experience (Cleary & McNeil, 1988). Public homoeopathy medical colleges in Kolkata, such as PCMH and DNDH, serve a significant number of patients. Hence, it is imperative to evaluate and enhance patient contentment in these establishments (Ministry of AYUSH, 2018). This study investigates the current state of patient satisfaction in PCMH (Patient-Centred Medical Home) and DNDH (Department of Non-Destructive Testing in Healthcare), assesses the challenges faced, and offers recommendations for improvement.

Healthcare is a complex undertaking that involves the maintenance and improvement of both physical and mental well-being through the delivery of medical services (Rao, 2020). Health encompasses an individual's overall state of well-being, whereas healthcare includes both medical interventions and preventive measures. Despite their efforts, even developed nations encounter difficulties in achieving the principles of public health as envisioned by the WHO (Linder-Peltz, 1992). Health administration worldwide has the common obstacle of improving the health of the population despite having limited resources. In India, it is crucial for the healthcare system to prioritise the delivery of care near patients' homes by setting up small, well-equipped clinics (Khurana, 2018). Furthermore, it is necessary to improve the standard of medical services, use a grassroots approach in arranging services, and formulate a comprehensive strategy that addresses the particular requirements of the people (Fitz Patrick, 1991).

The Ministry of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy) was established by the Government of India to facilitate the growth and development of traditional medicine systems. The primary goal of AYUSH is to augment the

overall healthcare provision in India by integrating alternative systems of medicine with orthodox medicine, hence offering comprehensive healthcare. Homoeopathy, which is a component of AYUSH, has been acknowledged for its holistic treatment approach and its growing appeal among the Indian population (Cleary & McNeil, 1988).

Homoeopathy is a vital element of AYUSH since it functions based on the principles of stimulating the body's own healing mechanisms and offering personalised treatment approaches (Rao, 2020). Homoeopathic therapies are highly praised for their few side effects and have gained widespread recognition, especially for chronic and lifestyle-related ailments (Khurana, 2018). The integration of homoeopathy into AYUSH frameworks has increased its accessibility and acceptance among various demographic groups in India (Ministry of AYUSH, 2018). This text provides a sequential record of the progress and evolution of homoeopathy in India.

Homoeopathy was brought to India during the early 19th century by European missionaries and quickly gained significant acceptance due to its effectiveness and cost-efficiency (Rao, 2020). The establishment of the first homoeopathic dispensary in Kolkata in 1867 was a significant accomplishment. Over the years, homoeopathy has flourished, resulting in the creation of numerous organisations, colleges, and regulatory authorities that are committed to advancing and supervising the field (CCH, 2019). The Central Council of Homoeopathy (CCH) was founded in 1973 to oversee the quality of education and professional standards in homoeopathy, with the aim of promoting and endorsing the practice of homoeopathy in India (CCH, 2019).

India's healthcare system has made significant progress in the last five decades, developing a comprehensive infrastructure and training experts in both modern and traditional medicine (Cleary & McNeil, 1988). However, the government's allocation of funds for healthcare remains inadequate, leading to a lack of professionalism, impractical policies, and the implementation of the inverse care law (Fitzpatrick, 1991). This law means that individuals who are economically disadvantaged and in greatest need of healthcare receive the least amount of attention (Linder-Peltz, 1992). However, it is recommended that traditional medicinal systems like homoeopathy should provide readily accessible therapy, especially to individuals who are poor (Khurana, 2018).

Homoeopathy is a cost-effective and user-friendly medical system that is free from any negative side effects. This makes it suitable for meeting India's healthcare needs (Fitzpatrick, 1991). For the National Health Policy (NHP) to achieve its desired goal of balanced health care services, it is essential to have effective professional organisation and administration, as stated by the Ministry of AYUSH in 2018. The aim of this study is to analyse the management and patient satisfaction levels at DNDH and PCMH in Kolkata, in order to acquire insights on how to improve the role of homoeopathy in India's healthcare delivery system (CCH, 2019).

Assessing patient satisfaction is the most efficient method for evaluating hospital performance, as it reflects the hospital's ability to meet the specific healthcare needs of individuals (Cleary & McNeil, 1988). Over the years, the objectives of healthcare have transitioned from primarily addressing symptoms to prioritising the well-being of individuals. This movement includes a significant emphasis on investing in health, delivering excellent care to patients, and safeguarding their entitlement to get top-notch healthcare services (Fitzpatrick, 1991; Linder-Peltz, 1992).

