A Comprehensive Study on Outpatient and Inpatient Satisfaction Levels at A City-Based Hospital Sheshadripuram

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***Abstract*— This study evaluates the satisfaction levels of patients at a city based hospital, Sheshadripuram, focusing on both outpatient (OPD) and inpatient (IPD) services. Using a descriptive survey approach and consecutive sampling, the research examines various factors influencing patient satisfaction, including nursing care, billing and registration, doctor consultation time, staff communication skills, hospital cleanliness, pharmacy service, nursing services, admission and discharge processes, food and beverage services, and parking facilities. Results indicate high overall satisfaction, with specific areas identified for improvement. The study underscores the importance of patient feedback in enhancing hospital services and provides recommendations for elevating patient care standards.**

***Index Terms*- Patient Satisfaction, Hospital Services, Outpatient Department (OPD), Inpatient Department (IPD), Healthcare Quality, Patient Feedback, Service Improvement.**

I. INTRODUCTION

Patient satisfaction is a critical measure of healthcare quality and an essential indicator of hospital performance. This study aims to assess patient satisfaction levels at City based hospital, Sheshadripuram, focusing on both outpatient (OPD) and inpatient (IPD) services. Patient satisfaction not only reflects the quality of care provided but also influences patient retention, hospital reputation, and overall healthcare outcomes.

The objectives of this study include examining patient satisfaction and recommendation rates, analyzing the relationship between patient satisfaction and various performance indicators, and identifying factors that impact patient satisfaction. Additionally, the study aims to propose measures for service improvement to enhance patient satisfaction levels.

A structured questionnaire was employed to gather data on multiple aspects of hospital care, such as nursing care, billing and registration, doctor consultation times, staff communication, cleanliness, pharmacy services, nursing services, admission and discharge processes, food and beverage services, and parking facilities. The study utilized a descriptive survey approach with consecutive sampling to ensure comprehensive data collection.

Statistical analysis, including histograms, pie charts, bar charts, column charts, and waterfall charts, was used to examine the association between categorical variables, such as satisfaction levels, and continuous scores, such as patient ratings of hospital performance. The findings provide valuable insights into patient experiences and highlight areas for potential improvements in hospital services.

By addressing the factors affecting patient satisfaction and implementing the recommendations proposed in this study, City based hospital can enhance its service quality and ensure better patient outcomes. The ultimate goal is to achieve higher patient satisfaction, which is pivotal for the hospital's success and reputation in the healthcare industry.

II. OBJECTIVES

- To examine patient satisfaction with and recommendation of a hospital, with a special focus on the correlation of these measures to patient ratings of interpersonal and technical performance of the hospital.
- To assess the patient satisfaction with quality of Nursing Care.
- To identify relationship between satisfaction of patient with selected variables.

- To study the different factors affecting patient satisfaction.
- To suggest measures for improvement of services leading to better patient satisfaction.
- To identify the problems and suggest recommendations with a view to improve further the prevailing system of the hospital.

III. METHODOLOGY

STUDY APPROACH
Descriptive Survey approach is used for present the study.

SAMPLE TECHNIQUE
consecutive/ purposive sampling.

QUESTIONNAIRE DESIGN
A structured questionnaire was designed to examine several aspects of hospital care and management.

STAISTICAL ANALYSIS

- One way HISTOGRAM, PIE, BAR, COLUMN, and WATERFALL were used in the study to examine the association between the categorical variables, such as level of satisfaction or recommendation, and continuous scores such as patient rating of hospital performances.

