



Research Article

ISSN: 2454-5023

J. Ayu. Herb. Med.

2019; 5(1): 01-06

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www.ayurvedjournal.com

Received: 07-02-2019

Accepted: 18-03-2019

A Study of Service Utilization and Patient Satisfaction among Patients Attending State level AYUSH Hospital in Delhi

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ABSTRACT

Background: A very less data is available on the services of AYUSH systems in India, which are now a part of national healthcare delivery structure. Government of India is focussing more and more on integration and mainstreaming of AYUSH health services. The National health policy 2017 envisages the same. In this context, it is essential to study the services rendered by Government AYUSH hospitals so as to learn about the lacunas and make suggestions for the betterment of the system and to increase the accessibility amongst the masses. **Objectives:** To study the utilization of services by patients attending AYUSH Hospital and to find out the client satisfaction among patients towards AYUSH services in a state level AYUSH hospital. **Materials & Methods:** The present study was carried out in the Outpatient Department (OPD) of Ayurvedic and Unani Tibbia College, a State level AYUSH Hospital located in Karol Bagh, New Delhi, India. This study was a descriptive cross-sectional survey, in which total 100 patients were studied. The duration of study was 15 working days. The data was gathered by direct patient interviews as well as hospital records and time motion study was also conducted to calculate the average waiting time of patients at various counters in the OPD. Descriptive statistics was done using percentages and proportions. **Results:** Among the services offered, ayurvedic treatment was mostly sought by the patients (43.6%). Neurological ailments were the commonest reasons for seeking treatment in Ayurveda (22.3%), whereas it was musculoskeletal disorders in Unani (22.3%); skin disorders in Homeopathy (46.9%) and gastrointestinal diseases in Siddha (50.2%). Overall, 43% of the patients were satisfied and 38% were very much satisfied with the AYUSH services provided in the AYUSH Hospital. **Conclusion:** Majority of the patients were satisfied with the services offered by the AYUSH hospital.

Keywords: AYUSH, ISM & H, Patient satisfaction, Service utilization.

INTRODUCTION

India has a rich heritage of medical wisdom conserved as traditional healthcare systems. These were the principal medical practices of the country for centuries, forming part of Indian ethos and culture. Traditional medicine is defined as bringing together of knowledge, skill, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used for therapeutic, restorative, prevention, diagnosis and maintenance of physical and mental health [1]. Traditional Medicine continues to be widely used in most countries, and its uptake is increasing rapidly in other countries. [2] In India, Traditional Medicine is popular as Indian System of Medicine (ISM&H). It is the culmination of Indian thought of medicine which represents a way of healthy living valued with a long and unique cultural history, as also amalgamating the best of influences that came in from contact with other civilizations be it Greece (resulting in Unani Medicine) or Germany (Homeopathy) or our scriptures/sages which gave us the science of Ayurveda, Siddha and also Yoga & Naturopathy. [3] These systems are based on definite medical philosophies and represent a way of healthy living with established concepts on prevention of disease and promotion of health. The basic approach of all these systems on health, disease and treatment are holistic. Because of this, there is a resurgence of interest on AYUSH systems. [4]

Indian government has been very positive for the development of ISM. After independence, the government started supporting all the medical systems for their growth, thereby offering the public choice for their routine health care need. Consequently, a separate Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was set up in 1995 to ensure the optimal development and propagation of AYUSH systems of health care. The Department of ISM&H was re-named as the Department of AYUSH in November 2003. On 9th November, 2014, first time the Department of AYUSH is formed as a separate Ministry; known as Ministry of AYUSH [5]. It has been realized that no single health care system can provide satisfactory answers to all the health needs of modern society. Evidently there is a need for a new inclusive and integrated health care regime that should guide health policies and programmes in future. India has an advantage in this global resurgence of interest in holistic therapies as it has a rich heritage of indigenous medical knowledge coupled with strong infrastructure and skilled manpower in modern medicine.

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Medical pluralism is here to stay and the AYUSH sector has a critical role to play in the new and emerging situation.