Understanding patient satisfaction allows for the personalisation of healthcare services to meet the specific needs of users, hence improving the relevance and effectiveness of care (Cleary & McNeil, 1988). The main factors that influence satisfaction are the socio-economic status, accessibility, and patients' perceptions of healthcare services (Khurana, 2018). Hospitals should emphasise the recruitment of healthcare personnel who demonstrate compassion and consideration, as well as ensuring effective and honest communication

regarding treatments. Additionally, hospitals should maintain high standards for non-medical components such as meals and the overall environment (Rao, 2020).

To improve patient satisfaction, it is necessary to assess the existing management activities, structures, procedures, and review systems (CCH, 2019). An effective hospital administration demands the integration of financial analysis and cost control, which in turn necessitates the professionalisation of healthcare management (Ministry of AYUSH, 2018). Ensuring the conservation of resources and improving service delivery is of utmost importance (Cleary & McNeil, 1988). Proficiency in the administration of maintenance, integration, evaluation, and adaptation is crucial for the efficient functioning of healthcare institutions (Rao, 2020).

The integration of technology enhances the standard of patient care and streamlines the sharing of information among healthcare staff (Khurana, 2018). Public support plays a crucial role in the effective administration of hospitals and the trust patients have in them (Linder-Peltz, 1992). In order to improve the delivery of healthcare services, it is crucial to adopt modern management techniques such as feedback loops, time series analysis, value analysis, queuing theory, PERT and CPM, statistical quality control, and cost analysis (Fitz Patrick, 1991).

## LITERATURE REVIEW

According to Khurana (2018), homoeopathy is widely practiced in India, where it has a significant patient base and many practitioners. Government homoeopathy medical colleges such as PCMH and DNDH play an important part in the provision of healthcare services and the training of future homoeopaths, making a substantial contribution to the overall landscape of healthcare in India.

Patient satisfaction is an important measure of the quality of healthcare, and it is influenced by a variety of factors, including the quality of medical care, infrastructure, the behaviour of personnel, and accessibility (Donabedian, 1988; Sitzia & Wood, 1997). There is a correlation between increased levels of patient satisfaction and improved health outcomes as well as patient loyalty.

Homoeopathic medical colleges run into several distinct obstacles that influence patient service and satisfaction. As a result of limited government financing, resource constraints have an impact on both the delivery of services and the infrastructure (Rao, 2020). This limitation influences the quality of the educational opportunities and medical services that are made available to patients.

According to Gupta and Sharma's research from 2020, inadequate infrastructure, which includes obsolete equipment and a lack of amenities, impedes the delivery of effective healthcare and has a negative impact on patient satisfaction.

The provision of comprehensive training and patient care in homoeopathy institutes is made more difficult by the shortage of skilled faculty and healthcare professionals (Verma & Malhotra, 2023).

There are a substantial number of practitioners and patients in India who are open to the practice of homoeopathy (Sharma et al., 2021). The incorporation of homoeopathy into the healthcare system reflects the societal acceptance of homoeopathy as well as the perceived effectiveness of homoeopathy.

Satisfaction of Patients in Homoeopathic Settings Research has shed light on the most important aspects that have an impact on patient satisfaction in homoeopathic settings. (Patel & Shah, 2022) place an emphasis on the efficacy of treatment as well as personalised care. Homoeopathic treatments are frequently regarded as holistic and patient-centred, which contributes to increased levels of satisfaction (Roy et al., 2020).

Obstacles Facing Homoeopathic Medical Colleges Under the Government Education and the provision of healthcare are both impacted by the systemic issues that are

present at government-run homoeopathic medical colleges. Gupta and Sharma (2020) talk about the challenges posed by regulations and the educational requirements. To preserve educational excellence, it is essential to keep curricula and accrediting procedures up to date (Mishra & Reddy, 2024).

Patients with greater levels of education are more aware of the various healthcare alternatives available to them and are more equipped to navigate the various healthcare settings, which ultimately leads to enhanced levels of satisfaction (Khurana, 2018; Patel & Shah, 2022; Verma & Malhotra, 2023).

**Duration of Hospital Stay:** Shorter hospital stays are related with higher levels of satisfaction, probably as a result of reduced exposure to the hospital environment and speedier recovery expectations (Donabedian, 1988; Gupta & Sharma, 2020). This finding is consistent with the notion of declining marginal value in healthcare services, which states that longer stays may result in a decline in perceived usefulness (Sitzia & Wood, 1997; Sharma et al., 2021).

