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Assessment of the level of patient satisfaction in Homoeopathy using 12 Item Japanese Short-form Satisfaction Questionnaire: A cross-sectional study

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ABSTRACT

To strengthen the health care services, it is important to know the patients' satisfaction about the quality of health care they are getting exposed to, in different modes of treatment. There are a few studies on the topic but are mostly related to modern medicine. It is desirable to make such efforts in other systems of medicine in view of recent emphasis of the Govt of India for the use of AYUSH. The present paper aims to present findings of a pilot study examining the usefulness of 12-item Japanese short-term self-administered questionnaire and the level of patient satisfaction following homoeopathic healthcare encounters. The pilot study was conducted in the OPD (out-patient department) of Bakson Homoeopathic Medical College & Hospital, Greater Noida (BHMC&H) to understand and estimate patients' satisfaction related to health care service. The study was cross-sectional of 81 newly enrolled patients in the Hospital's OPDs by using a bilingual 12-Item Japanese short form self-administered consultation questionnaire. The questionnaire appeared to be reliable and valid. The internal consistency scores of Cronbach's Alpha range between 0.62 – 0.93. Most of the patients have given positive feedback in favour of all the dimensions/ subscales related to patient's care. It is recommended to conduct further longitudinal surveys with greater sample size in an AYUSH health care set up as being emphasized by the present national programme effort.

Keywords: Patient satisfaction; 12-Item Japanese Short Form Self-administered Consultation Questionnaire; Homoeopathy.

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INTRODUCTION

Assessment of patients' satisfaction about the quality of health care they are getting exposed to in different modes of treatment has been of paramount importance to strengthen the health care services. The effects of such indicator are often reflected and correlated in clinical outcomes, patient retention and in medical malpractice claims, are helpful to develop a suggestive healthcare improvement strategy [1]. The history of the first patient satisfaction questionnaire (PSQ) goes back to 55 Likert-type items that measured attitude towards characteristics of physicians and medical aid services, like interpersonal skills, waiting time, emergency care, cost of care and other factors. Healthcare delivery in the United States has made great leaps in the clinical care quality, patient safety and operational effectiveness including the standardization of certain evidence by using such outcome measure. Researchers started building a theory towards the concept and measurement of patient satisfaction in the early 1980s. Since last decade, the concept of the patient's experience has gained importance for healthcare providers, moving beyond achievable care quality, and started organizing models of care driven and rewarded by new key performance indicators like patient's satisfaction matrix namely the Hospital Consumer Assessment of Healthcare Providers and Systems [2].

A number of research studies have been undertaken in modern medicine that critically discussed the relationship of dependent and independent influential attributes towards overall patient satisfaction [[3-7]. Presently, Government of India is providing a sustained effort for the growth and development of traditional and complimentary health care systems under the domain of AYUSH by creating adequate quality care coverage of treatment in all the levels of primary, secondary and tertiary healthcare, as well as facilitating numerous programmes for the promotion of such systems in the country [8, 9].

Previously, an evaluation of patient satisfaction was conducted in Mahesh Bhattacharya Homoeopathic Medical College & Hospital, Govt. of West Bengal in February 2013 [10]. The "efficacy and patient satisfaction from Homoeopathic treatment in gynecological disorders" was done at Amity Medical School, Amity University, Haryan [11]. Likewise, a study on "Assessment of Patient Satisfaction with Medication Management Services Provided by Homoeopathic Hospital" was conducted in the OPD of Pakistan Homoeopathic Medical Hospital among the patients where, 382 patients participated [12].

It is desirable to understand the usefulness of the tool in other AYUSH set up and monitor the patient centered quality health care service which eventually provides appreciation of the system. Therefore, the objectives of the present study were two folds, firstly to examine the usefulness of the questionnaire in another AYUSH setup and, secondly, to study the level of patient satisfaction following homoeopathic healthcare encounters at BHMC&H.

METHODOLOGY

Study Design

A cross-sectional pilot study was conducted to examine the usefulness of a questionnaire assessing the level of satisfaction of patients seeking homoeopathic treatment at hospital's OPD.

Study setting

OPDs of BHMC&H, Greater Noida (National Capital Region of Delhi).

Study duration

The survey was conducted for six months from January to June 2021.