Recently, The National Health Policy (NHP) 2017 has strongly advocated mainstreaming the potential of AYUSH within a pluralistic system of Integrative healthcare. The NHP 2017 uses a new language of 'medical pluralism' and re-emphasizes the need for integrating AYUSH in the National Health Mission, research and education. Indeed, the NHP 2017 is the most powerful policy expression of integrative healthcare since independence. Policies notwithstanding, existing research on AYUSH medicine in India is too sporadic and dispersed to facilitate an understanding of AYUSH care utilization [6]. It may be noted that evidence on use of traditional medical services comes from small area studies and there are only a few studies based on a sample large enough to generate any evidence. Clearly, there is a need to undertake more systematic analysis to examine AYUSH care utilization across regional, socioeconomic and demographic groups [7]. Also, in a country like India which is home to many traditional medicine systems, it is also essential to understand these patterns in conjunction with allopathic medicine. It is important to address some of these gaps by contributing to the evidence base regarding utilization of AYUSH health care services in India.

In the above context, the present study aims at studying the utilization of services by patients attending AYUSH Hospital and to find out the client satisfaction among patients towards AYUSH services in a state level AYUSH hospital.

MATERIALS AND METHODS

Study Area: The study was carried out in Ayurvedic & Unani Tibbia College-Hospital Block, run by Government of NCT, Delhi located at Karol Bagh, New Delhi-110005. It is one of the four AYUSH Hospitals run by State Government in Delhi. A & U Tibbia College hospital has a bed capacity of 200 beds, attends to over 1,00,000 outpatients in a year. Hospital also has a 50 bedded maternity centre attached with the hospital. This hospital has six departments/OPDs in Ayurvedic Medicine i.e. Kayachikitsa (Medicine), Shalyatantra (Surgery), Shalakya (Eye, ENT), Prasutitantra/Stree Roga (Obstetrics & Gynaecology), Bal Roga (Paediatrics), Panchkarma. Six departments/OPDs in Unani Medicine i.e. Moalajat (Medicine), Jarahat (Surgery), Amraz Ain, Uzn, Anaf wa Halaq (Eye, ENT), Qabalat wa Niswan (Obstetrics & Gynaecology), Ilaj ul Atfal (Paediatrics), Ilaj bil Tadbeer (Regiminal Therapy). Hospital has a one

OPD for Homeopathy Medicine and one OPD for Siddha system of Medicine. The administration is also planning to start OPD of Yoga & Naturopathy in the OPD Block, though at present yoga services are offered through Panch Karma department of Ayurveda. Hospital has a fully established pathology Lab. where all the routine examinations are carried out, a radiology department where routine X-rays are done. USG and ECG facilities are also provided by the hospital.

Study Population: The study population included all the patients seeking care at the Outpatient department of Ayurvedic & Unani Tibbia College Hospital.

Study Design: A descriptive cross sectional study was conducted in April – May, 2018 among patients seeking treatment in State level AYUSH Hospital of Delhi.

Methods: Using convenient sampling technique, about 100 patients were selected for the time motion study and the same patients were later interviewed using a pre tested semi structured questionnaire to collect data regarding patient satisfaction. Data was also obtained from the records of the DAH from April 1st 2017 to March 31st 2018 in order to study the service utilization pattern. Data entry and analysis was done using Microsoft Excel 2010. Percentages and proportions were calculated for descriptive statistics.

RESULTS

Totally 1,60,215 patients utilized the services of the AYUSH Hospital in the year 2017 – 18. Ayurveda (43.6%) was the most commonly sought health system among the patients, closely followed by Unani (36.6%). Homeopathy accounted for 13.9% and Siddha 6.3%. Most of the pediatric patients availed Homeopathy services (33.4%) whereas adult Males preferred Ayurveda (40.6%) and Females preferred Unani system of Medicine (55.4%). [Table: 1 & Fig:1] Symptoms related to gastroenterology followed by skin, neurological and musculoskeletal systems were the commonly reported disorders by the patients. Ayurveda was mainly sought for Neurological disorders (22.3%) followed by Obstetrical & Gynaecological (14.6) and Gastroenterological diseases (12.5). Unani Medicine was preferred for musculoskeletal disorders (22.3%), followed by Gastrointestinal ailments (18.2%). About 46.9% patients sought help of Homeopathy for skin diseases and 37.2% for respiratory diseases. Siddha system was preferred for gastrointestinal disorders (50.2%) [Table:2 & Fig:2].