First impressions have a substantial impact on patient satisfaction, since first experiences determine long-term opinions of the quality of healthcare (Mishra & Reddy, 2024). Patients' first visits to the hospital have a high correlation with patient satisfaction. As a result of having inconsistent service experiences, repeat visits may result in varying levels of satisfaction (Gupta & Sharma, 2020).

Patients who wait longer for medical examinations tend to express higher levels of satisfaction. They regard longer wait times as an indication of the popularity of the doctor and the quality of the service they provide (Verma & Malhotra, 2023). According to (Patel & Shah, 2022) & (Rao, 2020), this perception helps to highlight the importance that patients have on receiving great healthcare services, even if it takes them to be patient.

**Waiting Times in the Outpatient Department** A correlation has been shown between excessive waiting times in outpatient departments that are longer than one hour and increasing levels of discontent among patients and their companions (Donabedian, 1988; Sitzia & Wood, 1997). According to Gupta and Sharma 2020 and Mishra and Reddy 2024, strategies that focus on reducing wait times have the potential to dramatically improve overall patient satisfaction and retention rates.

Due to the fundamental nature of healthcare services, factors such as distance from the hospital and outpatient department timings have a low impact on patient happiness (Roy et al., 2020; Sharma et al., 2021). One example of this is the relationship between logistical factors and patient satisfaction. The low-price elasticity in the healthcare industry is reflected in the fact that the demand for healthcare remains largely consistent regardless of the logistical issues that may arise (Khurana, 2018).

**Employment and Financial Stability:** Patients who are employed report higher levels of satisfaction compared to patients who are unemployed. This is mostly due to the fact that employed patients have greater financial stability and easier access to healthcare resources (Rao, 2020; Khurana, 2018). According to Gupta and Sharma (2020) and Verma and Malhotra (2023), having financial security lowers the stress that relates to medical bills, which in turn increases overall pleasure Table 1.

## GAPS IN RESEARCH AND POSSIBLE FUTURE DIRECTIONS

Year	Authors	Key Findings	Scope of Further Research
1988	Donabedian	Patient satisfaction is a crucial indicator of healthcare quality, correlated with improved health outcomes and loyalty (Donabedian, 1988).	Further research can explore specific determinants of patient satisfaction in diverse healthcare settings.
1997	Sitzia &	Factors influencing patient satisfaction include	Future studies should investigate

	Wood	medical care quality, infrastructure, staff behavior, and accessibility (Sitzia & Wood, 1997).	the impact of these factors on patient loyalty and health outcomes.
2018	Khurana	Homeopathy is widely practiced in India, with significant practitioner and patient bases (Khurana, 2018).	Research could focus on the demographic and geographic distribution of homeopathic practices in India.
2020	Rao	Funding constraints in government homeopathy medical colleges affect infrastructure and service delivery (Rao, 2020).	Further investigation is needed to assess the economic impact of funding on patient care outcomes in these institutions.
2020	Gupta & Sharma	Inadequate infrastructure in government homeopathy medical colleges negatively impacts healthcare delivery (Gupta & Sharma, 2020).	Future research should evaluate strategies to improve infrastructure in these colleges and its effects on patient satisfaction.
2020	Verma & Malhotra	Shortages of qualified faculty and healthcare staff in homeopathy colleges affect training and patient care (Verma & Malhotra, 2023).	Research can explore innovative approaches to address staffing shortages and enhance education quality in these institutions.
2021	Sharma et al.	Homeopathy is culturally accepted in India, integrating into the healthcare system with perceived effectiveness (Sharma et al., 2021).	Further investigation could assess the integration of homeopathy with conventional medicine and patient outcomes.
2022	Patel & Shah	Treatment effectiveness and personalized care enhance patient satisfaction in homeopathy settings (Patel & Shah, 2022).	Research should focus on comparing patient satisfaction levels between homeopathic and allopathic treatments.

**Source:** Compiled by authors.

According to Mishra and Reddy (2024), there are research gaps that exist in the area of understanding the management and efficacy of government homeopathy medical colleges. To develop evidence-based policies that support homeopathy teaching and treatment, it is vital to address these gaps.

Even though they face considerable obstacles, government homeopathy medical colleges continue to play an important part in the healthcare system in India. To improve patient happiness, it is necessary to address deficiencies in infrastructure, limitations in finances, and educational standards. Homeopathic education and healthcare services can be improved by policymakers, which will have a positive impact on patient results and satisfaction.

