



# Enhancing patient experience across public health facilities in UP

## BEHAVIOUR TRAINING FOR HEALTH FACILITY SUPPORT STAFF

### Background

Health facility support staff, such as Ayas, Ward-boys, Security guards, cleaning staff, and peons, are often the first point of contact for beneficiaries visiting the hospital in distress and in urgent need of medical care. They serve as a cornerstone in ensuring the delivery of comprehensive, high-quality healthcare services to each community member, fostering a sense of respect that maintains public trust in government health facilities. Delivering dignified healthcare services at all levels is a key focus of the Uttar Pradesh Health Department. To support this, the Government of India has implemented the "Mera Aspataal" initiative, which captures patient feedback on the services received at hospitals. This initiative enables the government to make informed decisions to enhance healthcare quality across public facilities, improve patient experiences, and assess the impact of healthcare staff behaviour and skills from the patients' perspective.



The Mera Aspataal portal data (from 1<sup>st</sup> April, 2023 to 30<sup>th</sup> June, 2024) reported critical gap in patient satisfaction across healthcare units in Uttar Pradesh, with only 36% of patients reporting being "very satisfied." The remaining 64% fell into either the "satisfied" or "not satisfied" categories, showing a considerable disparity in meeting patient expectations. Notably, dissatisfaction levels reached as high as 27%, underscoring an urgent need for systemic improvements.

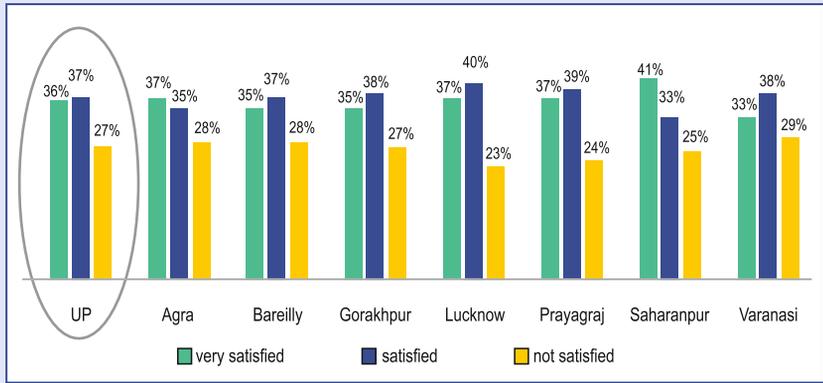
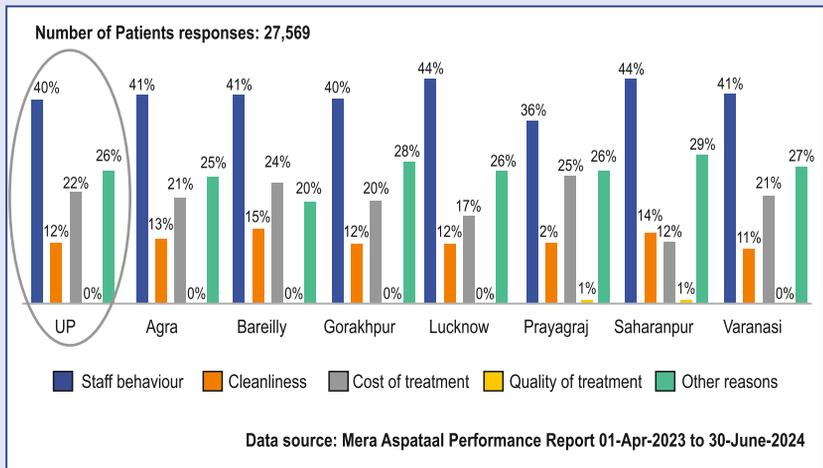


Figure 1: Mera Aspataal Performance Report 01-Apr-2023 to 30-June-2024

NHM analysed the touchpoints for patient dissatisfaction at government health facilities and identified that the primary factor driving dissatisfaction is staff behavior, as evidenced by the high percentage of complaints in cities like Lucknow (44%), Saharanpur (44%), and Bareilly (41%). Additional concerns were raised regarding cleanliness and the quality of treatment, though to a lesser degree. This analysis underscores the urgent need to address staff conduct and improve the overall patient experience by ensuring professionalism and ensuring empathetic and respectful care for all at healthcare facilities.