Table 1: Distribution of respondents according to AYUSH Service Utilization

AYUSH System	Adult Males	Adult Females	Children	Total
	n (%)	n (%)	n (%)	n (%)
Ayurveda	28347 (40.6)	36436 (52.2)	5036 (7.2)	69819 (43.6)
Unani	23249 (39.6)	32471 (55.4)	2915 (5%)	58635 (36.6)
Homeopathy	10201 (47.2)	4193 (19.4)	7207 (33.4)	21601(13.9)
Siddha	5016 (49.3)	4590 (45.2)	557 (5.5)	10163 (6.3)
Yoga & Naturopathy	0	0	0	0
Total	66811	77689	15715	160215

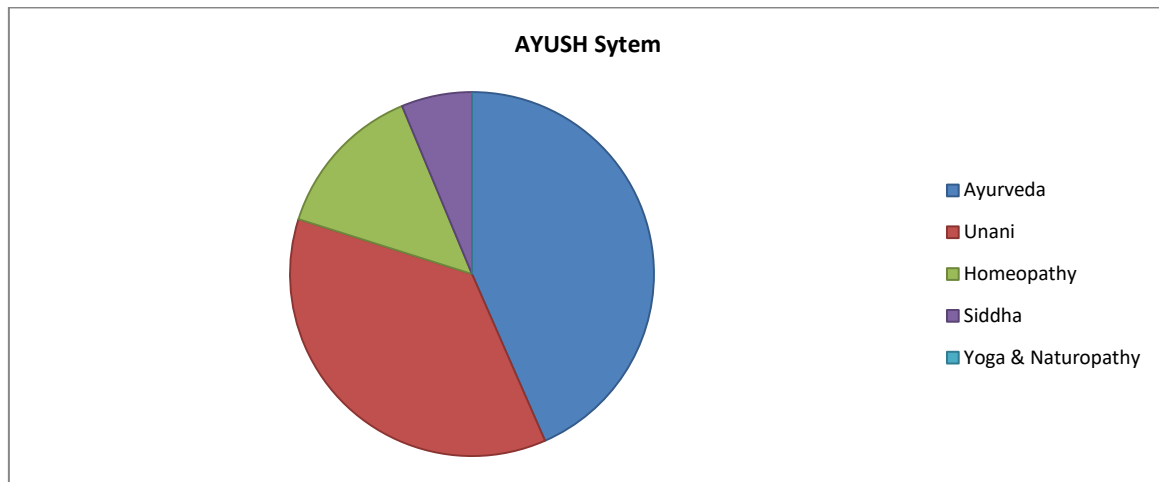


Figure 1: Distribution of respondents according to AYUSH service utilization

Table 2: Distribution of respondents according to complaints for which seeking AYUSH Services

Complaints according to disease system	Ayurveda (%)	Unani (%)	Homeopathy (%)	Siddha (%)	Y& N (%)
Neurological	22.3	11.4	1.3	37.4	0
Gastrointestinal	12.5	18.2	7.7	50.2	0
NCDs	10.7	10.6	3.4	5.5	0
Musculoskeletal	10.3	22.3	0.6	2.6	0
Respiratory	8.9	8.2	37.2	2.2	0
Skin	1.5	9.5	46.9	2.1	0
Eye ENT	3.8	2.1	0	0	0
Surgical	11.6	0.2	0	0	0
Gynaecological & Obstetrical	14.6	6.8	2.7	0	0
Male Infertility/Impotence	3.8	10.7	0.2	0	0