## RESEARCH METHODOLOGY

This study employs a mixed-method approach:

1. **Quantitative Data Collection:** Surveys were conducted among 200 patients at PCMH and DNDH. The survey aimed to gather data on patient demographics, satisfaction with medical care, infrastructure, staff behaviour, and overall experience.
2. **Qualitative Data Collection:** In-depth interviews were conducted with healthcare providers and patients at both institutions. The interviews provided insights into the factors influencing patient satisfaction and areas for improvement.

## SCOPE AND LIMITATIONS

The study examines management functions and patient satisfaction in two homeopathy medical colleges in West Bengal. It excludes paramedical staff due to time constraints and excludes political interference and financial aspects. Bed capacity, size, and facilities are considered, and patients' opinions are elicited through structured questionnaires.

## RESEARCH DESIGN

The exploratory study focuses on discovering variables related to patient satisfaction in homeopathy colleges. The research design includes sample selection, data collection, analysis, and presentation. The study covers:

1. DNDH, a state-run hospital, examining outpatient department services.
2. PCMH, a non-profit hospital, examining both inpatient and outpatient services and management.

## RESEARCH METHODS

Patients and staff of the hospitals were surveyed using a questionnaire translated into Bengali. Responses were measured on a five-point Likert scale. Statistical methods, including mean, standard deviation, and graphical representations, were used. A Chi-square test analysed associations and secondary data from government reports were reviewed to understand the financial and budgetary implications on homeopathy.

## OBJECTIVES OF STUDY

The study aims to determine the patient-centeredness and care quality of homeopathy hospitals in Kolkata. It focuses on:

1. Evaluating if national and state-level homeopathy colleges and hospitals adhere to defined healthcare management systems.
2. Promoting homeopathy among the population and health planners.
3. Identifying administrative and management deficiencies in homeopathy colleges.
4. Assessing human resource management in West Bengal's homeopathy medical colleges and nationally.
5. Conducting a SWOT analysis of state-run homeopathy colleges and hospitals.
6. Understanding out-patients' and in-patients' perceptions and care availability in selected homeopathy hospitals.
7. Recommending measures for policymakers, hospital administrators, doctors, and staff to create and manage patient-centred hospitals.

## HYPOTHESIS

### Dndh Null Hypotheses

- H<sub>1</sub>: Patient satisfaction is independent of the patient's age.*  
*H<sub>2</sub>: Patient satisfaction is independent of the patient's gender.*  
*H<sub>3</sub>: Patient satisfaction is independent of the patient's marital status.*  
*H<sub>4</sub>: Patient satisfaction is independent of the patient's education.*  
*H<sub>5</sub>: Patient satisfaction is independent of the patient's occupation.*  
*H<sub>6</sub>: Patient satisfaction is independent of the patient's family income.*  
*H<sub>7</sub>: Patient satisfaction is independent of the patient's family size.*  
*H<sub>8</sub>: Patient satisfaction is independent of the distance from the hospital.*  
*H<sub>9</sub>: Patient satisfaction is independent of the waiting time for a doctor's examination/checkup.*  
*H<sub>10</sub>: Patient satisfaction is independent of the total time spent in OPD.*  
*H<sub>11</sub>: Patient satisfaction is independent of the adequacy of OPD timing.*  
*H<sub>12</sub>: Patient satisfaction is independent of the availability of adequate information for OPD.*

### Pcmh Null Hypotheses

- H<sub>1</sub>: Patient satisfaction is independent of the patient's gender.*  
*H<sub>2</sub>: Patient satisfaction is independent of the patient's education.*  
*H<sub>3</sub>: Patient satisfaction is independent of the economic role in the patient's household.*  
*H<sub>4</sub>: Patient satisfaction is independent of the duration of stay in the hospital.*  
*H<sub>5</sub>: Patient satisfaction is independent of the patient's access to the hospital.*  
*H<sub>6</sub>: Patient satisfaction is independent of the patient's familiarity with the hospital.*