Data source: Mera Aspataal Performance Report 01-Apr-2023 to 30-June-2024

Figure 2: Responses for Dissatisfaction (%)

## Objective of the Behavioural Training of Health Facility Support Staff

National Health Mission, Uttar Pradesh with support of UP-TSU, conceptualized the behavioural training intervention to proselytize a patient-centric approach that emphasizes respect and trust in healthcare interactions. The primary objective of this initiative is to improve interpersonal relationships, create a conducive and welcoming environment within healthcare facilities, and enhance overall patient health outcomes. By addressing these key areas, the training aims to boost staff motivation and well-being, empowering them to become ambassadors of quality healthcare in their communities. Ultimately, the intervention seeks to achieve satisfied clients and satisfied service providers, ensuring that patients receive dignified care while healthcare staff feel valued and motivated in their roles.

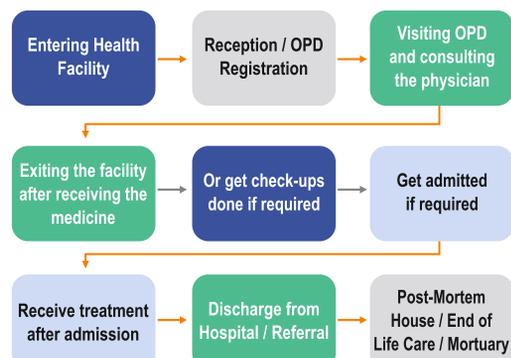


A structured training program has been developed, focusing on enabling participants to better understand their roles, responsibilities, and the patient's journey within the healthcare unit. This training aims to foster respectful interactions, enhance their response to medical needs and emergencies. Through this initiative, the staff will also learn to resolve workplace challenges and become more aware of their roles within the community.

## Strategic Approach

National Health Mission, Uttar Pradesh with support of UP-TSU developed and designed the behavioural training program in consultation with multiple stakeholders like Chief Medical Superintendent of District hospitals of Lucknow district and other development partners like Population Services International and United Nations International Children's Emergency Fund.

To develop the behavioural training program, a strategic approach was implemented to enhance the entire journey of healthcare beneficiaries, ensuring a high-quality experience from admission to discharge. The program systematically identifies key touchpoints in chronological order, including entry into the health facility > reception > outpatient and emergency departments > pharmacy, pathology, radiology > inpatient



department, labor room, operating theatre > discharge procedures, referrals, end-of-life care, and mortuary services.

The training structure first assesses these critical touchpoints to uncover gaps in current practices and identify staff behaviours that negatively impact patient experiences. This foundational understanding allowed for the development of a customized capacity-building plan aimed at facilitating behaviour change among facility staff, providing them with the tools and strategies necessary to improve their interactions with patients.

To ensure effective implementation and accountability, facility leaders were identified as trainers and mentors, reinforcing the importance of positive behaviour changes among their peers. Additionally, a reward and recognition system was established to acknowledge and appreciate the contributions of support staff at the facility level. This approach not only motivates staff but also promotes a culture of excellence and respect, ultimately enhancing patient satisfaction and trust in the healthcare system.

## Principles for Training Design

The training program is built on a strategic framework designed to maximize engagement, learning, and practical application. It integrates principles that encourage active participation and reflection, ensuring that participants can effectively translate their learning into real-world impact:



**Adult Learning Principles:** The training is grounded in adult learning methodologies, which emphasize respecting the prior knowledge and lived experiences of the participants. Real-world experience provides a learning environment, and this principle acknowledges the value of that experience, creating a learning space that is collaborative and recognizes participants as contributors to the learning process.