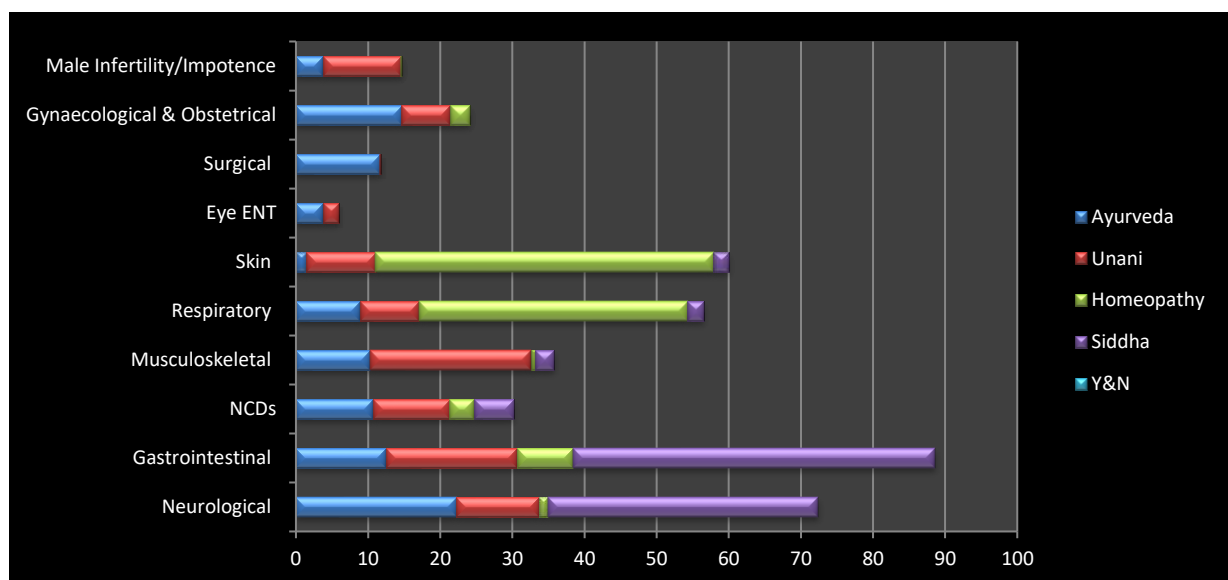


Figure 2: Distribution of respondents according to complaints for which seeking AYUSH services

Table 3: Factors associated with satisfaction of patients attending AYUSH Hospital (N=100)

Factors	Response	Percentage (%)
Average waiting time at registration counter	Less than 10 minutes	35%
	More than 10 minutes	65%
Average waiting time for doctor's consultation	Less than 30 minutes	12%
	More than 30 minutes	88%
Average doctor's consultation time	Less than 5 minutes	78%
	More than 5 minutes	22%
Average waiting time in pharmacy	Less than 10 minutes	69%
	More than 10 minutes	31%
Satisfaction with hospital timings	Satisfied	88%
	Not satisfied	12%
Satisfaction with hospital care and medicines provided	Satisfied	87%
	Not satisfied	13%
Satisfaction with behaviour of doctor & staff	Satisfied	50%
	Not satisfied	50%
Source of referral to AYUSH	Allopathic doctor	8%
	Friends, relatives	22%
	Self	70%
Overall satisfaction level of patients seeking services in AYUSH Hospital	Very much satisfied	38%
	Satisfied	43%
	Not satisfied	19%

About 65% of the patients had to wait for more than 10 minutes at the registration counter. About 88% of the patients had to wait for more than 30 minutes for consulting their doctors. The doctor spent about less than 5 minutes in consultation for 78% of the patients and more than 5 minutes for 22% of the patients. About 69% opined that they need to wait for less than ten minutes for receiving their medicines, while 31% had to wait more than ten minutes. 88% of the patients were satisfied with the working timings of the hospital. Only 13% of the patients were not satisfied with the medications and care provided. Satisfaction level of patients about the behaviour of doctors and staff present in the AYUSH Hospital was 50%. Out of 100 patients interviewed 8 patients were referred from allopathic practitioners to AYUSH, while the remaining sought the services either on their own or referred by friend or relatives. Overall, 38% of the patients were very much satisfied with the services provided by the AYUSH Hospital, while only 19% were not satisfied with the same. [TABLE: 3]

DISCUSSION

The results obtained in the present study are comparable to the studies conducted in other parts of the country. A study reported that on the basis of preference, ISM&H was preferred by about 33 per cent, in case of normal ailments, (18.7% for Ayurveda, 12.7% for Homoeopathy and 1% for Siddha/Unani). However, in case of serious ailments, it was reported that preference for ISM&H was about 18 per cent (11.4% for Homoeopathy, 5% for Ayurveda, 1% Unani & 0.53% for Siddha). [8] In the present study, among the services offered, ayurvedic treatment was mostly sought by the patients (43.6%). Neurological ailments were the commonest reasons for seeking treatment in Ayurveda (22.3%), whereas it was musculoskeletal disorders in Unani (22.3%); skin disorders in Homeopathy (46.9%) and gastrointestinal diseases in Siddha (50.2%). In a study conducted by planning department, Govt. of NCT