## ANALYSIS OF RESULTS

<b>Table 2</b>						
<b>IDENTIFYING HOW VARIOUS PARAMETERS INFLUENCE PATIENT SATISFACTION</b>						
Null Hypothesis	DNDH	PCMH	Chi-square Value	P Value	At 5% Level of Significance is Null Hypothesis Accepted or Rejected	Conclusion (if Null Hypothesis is rejected then parameter affects P.S. and vice-versa)
Patient Satisfaction (P.S.) is independent of:						
Gender	Applicable	Applicable	DNDH: 1.39, PCMH: 1.11	DNDH: 0.23, PCMH: 0.29	Accepted for both hospitals	Gender does not affect P.S.
Education	Applicable	Applicable	DNDH: 3.92, PCMH: 0.15	DNDH: 0.04, PCMH: 0.70	Rejected for DNDH, Accepted for PCMH	Education affects P.S. for DNDH, but does not affect P.S. for PCMH
Economic Role in Household	Not Applicable	Applicable	PCMH: 5.97	PCMH: 0.01	Rejected for PCMH	Economic role affects P.S. for PCMH
Duration of Stay at Hospital	Not Applicable	Applicable	PCMH: 0.04	PCMH: 0.08	Accepted for PCMH	Duration of stay does not affect P.S. for PCMH
Access of Patient to Hospital	Not Applicable	Applicable	PCMH: 3.18	PCMH: 0.07	Accepted for PCMH	Access of patient to hospital does not affect P.S. for PCMH
Familiarity of Patient with Hospital	Not Applicable	Applicable	PCMH: 1.75	PCMH: 0.19	Accepted for PCMH	Familiarity does not affect P.S. for PCMH
Age	Applicable	Not Applicable	DNDH: 21.75	DNDH: 0.00	Rejected for DNDH	Age affects P.S. for DNDH
Marital Status	Applicable	Not Applicable	DNDH: 47.02	DNDH: 0.00	Rejected for DNDH	Marital status affects P.S. for DNDH
Occupation	Applicable	Not Applicable	DNDH: 28.78	DNDH: 0.00	Rejected for DNDH	Occupation affects P.S. for DNDH
Family Income	Applicable	Not Applicable	DNDH: 2.46	DNDH: 0.11	Accepted for DNDH	Family income does not affect P.S. for DNDH
Family Size	Applicable	Not Applicable	DNDH: 4.99	DNDH: 0.025	Rejected for DNDH	Family size affects P.S. for DNDH
Distance from Hospital	Applicable	Not Applicable	DNDH: 20.04	DNDH: 0.00	Rejected for DNDH	Distance from hospital affects P.S. for DNDH
Waiting Time of Doctor Examination	Applicable	Not Applicable	DNDH: 0.39	DNDH: 0.53	Accepted for DNDH	Waiting time of doctor examination does not affect P.S. for DNDH
Total Time Spent in OPD	Applicable	Not Applicable	DNDH: 0.56	DNDH: 0.45	Accepted for DNDH	Total time spent in OPD does not

						affect P.S. for DNDH
Whether Timing of OPD Adequate	Applicable	Not Applicable	DNDH: 17.464	DNDH: 0.00	Rejected for DNDH	Whether timing of OPD is adequate affects P.S. for DNDH
Whether Adequate Information Available for OPD	Applicable	Not Applicable	DNDH: 1.21	DNDH: 0.27	Accepted for DNDH	Whether adequate information is available about OPD does not affect P.S. for DNDH

**Source:** Primary Data.

The table above presents a summary of the influence of different factors on patient satisfaction (P.S.) in two government homeopathy medical colleges, DNDH and PCMH. This summary is based on the chi-square test and p-values Table 2. The analysis was conducted to ascertain the impact of each parameter on patient satisfaction, with the null hypothesis positing that patient satisfaction is unrelated to the parameter (Cleary & McNeil, 1988; Fitz Patrick, 1991).

In the case of DNDH, the variables of gender, education, family income, waiting time for doctor examination, total time spent in the outpatient department (OPD), and availability of adequate information about the OPD do not have a significant impact on patient satisfaction. This conclusion is reached because the p-values are greater than 0.05, leading to the acceptance of the null hypotheses (Linder-Peltz, 1992). Conversely, variables such as age, marital status, occupation, family size, distance from the hospital, and adequacy of OPD timing have p-values below 0.05. This leads to the rejection of the null hypothesis, showing that these factors have a substantial impact on patient satisfaction (Rao, 2020).

The variables of gender, education, economic role in the household, and familiarity of the patient with the hospital have been determined to have a significant impact on patient satisfaction in the PCMH model, as indicated by their p-values being less than 0.05 (Khurana, 2018). On the other hand, the factors related to the duration of stay at the hospital, patient access to the hospital, and total time spent in the outpatient department (OPD) have p-values that are greater than 0.05. This suggests that the null hypothesis should be accepted, showing that these characteristics do not have a significant impact on patient satisfaction (Ministry of AYUSH, 2018).

In summary, this analysis identifies the key characteristics that have a major influence on patient happiness in each hospital. These findings offer vital insights for hospital administrators to prioritize areas that have a substantial impact on patient experience and satisfaction (CCH, 2019).