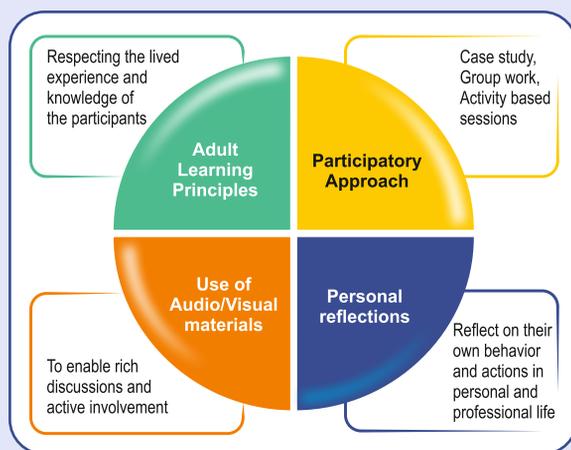
**Participatory Approach:** This approach focuses on active engagement through methods like case studies, group discussions, and hands-on activities. Instead of a passive, lecture-based model, participants are encouraged to engage with the material, think critically, and collaborate with peers. This interactive style fosters a deeper understanding of the content through experiential learning.



**Use of Audio/Visual Materials:** Visual aids and multimedia tools are integrated into the training to enrich discussions and keep participants actively involved. By combining traditional learning methods with audio-visual elements, the training aims to cater to different learning styles, enhance engagement, and stimulate richer, more dynamic conversations.



**Personal Reflections:** Participants are encouraged to reflect on their own behaviours, attitudes, and actions, both in their personal and professional lives. This reflective practice helps them apply what they have learned to their real-world contexts, ensuring a deeper, more personal connection to the material and encouraging growth and self-awareness.



## Training Module Launch and Roll-out

Principal Secretary, Medical, Health and Family Welfare and Mission Director - NHM, UP, in presence of Director General - Family Welfare and Director General - Training, launched the training module on 26<sup>th</sup> June 2024. NHM with support of UP-TSU, PSI and UNICEF facilitated nine batches of Training of Trainers (ToT) for chief medical supervisors, senior nurses, hospital managers, and quality consultants. Behavioural training for frontline staff has since begun across multiple districts in UP.



## Progress Update So Far :



- ➔ The training pilot was conducted in four facilities (DH Avantibai, DH Balrampur, CHC Sarojini Nagar, CHC Gosaiganj) in Lucknow, training 76 participants.
- ➔ Ongoing support is being provided to NHM training team for training logistics.
- ➔ NHM facilitated nominations for ToT from 75 districts and gathered data on frontline workers (Ayas, ward boys, security guards, receptionists).
- ➔ NHM with UP-TSU's support is compiling ToT nomination data and frontline worker counts.
- ➔ Nine batches of ToTs for frontline staff were completed at the State Institute of Health and Family Welfare in the months of July and August, 2024.
- ➔ Trained participants initiated the rollout of training in their respective facilities.



*Prior to this training, I had no idea how crucial sensitive behaviour is in providing healthcare services. Following this training, I realised that if I want to deliver better healthcare services to individuals, I must first create a positive relationship with them. Good behaviour and a good environment must be fostered at the health facility in which all patients can put forward their concerns openly and receive dignified & respectful healthcare services.*

**Tabbasum**, Ward Aya,  
CHC-Gosaiganj, Lucknow



*As a ward boy, this training helped me in understanding the importance of patient sensitive behaviour during emergency cases in the hospital. Through this training I learnt how empathetic behaviour and respectful tone can help healthcare staff in building trust with the patients and improve the overall quality of their service delivery.*

**Guddu**, Ward Boy,  
CHC-Gosaiganj, Lucknow

## Pathway Ahead

To ensure the continuous strengthening of the Behavioural Training of Health facility support staff, following measures are proposed to be undertaken:



**Execution of Reward and Recognition Activities:** To motivate and reinforce positive behaviours, the program will implement reward and recognition initiatives across all facilities. This will help acknowledge outstanding performance and promote a culture of excellence in service delivery.



**Quarterly Review of Mera Aspataal Portal Data:** A quarterly review of data from the Mera Aspataal portal will be conducted to monitor and assess the performance of healthcare facilities. This will allow for data-driven decision-making to improve patient satisfaction and service quality.



**Supportive Supervision and Handholding of CMSs:** Continuous supportive supervision and guidance will be provided to the Chief Medical Superintendents (CMSs) to enhance the quality and effectiveness of behavioural training. This ensures the sustainability of behaviour change efforts at the facility level.



**Concurrent Third-Party Evaluation:** To ensure accountability and objectivity, a third-party evaluation will be conducted concurrently with the training program. This will help assess its impact, identify areas of improvement, and validate the overall effectiveness of the initiative.