Sample size

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As per the objectives, the pilot study planned to enumerate all the patients who were attending the OPDs for the first time and who gave consent to participate in the survey. There were 108 patients who visited the OPDs during January (no.= 18), February (no.= 32), March (no.= 8), April (no.= 20), May (no.= 20) and June (no.= 15) of 2021. All of them were screened. Out of total 108 patients, 81 patients aged 19 – 80yrs. gave consent to participate and they were included in the survey. The follow-up survey of the participants, which was planned, could not get undertaken due to the third wave of Covid-19.

Inclusion criteria

Patients, both male and female, aged 18yrs. and above who visited for the first time in the hospital OPDs, were included with the voluntary informed written consent.

Exclusion criteria

Patients suffering from mental disorders related to memory loss or decision-making problems, came for acute emergency (such as high-grade fever above 102^0F, severe incapacitating pain etc.) or those who were unable to complete the questionnaire.

The outcome criteria related to level of satisfaction was assessed by using English and Hindi form of 12 Item Japanese short form of self-administered consultation questionnaire. Hindi language translation of English version of the tool with reverse translation into English was carried out before its use. The study had 3 weeks pre study duration to accomplish the validation of questionnaire. The Hindi version was formed through the process of reverse validation.

The study was approved by the Institutional Ethics Committee of BHMC&H.

Survey tool and measurement scale:

A published scale, Medical Interview Satisfaction Scale (MISS) for patient satisfaction developed in Japan [13] was used for the survey. This Japanese version of MISS consisted of a validated set of 12 self-administered questions with subjective response, segmented in 5 subscales or dimensions. There was a five-point Likert scale used for the responses to each question items, labelled as 'strongly agree', 'agree', 'uncertain', 'disagree' and 'strongly disagree'. For statistical analysis, each item was further scored as 0, 1, 2, 3 and 4 respectively for positively worded questions and in reverse order for the negatively worded questions. It consequently gave rise to five subscales/ dimensions of the questionnaires [13] as: overall satisfaction (developed with questions Q1, Q2), complete examination (developed with Q3, Q4), whole person care (developed with Q5, Q6), examination time (developed with Q7, Q8, Q9) and the Patient centeredness (developed with Q10, Q11, Q12) of the questionnaire [**Figure- 1**]. Thus, maximum attainable scores for each subscale were 8, 8, 8, 12 and 12 respectively, a total of 48. The questionnaire attempts to measure satisfaction with a particular individual encounter as distinct from general attitudes towards physicians or health care service. Since, the items in the questionnaire refer directly to a specific patient-physician interaction, it is likely to be more susceptible to actual differences in care of the encounter [13].

The responses of the 12 questionnaires of 81 respondents were recorded in the Micro-soft excel sheet. As per the assessment tool and the measurement scale in the study, the higher the total score of scale, the lower the level of patients' satisfaction, or vice-versa.

Data analysis was done based on the scale score (mean, median and skewness and kurtosis values) using SPSS Version 29. The dimensions/subscales identified in the analysis were tested for internal reliability (Cronbach's alpha coefficient) and replicability (Pearson correlation coefficient). The mean satisfaction score of

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all the 12 questions of patient's satisfaction were computed for the entire sample of patients as well by gender, age groups, marital status, educational status, religion, and disease conditions groups, and were compared by independent t-test and ANOVA for the discriminant validity. The mean scores in the above five dimension and over all were computed for the four disease conditions, namely (1) Obstetrics and Gynecological disorders (OBG), (2) Skin, (3) non-communicable diseases (NCD), and (4) Other disorders to establish whether these questions address/ discriminate different conditions. The above grouping is the interest of adequate number of patients for analysis [**Figure- 2**].

Items of the questionnaire (Figure 1)	
Questionnaire subscales	Items
Overall satisfaction	Q1: I am very satisfied with the medical consultation that I had today. Q2: The medical consultation that I had today has better point(s) than those of other doctors.
Complete examination	Q3: This doctor examined me carefully and completely. Q4: This doctor examined me perfectly.
Whole person care	Q5: This doctor knows almost everything about me. Q6: I think that this doctor really knows how I think.
Examination time	Q7: The time for the medical consultation with me was not long enough to deal with everything I wanted. * Q8: I wonder if this doctor could have spent a little longer time with me. * Q9: the time for the medical consultation with me was a little bit too short. *
Patient centeredness	Q10: This doctor listened to my ideas. Q11: This doctor listened to what I want him/ her to do. Q12: I think that this doctor is very honest.
*These items were negatively worded, and each of them was scored in the reverse order.	

Figure 1: 12-Item Japanese Short Form Self-administered Consultation Questionnaire.