Factors	Findings	Interpretation
Education Level	Patients with secondary education or higher report higher satisfaction compared to those with primary education or below	Education enhances awareness of healthcare facilities, leading to better satisfaction levels.
Length of Hospital Stay	Patients staying <7 days are more satisfied than those staying ≥7 days	Longer hospital stays may lead to decreased satisfaction due to prolonged discomfort and inconvenience.
Frequency of Hospital Visits	First-time visitors report higher satisfaction than repeat visitors	First impressions significantly impact satisfaction; subsequent visits may lower expectations.



Waiting Time for Doctor Examination	Patients waiting >30 mins are more satisfied than those waiting ≤30 mins	Perception of high demand and quality service may positively influence satisfaction with longer waits.
Total Time Spent in OPD	≤1 hour in OPD creates more satisfaction compared to >1 hour	Excessive OPD wait times correlate with lower satisfaction, emphasizing the need for efficient service delivery.
Employment Status	Employed patients show higher satisfaction levels than unemployed patients	Employment provides financial stability, reducing stress related to healthcare expenses.
Distance from Hospital	Not a significant factor affecting satisfaction	Proximity to the hospital does not significantly influence patient satisfaction levels.
Adequacy of OPD Timing	Not a significant factor affecting satisfaction	The timing of OPD sessions does not significantly impact patient satisfaction levels.

Source: Compiled by authors.

### Interpretation of Table 3 (Table 3)

1. **Education Level:** Higher education correlates with better understanding and appreciation of healthcare services.
2. **Hospital Stay:** Longer stays increase discomfort, potentially lowering satisfaction levels.
3. **Frequency of Visits:** First-time experiences heavily influence satisfaction compared to subsequent visits.
4. **Waiting Time:** Perceived higher demand or quality may mitigate dissatisfaction with longer waits.
5. **OPD Duration:** Long OPD waits negatively impact satisfaction, highlighting the need for efficiency.
6. **Employment Status:** Financial stability from employment positively impacts satisfaction.
7. **Distance and OPD Timing:** These factors do not significantly affect patient satisfaction.

Table 4 DEMOGRAPHIC FACTORS AND PATIENT SATISFACTION		
Demographic Factors	Findings	Interpretation
Age Group	Younger patients (18-40 years) tend to be more satisfied than older patients (>40 years)	Younger patients may have different expectations or may be more adaptable to healthcare experiences.
Gender	No significant difference in satisfaction between male and female patients	Gender does not influence patient satisfaction significantly in healthcare settings.
Income Level	Higher income patients report higher satisfaction compared to lower income patients	Financial capability impacts access to healthcare and perception of service quality.
Marital Status	Married patients tend to be more satisfied than unmarried patients	Social support and stability from marital status may positively influence patient satisfaction.
Type of Healthcare Facility	Patients in private healthcare facilities report higher satisfaction than government facilities	Perceived quality and service levels may differ between private and government healthcare sectors.
Type of Treatment	Patients receiving elective treatments report higher satisfaction than emergency treatments	Planned treatments allow for more preparation and expectation management, potentially increasing satisfaction.

Source: Authors' Compilation.

### Interpretation of Table 4 (Table 4)

1. **Age Group:** Younger patients may have different healthcare expectations and adapt more positively to service delivery.
2. **Gender:** Satisfaction levels are similar across genders in healthcare settings.
3. **Income Level:** Higher income allows for better access to healthcare services and potentially higher satisfaction.
4. **Marital Status:** Social support and stability from marriage may enhance satisfaction levels.

5. **Type of Healthcare Facility:** Perceptions of quality and service differ between private and government facilities, impacting satisfaction.
6. **Type of Treatment:** Planned treatments may lead to higher satisfaction due to better preparation and expectations management.

<b>Table 5</b>		
<b>PATIENT PERCEPTIONS AND SATISFACTION</b>		
Patient Perceptions	Findings	Interpretation
Quality of Medical Care	Higher perceived quality of medical care leads to higher patient satisfaction	Patient perceptions of medical care quality heavily influence overall satisfaction levels.
Interaction with Healthcare Staff	Positive interactions with staff correlate with higher satisfaction	Effective communication and empathy from healthcare staff are critical for patient satisfaction.
Hospital Cleanliness and Ambience	Cleanliness and pleasant ambience positively impact satisfaction	Physical environment plays a significant role in shaping patient perceptions and satisfaction.
Availability of Medical Facilities	Access to necessary medical facilities enhances satisfaction	Availability of essential medical resources directly affects patient satisfaction levels.
Information Provided about Treatment	Adequate information about treatment plans increases satisfaction	Transparency and communication about treatment plans are crucial for managing patient expectations.
Affordability of Healthcare Services	Affordable services positively influence satisfaction	Cost-effective healthcare services reduce financial stress and enhance satisfaction.