Delhi, gastrointestinal disorders and arthritis were the most commonly sought complaints in Ayurvedic dispensaries.[9] We found that the chronic diseases were most commonly consulted. The findings are in concurrence with a study that concluded AYUSH care utilization is higher among patients with chronic diseases and also for treating skin-related and musculo-skeletal ailments. [10] In another study carried out at Homeopathic Hospital in West Bengal it was confirmed that most of the patients consulted or treated for underlying chronic diseases, mostly rheumatologic complaints followed by gynecologic disorders and allergy and asthma in chronological order. Strikingly, they preferred homeopathic treatment alone for the chronic disease in comparison with integrated approach. [11]

The average waiting time at registration counter was found to be about 10 minutes in a study conducted at a state level Ayurvedic Hospital and patient had to wait for about 1 hour 17 minutes 43 seconds in the OPD lounge before getting consultation by the doctor.[12] In the present study, 65% patients had to wait more than 10 minutes at registration counter and 88% patients waited for more than 30 minutes in the waiting area of OPD before seeking consultation which is consistent with the study conducted at Tertiary Care Hospital (TCH) in Pune, India, where waiting time for consultation was calculated 40 minutes on an average. 33% patients waited for 30- 60mins for the doctor while 32% patients waited for over an hour. [13] The consultation time given by doctor in our study was calculated less than 5 minutes for 78% patients and more than 5 minutes for only 22% cases. In a study conducted at District AYUSH Hospital in Karnatka, it was found that the doctor spent about five to fifteen minutes in consultation for 62.6% of the patients and more than 15 minutes for 28.4% of the patients.[14] It was about 3 minutes 52 second in a study conducted at state level Ayurveda Hospital in Delhi. [12] We found that only 31% patients waited for more than 10

minutes at the pharmacy counter, this is probably due to presence of two dispensers available at the counter.

88% patients were satisfied with the hospital timings and 87% said they are satisfied with hospital care and services provided. However, 12% and 13% patients complained that they were not given enough time during consultation and while explaining the dose and administration of the medicines at the pharmacy counter respectively. 50% of the patients were satisfied with the behaviour of the doctor and staff whereas rest of the patients were not happy with the less time given by doctors for listening to their complaints and not performing the physical examination. This could be attributed to the presence of only one physician serving to large number of patients in the OPD room. However in a study done in Rajasthan, 58.3% reported that they faced discriminatory behaviour by the doctors.[15] Overall satisfaction level of patients in our study was about 81%. This varied from 60% in Orissa[16] to 87% in Delhi.[9] Rastogi et al observed that overall satisfaction level of patients availing *pancha karma* therapy was 94%.[17] When compared to allopathic hospitals, it was reported that the 72% of patients were satisfied with hospital OPD services in a study done at Tertiary Care Hospital in Lucknow, U.P. [18]. In our study, only 8% were cross referred from allopathy to AYUSH.

The Institute of Medicine (IOM) recommends that, at least 90% of patients should be seen within 30minutes of their scheduled appointment.[19] This is however, not the case in most developing countries, as several studies have shown that patients spend 2-4 hours in the outpatient departments before seeing a doctor. A source of dissatisfaction with healthcare reported by patients is having to wait a long period of time in the clinic and several studies have documented the negative association between increased waiting time and patient satisfaction with primary care.[13] In the present study it was observed that maximum time is consumed in the OPD waiting area and least time is given by the doctors for consultation which negatively affect the patient's psychology. A patient waiting for a long time getting only minimum time by doctor is the major factor associated with patient's dissatisfaction towards hospital services. It was observed that though patient is spending nearly an hour before getting doctor's consultation, there were no benches or chairs provided outside consultation room or in OPD waiting lounge which resulted in waiting an unbearable experience in most cases. It was also observed that no proper drinking water facility was located in the OPD block, which is another reason for patient's dissatisfaction. Though the OPD was clean and properly maintained and has a centralized air conditioning but no queue system was observed outside any of the OPDs. Patients were crowding outside the gate of each of the consultation rooms, some even sitting on the floor of the consultation room. Patient were called by name in the consultation rooms, many of which did not come on their turn and then appears after some time at the turn of some other patient. This creates lots of chaos in the OPD. Patients were seen coming back to the consultation room from the pharmacy as the dose and mode of administration was not explained to them by the pharmacist which is one of the reasons for long waiting time in OPD.