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FLOW CHART OF STUDY PROCEDURE (FIGURE – 2)

Figure 2: Flow chart of the study procedure.

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RESULTS

Socio-demographic profile of participants is presented in **Table 1**. Out of the total 81 participants in the survey, 47 (58%) were male and 34 (42%) were female. By age, maximum number 31 patients (38%) belonged to age 20-29yrs., followed by 21 patients (25.9%) in the age group 30-39yrs., 12 patients (14.8%) were in the age group 40-49yrs. and 11 patients (13.5%) were above 50yrs., while only 6 patients (7.4%) were under 20yrs. age. The mean age of participants was 34.2 yrs. (SD=13.7). With respect to education level, 12.4% had less than 10th standard schooling, 28.4% had studied high school/ intermediate, 39.5% had graduation degree/ diploma and 19.8% had post-graduation degree. Over two-thirds (67.9%) of participants were married and 32.1% participants were unmarried. By religion, majority (93.8%) participants were Hindu and 6.2% were Muslim. By systemic disorder, a maximum of 32 patients (39.5%) were with skin disorder followed by 27 patients (33.3%) with NCD, 7 patients (8.7%) with OBG and 15 patients (18.5%) with other system disorders.

The mean PSQ (total PSQ1 to PSQ12) score in female (15.41 with SD 5.51) is higher than male (14.04 with SD 4.76), which was not significantly different (p= 0.235). There was a low positive correlation between age and PSQ score (r= 0.23 but was significant (p= 0.029) possibly due to the small sample size. However, there was not enough evidence to see variation in mean PSQ by the age groups under ANOVA as the p-value was 0.186. The mean PSQ score was not statistically significant (p= 0.794) between Hindu (14.58 with SD 5.22) and Muslim (15.20 with SD 3.03). Similarly, the mean PSQ was not significantly different (p=0.430) between married (13.96 with SD 5.94) and unmarried (14.93 with SD 4.68) patients. There was significant variation in the mean PSQ by the education status of the patients as depicted the ANOVA (p= 0.009). However, there was no evidence to see significant variation in mean PSQ scores between the disease conditions (p= 0.303) (**Table 2**).

Table 3 shows that most of the patients had "agreed" with the overall satisfaction (Q1& Q2); complete examination (Q3 & Q4); whole person care (Q5 & Q6) and in patient centeredness (Q10, Q11 & Q12); whereas majority of the patients showed "disagree" with the examination time, where the questions were in reverse order for the negatively worded questions.

Table 4 shows the descriptive statistics, viz. mean, standard deviation, median, inter-quartile range, skewness, and kurtosis. Out of total questions (from Q1 - Q12); the questions Q1, Q3, Q4, Q5, Q6, Q10, Q11, and Q12 of the dimensions / subscales as "overall satisfaction", "complete examination", "whole person care" and "patient centeredness" were positively skewed. The questions Q2, Q7, Q8, Q9 of the dimensions/ subscales namely "overall satisfaction" and "examination time" were negatively skewed indicating distribution with more positive ratings of the questionnaire (strongly agree) and high level of patient satisfaction. A varied range of scores was observed for the questions under different dimensions.

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Table 1: Correlation matrix of age and PSQ1 -PSQ12, Total PSQ1 - PSQ12