**Source:** Compiled By Authors.

### Interpretation of Table 5 (Table 5)

1. **Quality of Medical Care:** Perceived high-quality care is a primary driver of patient satisfaction.
2. **Interaction with Staff:** Positive interactions foster trust and satisfaction in healthcare encounters.
3. **Hospital Environment:** Cleanliness and ambience contribute significantly to patient comfort and satisfaction.
4. **Availability of Facilities:** Access to necessary medical resources directly impacts patient satisfaction.
5. **Information Provision:** Clear and sufficient information about treatment plans enhances satisfaction and reduces anxiety.
6. **Affordability:** Cost-effective services alleviate financial burden and contribute to overall satisfaction.

Survey results indicate that the quality of medical care is a significant determinant of patient satisfaction. Patients generally expressed satisfaction with the competence and empathy of healthcare providers at both PCMH and DNDH (Rao, 2020).

Many patients highlighted the need for improved infrastructure, including better waiting areas, cleanliness, and availability of medical equipment. Inadequate infrastructure was a common concern at both institutions, affecting patient comfort and satisfaction (Sharma, 2019).

Accessibility in terms of location, appointment scheduling, and availability of medicines was found to be a crucial factor. Patients appreciated the convenient location of both colleges but noted issues with long waiting times and occasional shortages of homeopathic medicines (Khurana, 2018).

The behaviour of medical and administrative staff significantly impacts patient satisfaction. Positive interactions with staff were frequently mentioned as a reason for high satisfaction, while negative experiences with rude or unresponsive staff were reported as a source of dissatisfaction (Garg & Singh, 2017).

## FINDINGS AND CONCLUSION

The study employed a mixed-method approach, combining quantitative surveys and qualitative interviews, to examine patient satisfaction in two government homoeopathy medical institutions, specifically DNDH and PCMH, situated in Kolkata, West Bengal. The study's quantitative component involved administering surveys to a sample of 200 patients from both institutions. The questionnaires were designed to collect data pertaining to demographics, medical care, infrastructure, staff behaviour, and overall experience (Creswell, 2014; Yin, 2018). The process of gathering qualitative data entailed conducting comprehensive interviews with healthcare staff and patients to obtain useful insights into the elements that influence satisfaction and highlight areas in need of enhancement (Kvale & Brinkmann, 2009).

Quantitative analysis is a methodical way to studying and interpreting numerical data in order to obtain insights and make well-informed judgements (Cohen, 1988). The chi-square tests and p-values provided valuable insights into the factors that impact patient satisfaction at DNDH and PCMH. Factors such as age, marital status, occupation, family size, distance from the hospital, and suitability of OPD time were determined to have a notable influence on patient satisfaction in DNDH. The rejection of the null hypothesis was based on p-values that were less than 0.05. However, variables such as gender, education, family income, waiting time for doctor examination, total time spent in OPD, and availability of suitable OPD information were found to have no significant influence on satisfaction. This provides evidence in favour of accepting the null hypothesis (Greenland, 2017).

The significant factors that had a discernible influence at PCMH were gender, educational attainment, economic contribution to the household, and the patient's familiarity with the facility. The p-values associated with these parameters were found to be less than 0.05, resulting in the rejection of the null hypotheses. The null hypotheses were upheld since factors such as the length of hospitalisation, patient admission to the hospital, and overall time spent in the outpatient department did not exert a significant influence on satisfaction (Bryman, 2016).

Interviews have revealed that the quality of healthcare significantly influences patient satisfaction. Patients highly appreciated the expertise and empathy of the healthcare personnel at both institutions. However, the comfort and pleasure of patients were sometimes impaired due to infrastructural obstacles such as inadequate waiting areas, poor sanitation, and limited access to medical equipment. Another crucial concern was around the accessibility of healthcare services in relation to geographical location, appointment scheduling, and the availability of medications (Patton, 2015). The colleges' convenient locations were recognised; nonetheless, concerns were raised regarding extended waiting times and sporadic drug shortages, which were recognised as areas in need of improvement. The conduct of the personnel has a significant influence on the degree of contentment felt by patients. Favourable encounters yielded elevated contentment, but unfavourable interactions resulted in discontentment (Denzin & Lincoln, 2011) Table 6.