CONCLUSION

Overall, patients were satisfied with the services provided by the AYUSH Hospital. However, least satisfied services should be considered as point for improvement of overall satisfaction level. Patient satisfaction is an

important indicator that reflects the service quality at any level of health services. It was found that the chronic diseases were most commonly consulted.

Acknowledgements The authors thank the doctors and staff of A & U Tibbia College Hospital for their invaluable assistance in carrying the study. We also thank the patients without whom this work would have not been possible.

Sources of Funding: None

Conflict of Interest: None

REFERENCES

1. World Health Organization. General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine [Internet]. World Health Organization; 2000. http://apps.who.int/iris/bitstream/10665/66783/1/WHO_EDM_TRM_200_0.1.pdf
2. World Health Organization, editor. WHO traditional medicine strategy: 2014-2023. Genève: WHO; 2013.
3. Bannerman RH, editor. Traditional medicine and health care coverage: a reader for health administrators and practitioners. Geneva: World Health Organisation; 1988.
4. Debas HT, Laxminarayan R and Straus SE. Complementary and Alternative Medicine In: Jamison DT, Breman JG, Measham AR, et al., editors. Disease control priorities in developing countries. 2nd ed. Washington, DC: World Bank [u.a.]; 2006.
5. Priya R, Shweta AS. Status and Role of AYUSH and Local Health Traditions under the National Rural Health Mission: A Health Systems Study across 18 States. New Delhi: National Health Systems Resource Centre; 2010.
6. Mukherjee PK, Nema NK, Venkatesh P, Debnath PK. Changing scenario for promotion and development of Ayurveda way forward. J Ethnopharmacol. 2012; 143: 424-434. <https://doi.org/10.1016/j.jep.2012.07.036> PMID: 22885133
7. Government of India. Annual Report 2014-15 [Internet]. New Delhi: Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH); 2015. <http://ayush.gov.in/sites/default/files/AYUSH%20ENGLISH%20ANNUAL%20REPORT-2014-15.pdf>
8. Abraham L, Centre for Enquiry into Health & Allied Themes (Mumbai, India). Indian Systems of Medicine (ISM) and Public Health Care in India in Review of healthcare in India. Mumbai: Centre for Enquiry into Health and Allied Themes; 2005.
9. Vaidya, A D B National Commission on Macroeconomics and Health. Effective integration of Indian systems of medicine in health care delivery: people's participation, access and choice in a pluralistic democracy, Background papers: Financing and delivery of health care services in India [Internet]. Ministry of Health & Family Welfare, Government of India; 2005. <http://www.who.int/macrohealth/action/Background%20Papers%20report.pdf>
10. Ahmad S. Unani Medicine: Introduction and Present Status in India. The Internet Journal of Alternative Medicine. 2007; 6: 1-4.
11. Sunil A. Political Culture of Health in India: A Historical Perspective. Econ Polit Wkly. 2007; 42: 114-121.
12. Mushtaq M. Public health in British India: A brief account of the history of medical services and disease prevention in colonial India. Indian J Community Med. 2009; 34: 6. <https://doi.org/10.4103/0970-0218.45369> PMID: 19876448
13. Jaggi OP. Medicine in India: modern period. Oxford University Press, 2000.
14. Jeffery R. The Politics of Health in India [Internet]. University of California Press; 1988. https://books.google.co.in/books?id=0_WOCBO0EzgC
15. Indian History Congress, Session, Kumar D, editors. Disease and medicine in India: a historical overview. Aligarh; New Delhi: Indian History Congress; Tulika; 2001.
16. Sivaramakrishnan K. Old potions, new bottles: recasting indigenous medicine in colonial Punjab (1850-1945). New Delhi: Orient Longman; 2006.
17. Ebrahimnejad H. The development of modern medicine in non-western countries: historical perspectives. London; New York: Routledge; 2009.
18. Kumar D. Probing History of Medicine and Public Health in India. Indian Hist Rev. 2010; 37: 259-273.