		Age (years)	TOTAL (PSQ1 - PSQ12)	PSQ Q1	PSQ Q2	PSQ Q3	PSQ Q4	PSQ Q5	PSQ Q6	PSQ Q7	PSQ Q8	PSQ Q9	PSQ Q10	PSQ Q11	PSQ Q12
Age(years)	r	1	0.161	0.043	0.11	-0.007	-0.022	0.098	-0.011	0.033	0.069	0.208	-0.066	0.073	0.091
	p	.	0.15	0.701	0.33	0.951	0.849	0.386	0.923	0.769	0.542	0.062	0.557	0.518	0.42
Total (PSQ1 - PSQ12)	r	0.161	1	.497**	.436**	.611**	.592**	.504**	.469**	.538**	.498**	.316**	.528**	.377**	.581**
	p	0.15	.	0	0	0	0	0	0	0	0	0.004	0	0.001	0
PSQ1	r	0.043	.497**	1	.404**	.603**	.493**	.467**	.500**	-0.183	-0.15	-0.194	.318**	.405**	.526**
	p	0.701	0	.	0	0	0	0	0	0.102	0.183	0.082	0.004	0	0
PSQ2	r	0.11	.436**	.404**	1	.433**	.272*	.317**	.328**	-0.167	0.042	0.014	.306**	.219*	.333**
	p	0.33	0	0	.	0	0.014	0.004	0.003	0.137	0.709	0.901	0.005	0.05	0.002
PSQ3	r	-0.007	.611**	.603**	.433**	1	.818**	.605**	.585**	-0.049	-0.113	-0.188	.501**	.533**	.509**
	p	0.951	0	0	0	.	0	0	0	0.666	0.314	0.093	0	0	0
PSQ4	r	-0.022	.592**	.493**	.272*	.818**	1	.558**	.600**	0.065	-0.106	-0.189	.524**	.462**	.527**
	p	0.849	0	0	0.014	0	.	0	0	0.563	0.347	0.09	0	0	0
PSQ5	r	0.098	.504**	.467**	.317**	.605**	.558**	1	.495**	-0.042	-0.111	-.232*	.451**	.341**	.388**
	p	0.386	0	0	0.004	0	0	.	0	0.711	0.326	0.037	0	0.002	0
PSQ6	r	-0.011	.469**	.500**	.328**	.585**	.600**	.495**	1	-0.018	-0.151	-.219*	.398**	.282*	.463**
	p	0.923	0	0	0.003	0	0	0	.	0.871	0.178	0.049	0	0.011	0
PSQ7	r	0.033	.538**	-0.183	-0.167	-0.049	0.065	-0.042	-0.018	1	.746**	.589**	0.156	-0.076	0.022
	p	0.769	0	0.102	0.137	0.666	0.563	0.711	0.871	.	0	0	0.164	0.501	0.842
PSQ8	r	0.069	.498**	-0.15	0.042	-0.113	-0.106	-0.111	-0.151	.746**	1	.619**	0.097	-0.097	0.041

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	p	0.542	0	0.183	0.709	0.314	0.347	0.326	0.178	0	.	0	0.39	0.387	0.719
PSQ9	r	0.208	.316**	-0.194	0.014	-0.188	-0.189	-.232*	-.219*	.589**	.619**	1	-0.216	-0.109	-0.048
	p	0.062	0.004	0.082	0.901	0.093	0.09	0.037	0.049	0	0	.	0.053	0.333	0.668
PSQ10	r	-0.066	.528**	.318**	.306**	.501**	.524**	.451**	.398**	0.156	0.097	-0.216	1	.603**	.494**
	p	0.557	0	0.004	0.005	0	0	0	0	0.164	0.39	0.053	.	0	0
PSQ11	r	0.073	.377**	.405**	.219*	.533**	.462**	.341**	.282*	-0.076	-0.097	-0.109	.603**	1	.464**
	p	0.518	0.001	0	0.05	0	0	0.002	0.011	0.501	0.387	0.333	0	.	0
	r	0.091	.581**	.526**	.333**	.509**	.527**	.388**	.463**	0.022	0.041	-0.048	.494**	.464**	1
PSQ12	p	0.42	0	0	0.002	0	0	0	0	0.842	0.719	0.668	0	0	.
	N	81	81	81	81	81	81	81	81	81	81	81	81	81	81

*Correlation coefficient (r) is significant at the 0.05 level (2-tailed).

**Correlation coefficient (r) is significant at the 0.01 level (2-tailed).

Table 2: One-Way ANOVA of Total PSQ1 to PSQ12 Score by Disease Condition

	Sum of Squares	d.f.	Mean Square	F	Sig.
Between Groups	95.322	3	31.774	1.233	0.303
Within Groups	1983.814	77	25.764		
Total	2079.136	80			

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Table 3: Frequency distribution of Questionnaire subscales