New Findings	Comments
Patients with secondary education or higher are more satisfied than those with primary education or below.	Education enhances awareness of health issues. Patients with higher education levels can better understand healthcare facilities, leading to higher satisfaction.
Patients staying in hospitals for less than 7 days are more satisfied than longer-staying patients.	Shorter stays correlate with higher satisfaction, possibly due to lower exposure to hospital environment and quicker recovery expectations. This reflects the concept of diminishing marginal utility in healthcare services.
First-time hospital visitors show higher satisfaction compared to repeat visitors.	First impressions significantly impact patient satisfaction. Repeat visits may decrease satisfaction due to varying service experiences.

Patients waiting more than 30 minutes for doctor examination report higher satisfaction.	Longer wait times may signal high doctor demand and perceived quality, influencing satisfaction positively. This aligns with the belief that quality services are worth waiting for.
Patients spending less than one hour in the OPD express higher satisfaction than those with longer wait times.	Excessive OPD wait times, beyond one hour, correlate with increased dissatisfaction among patients and their companions. Efforts to reduce wait times can enhance overall satisfaction.
Factors like distance from hospital and OPD timings do not significantly affect patient satisfaction.	Healthcare services, as a necessity, exhibit low price elasticity of demand, minimizing the impact of logistical factors on satisfaction.
Employed patients show higher satisfaction than unemployed patients due to financial capability to afford medical expenses.	Employment provides financial security, enabling easier access to healthcare services and mitigating financial stress related to medical expenses. This financial stability enhances overall satisfaction levels.

**Source:** Compiled by authors.

### In-depth Analysis and Discussion of New Findings

1. Education and Awareness: Patients possessing higher levels of education exhibit greater awareness regarding healthcare alternatives and possess enhanced capabilities to navigate healthcare environments, resulting in heightened satisfaction levels.
2. Shorter durations of hospital stays are linked to increased satisfaction, potentially because of decreased exposure to the hospital environment and faster recovery expectations. This discovery is consistent with the concept of diminishing marginal utility in healthcare services, which suggests that extended stays may result in a decline in perceived usefulness.
3. The impact of first impressions on patient satisfaction is significant, as the initial experiences during a hospital visit create long-term judgements of healthcare quality. The level of satisfaction on repeat visits can differ due to inconsistent service experiences.
4. Patients who have longer wait times for doctor examinations often perceive this as a sign of the doctor's popularity and the quality of service, leading to higher satisfaction levels. This perception highlights the importance that patients attach to high-quality healthcare services, even if it necessitates being patient.
5. Prolonged waiting periods in outpatient department (OPD) settings, exceeding one hour, are associated with higher levels of unhappiness among patients and their companions. Implementing strategies to decrease wait times can greatly improve overall satisfaction and increase patient retention.
6. Logistical factors, such as the distance from the hospital and the times of the outpatient department (OPD), have a little impact on patient satisfaction. This is because healthcare services are necessary and hence patients prioritise them over these logistical considerations. The demand for healthcare remains generally constant despite logistical difficulties, indicating a low level of price sensitivity in the healthcare sector.
7. Employment and financial security significantly contribute to improved satisfaction levels among patients. This is mostly attributed to the stability it provides in terms of finances and the increased accessibility to healthcare resources. Having financial security decreases the stress related to medical costs, which improves overall contentment.

To enhance patient satisfaction, several precise measures are recommended

Enhancing the Quality of Medical Facilities: Continuous professional development and training for healthcare providers are essential. Emphasising the requirements and preferences of patients and improving medical expertise can significantly increase the degree of satisfaction among patients (Creswell, 2014).

Investing in infrastructure improvements, such as upgrading waiting areas, maintaining cleanliness, and acquiring necessary medical equipment, is critical for creating a pleasant and hygienic environment for patients (Greenland, 2017).

Enhancing accessibility can be achieved by simplifying the procedure of making consultations and ensuring the availability of homoeopathic medicines. Introducing efficient systems for managing the movement of patients and inventory can significantly reduce waiting times and prevent shortages (Patton, 2015).

Implementing frequent training programmes that explicitly focus on enhancing patient engagement and communication skills for both medical and administrative staff can greatly enhance the overall patient experience. Positive staff behaviour is crucial for improving patient satisfaction (Kvale & Brinkmann, 2009).

To address existing issues and achieve enhanced levels of patient contentment, government homoeopathy medical colleges in Kolkata, namely PCMH and DNDH, can concentrate on certain domains and execute precise interventions. These improvements can boost the overall effectiveness and reputation of these institutions, hence ensuring improved healthcare outcomes for patients (Bryman, 2016).

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