19. Srinivasan P. National Health Policy for Traditional Medicine in India. World Health Forum. 1995; 16:190±193. PMID: 7794464
20. National Rural Health Mission. National Rural Health Mission (2005±2012) Mission document. Indian J Public Health. 2005; 49: 175±183. PMID: 16468284
21. Shyam A, Dhruv M. Who Cares? Rural Health Practitioners in Maharashtra. Econ Polit Wkly. 2001; 36: 448±453.
22. Lakshmi JK, Nambiar D, Narayan V, Sathyanarayana TN, Porter J, Sheikh K. Cultural consonance, constructions of science and co-existence: a review of the integration of traditional, complementary and alternative medicine in low- and middle-income countries: Figure 1. Health Policy Plan. 2015; 30: 1067± 1077. <https://doi.org/10.1093/heapol/czu096> PMID: 25171821
23. Sujatha V. The Patient as a Knower: Principle and Practice in Siddha Medicine. Econ Polit Wkly. 2009; 44: 76±83.
24. Bhardwaj SM. Attitude-toward different systems of medicine: a survey of four villages in the Punjab-India. Soc Sci Med. 1975; 9: 603±612. PMID: 1224225
25. Ramesh A, Hyma B. Traditional Indian medicine in practice in an Indian metropolitan city. Soc Sci Med [Med Geogr]. 1981; 15D: 69±81.
26. Neumann AK, Bhatia JC, Andrews S, Murphy AK. Role of the indigenous medicine practitioner in two areas of India. Report of a study. Soc Sci Med. 1971; 5: 137±149. PMID: 5572205
27. Bhatia JC, Vir D, Timmappaya A, Chuttani CS. Traditional healers and modern medicine. Soc Sci Med. 1975; 9: 15±21. PMID: 166447
28. Schensul SL, Mekki-Berrada A, Nastasi B, Saggurti N, Verma RK. Healing traditions and men's sexual health in Mumbai, India: The realities of practiced medicine in urban poor communities. Soc Sci Med. 2006; 62: 2774±2785. <https://doi.org/10.1016/j.socscimed.2005.11.003> PMID: 16412544
29. Singh P, Yadav RJ, Pandey A. Utilization of indigenous systems of medicine & homoeopathy in India. Indian J Med Res. 2005; 122: 137±142. PMID: 16177471
30. Oyebo O, Kandala N-B, Chilton PJ, Lilford RJ. Use of traditional medicine in middle-income countries: a WHO-SAGE study. Health Policy Plan. 2016; czw022.
31. Evaluation study report on ayurvedic dispensaries of Delhi Government, 2006. Planning department. (Evaluation unit). Govt. of NCT of Delhi.
32. Javed D. A time-motion study of OPD services at a state level Ayurvedic hospital to reduce the OPD congestion. Int. Ayu. Medical Journal. 2015; 3(10): 1-9.
33. Pandit A, Varma L E & Amruta. P. Impact of OPD Waiting Time on Patient Satisfaction. IERJ. 2016; 2(8):86-90.
34. Anandaraj R, Raghavendra SK, Kavithai P, Manu A. A Study of Service Utilization and Client Satisfaction among Patients Attending a District Ayush Hospital in Karnataka. Journal of Dental and Medical Sciences. 2017; 16(1):10-13.
35. Assessment of AYUSH in Rajasthan after mainstreaming, 2010. Society for Economic Development & Environmental Management.
36. Evaluation study of ayurvedic and homoeopathic dispensaries and herbal gardens in all the eight KBK districts of Orissa, 2006. Orissa Voluntary Health Association, Bhubhaneshwar.
37. Rastogi S. Effectiveness, safety, and standard of service delivery: A patient-based incongruity.

HOW TO CITE THIS ARTICLE

Naaz F. A Study of Service Utilization and Patient Satisfaction among Patients Attending State level AYUSH Hospital in Delhi. J Ayu Herb Med 2019;5(1):01-06.