Question items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Q1	22(27.2%)	53(65.4%)	4(4.9%)	2(2.5)	0
Q2	20(24.7%)	53(65.4%)	8(9.9%)	0	0
Overall satisfaction (Q1, Q2)	42(25.9%)	106(65.4%)	12(7.4%)	2(2.5%)	0
Q3	26(32.1%)	49(60.5%)	4(4.9%)	2(2.5%)	0
Q4	22(27.2%)	51(63%)	3(3.7%)	4(4.9%)	1(1.2%)
Complete examination (Q3, Q4)	48(29.65%)	100(61.75%)	7(4.3%)	6(3.7%)	1(1.2%)
Q5	16(19.8%)	56(69.1%)	4(4.9%)	5(6.2%)	0
Q6	12(14.8%)	61(75.3%)	5(6.2%)	3(3.7%)	0
Whole person care (Q5, Q6)	28(17.3%)	117(72.2%)	9(5.55%)	8(4.95%)	0
Q7	8(9.9%)	29(35.8%)	2(2.5%)	40(49.4%)	2(2.5%)
Q8	5(6.2%)	28(34.6%)	3(3.7%)	41(50.6%)	4(4.9%)
Q9	3(3.7%)	22(27.2%)	1(1.2%)	51(63%)	4(4.9%)
Examination time (Q7, Q8, Q9)	16(6.6%)	79(32.53%)	6(2.46%)	132(54.3%)	10(4.1%)
Q10	12(14.8%)	66(81.5%)	1(1.2%)	1(1.2%)	1(1.2%)
Q11	10(12.3%)	66(81.5%)	3(3.7%)	1(1.2%)	1(1.2%)
Q12	19(23.5%)	59(72.8%)	2(2.5%)	1(1.2%)	0
Patient centeredness (Q10, Q11, Q12)	41(16.8%)	191(78.6%)	6(2.5%)	3(1.2%)	2(0.8%)

Table 4: Descriptive statistics for each question to indicate the variability in responses (n= 81)

Question items	Mean± SD	Median/ IQR	Observed range	Skewness	Kurtosis
Overall satisfaction (mean of Q1 & Q2)	0.84 ± 0.51	1/0.5-1	0.0-2.5	0.614	1.877
Q1 Q2	0.83 ± 0.63 0.85 ± 0.57	1/0.0-1 1/ 0.5-1	0-3 0-2	0.764 -0.006	2.288 -0.048
Total (Q1 & Q2)	1.68 ± 1.02	2/ 1-2	0-5	0.614	1.877
Complete examination (mean of Q3 & Q4)	0.84 ± 0.69	1/0.25-1	0.0-3.5	1.265	3.135
Q3 Q4	0.78 ± 0.65 0.90 ± 0.78	1/ 0.0-1 1/ 0.0-1	0-3 0-4	0.812 1.452	1.907 3.604
Total (Q3 & Q4)	1.68 ± 1.39	2/ 0.5-2	0-7	1.265	3.135

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Whole person care (mean of Q5 & Q6)	0.98 ± 0.58	1/1-1	0.0-3.0	1.381	4.400
Q5 Q6	0.98 ± 0.71 0.99 ± 0.60	1/ 1-1 1/1-1	0-3 0-3	1.124 1.062	2.444 3.643
Total (Q5 & Q6)	1.96 ± 1.17	2/2-2	0-6	1.381	4.400
Examination time (mean of Q7, Q8 & Q9)	2.17 ± 0.99	2.33/1.167-3.0	0.0-4	-0.475	-0.991
Q7 Q8 Q9	1.99 ± 1.17 2.14 ± 1.14 2.38 ± 1.06	3/1-3 3/1-3 3/1-3	0-4 0-4 0-4	-0.266 -0.325 -0.762	-1.466 -1.330 -0.816
Total (Q7, Q8 & Q9)	6.51 ± 2.96	7/ 3.50-9	0-12	-0.475	-0.991
Patient centeredness (mean of Q10, Q11,Q12)	0.91 ± 0.48	1/0.6-1	0.0-3.3	2.124	11.383
Q10 Q11 Q12	0.93 ± 0.57 0.98 ± 0.57 0.81 ± 0.53	1/1-1 1/1-1 1/1-1	0-4 0-4 0-3	2.109 2.076 0.338	12.459 11.336 3.029
Total(Q10, Q11 & Q12)	2.72 ± 1.45	3/2-3	0-10	2.124	11.383
Total Questions (Q1 to Q12)	14.4±5.3	14/12-18	0-34	0.291	2.7

Cronbach's alpha has been described as one of the most important and pervasive statistics in research involving test construction and use to the extent that its use in research with multiple-item measurements is considered consistent and thereby reliable. Alpha is commonly reported for the development of scales intended to measure attitudes and affective constructs. The domain of questions under Cronbach's alpha having a threshold or cut-off >0.70 is an acceptable, sufficient, or satisfactory level. However, a few have also referred to the cut-off value 0.7 or 0.6 as acceptable depending upon the context [14, 15]. Table 5 represents the results of the measure of internal consistency by Cronbach's Alpha [16] for five sub-scales/ dimensions above. The Cronbach's Alpha value was computed for each of the five sub-scales/ dimensions, where it has been found that the reliability of "complete examination" is excellent whereas the "overall satisfaction" is 0.62, although it is under the category of acceptable [14,15] (**Table 5**).

Table 6 shows Intra-class correlation coefficient between Q1 and Q2 under "overall satisfaction"; Q3 and Q4 under "complete examination"; Q5 and Q6 under "whole person care"; Q7, Q8 and Q9 under "examination time" and Q10, Q11 and Q12 under "patient centeredness", which is highly significant (p value is < 0.001). In addition, the inter-correlation matrix of the questionnaire subscales shows reliable variants measured among 4 subscales (overall satisfaction, complete examination, whole person care and patient centeredness) were highly significantly positively correlated (p<0.001) whereas the correlation matrix of "examination time" with other four subscales were negatively and weakly correlated (r varied from – 0.036 to – 0.156 with p value varied p = 0.164 to p = 0.750).

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Table 5: Internal consistency evaluated by the value of Cronbach's alpha (n=81)

Subscales	Coefficient of Cronbach's Alpha	Reliability level
Total score (12 items)	0.83	Good
Overall satisfaction (2 items)	0.62	Acceptable
Complete examination (2 items)	0.93	Excellent
Whole person care (2 items)	0.74	Acceptable
Examination time (3 items)	0.86	Good
Patient centeredness (3 items)	0.84	Good

Table 6: Intra class correlation coefficient

Dimension	Intra class correlation	95% confidence interval	p value
Overall satisfaction (Q1,Q2)	0.618	0.406-0.754	< 0.001
Complete examination (Q3,Q4)	0.917	0.871-0.947	< 0.001
Whole person care (Q5,Q6)	0.734	0.586-0.829	< 0.001
Examination time (Q7,Q8,Q9)	0.856	0.791-0.903	< 0.001
Patient centeredness (Q10,Q11,Q12)	0.844	0.774-0.894	< 0.001

DISCUSSION

The questionnaire used to measure the satisfaction of a particular individual encounters as distinct from general attitude towards physicians or health care services. In the present study most of the patients gave positive feedback in favour of all the dimensions/ subscales related to patient's care. As per the definition adopted in the study, the smaller the mean PSQ score, greater the satisfaction among the patients. Accordingly, with the greater mean PSQ score among females than among males in this study showed, although statistically not significant, higher level of patient satisfaction response among males than that among females. There was a low degree of correlation between age and PSQ score (r=0.23 with p value=0.029) which reflects a low age-related level of patients' satisfaction towards Homoeopathic doctors as well as health care service in Homoeopathic hospital OPD set up at first visit. There was no significant difference in mean PSQ score

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by religion, i.e., between Hindu and Muslim as the same was not statistically insignificant (p=0.794). Similar finding was there in the study by Amity University related to patient satisfaction in gynaecological disorders as well as the study conducted in outpatient clinics of Homoeopathic Hospital of West Bengal, patient satisfaction was computed to be quite satisfactory to high [10]. All the dimensions/ subscales yielded acceptable to excellent reliability, except the overall satisfaction where the patient satisfaction was found to be acceptable in maximum dimensions/ subscales., which was supported by the findings of previous studies [10, 13]. The Japanese short form self-administered consultation satisfaction questionnaire retained its validity and reliability including current and discriminate validity, internal consistency, intra class correlation coefficient and inter-correlation matrix reliability; likewise, the study conducted previously in homoeopathic outpatient clinics of West Bengal, India [10].

CONCLUSION

This type of study may be beneficial in improving the clinical interview skills of Homoeopathic doctors, trainees and students of the institution. The questionnaire appears to be a useful measure of patient satisfaction as well as easy to administer. The study was reasonably supportive to conduct further longitudinal survey of patients' satisfaction at the same setting, along with follow up assessment of treatment response by observing the change in quality of life. In the pilot study there was difficulty conducting the follow-up survey of participants due to lockdown phase of 3rd wave of Covid 19.

Authors' Contribution Statement

1. Kathika Chattopadhyay: Conceptualization, Data Curation, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualization, Writing- original draft, review and editing.
2. Pallavi Singh: Data curation, Investigation, Writing- original draft, review.
3. Sumit Sharma: Data curation, Investigation, Supervision, Writing- original draft.
4. Chandramukhi Gupta: Data curation and Investigation.
5. Parul: Data curation and Investigation.
6. Shipra Singh: Data curation, Investigation, Writing- original draft.
7. C.P. Sharma: Funding acquisition and Resources
8. D.K. Shukla: Data curation, Formal analysis, Validation, Visualization and Writing- review.

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There are no conflicts of interest.

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