PERCENTAGE AND NUMBER OF THE PATIENTS ARE SATISFIED AND DISSATISFIED

I. TIME TAKEN FOR BILLING AND REGISTRATION – covered OPDpatients

TABLE.13

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	130	65%
GOOD	70	35%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

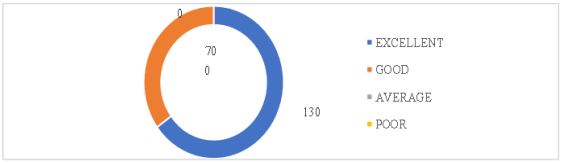

FIG.19

EXPLANATION: The above table shows: -

- 65% of feedbacks are EXCELLENT
- 35% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters %- Detractors %
Promoters% [excellent% + good%] =100%
Passives% [average%] = 0 %
Detractors % [poor%] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from OPD= 200 patients

II. TIME TAKEN FOR DOCTOR'S CONSULTATION – covered OPD patients

TABLE.14

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	200	100%
GOOD	0	0%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

FIG.20

EXPLANATION: The above table shows: -

- 100% of feedbacks are EXCELLENT
- 0% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 100%
Passives % [average%] =0%
Detractors % [poor %] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from OPD= 200 patients

III. COMMUNICATION SKILL AND COURTESY OF THE STAFF – covered OPD & IPD staff

TABLE.15

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	120	60%
GOOD	80	40%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

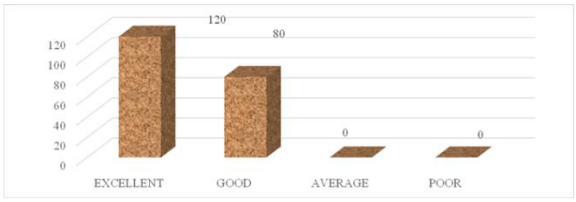

FIG. 21

EXPLANATION: The above table shows: -

- 60% of feedbacks are EXCELLENT
- 40% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 100%
Passives % [average%] = 0%
Detractors % [poor %] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 10 patients from OPD= 100 patients
- 10 patients from IPD= 100 patients

IV. CLEANLINESS, MAINTENANCE OF THE HOSPITAL–covered OPD & IPD

TABLE. 16

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	100	50%
GOOD	100	50%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

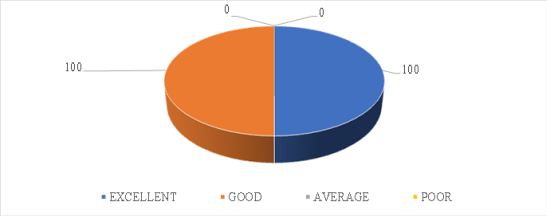

FIG.22

EXPLANATION: The above table shows: -

- 50% of feedbacks are EXCELLENT
- 50% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 100%
Passives % [average%] = 0%
Detractors % [poor %] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient= 10 patients, so it indicates200patients' data, date of survey- 13th March to 25thMarch 2024.]

- 10 patients from OPD= 100 patients
- 10 patients from IPD= 100 patients

V. TIME TAKEN IN OPD PHARMACY – covered OPD patients

TABLE.17

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	110	55%
GOOD	90	45%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

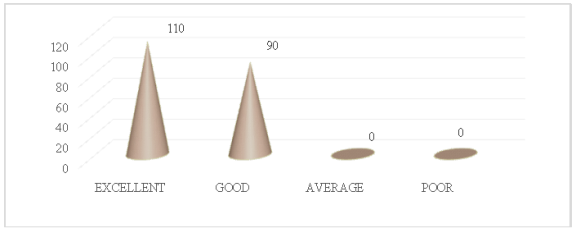

FIG.23

EXPLANATION: The above table shows: -

- 55% of feedbacks are EXCELLENT
- 45% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 100%
Passives % [average%] = 0%
Detractors % [poor %] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from OPD= 200 patients

VI. NURSING SERVICES- covered IPD

TABLE.18

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	140	70%
GOOD	60	30%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

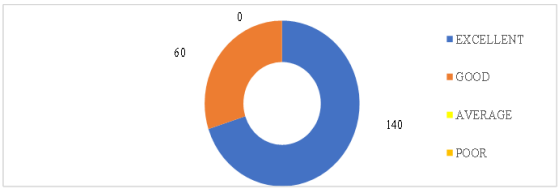

FIG.24

EXPLANATION: The above table shows: -

- 70% of feedbacks are EXCELLENT
- 30% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 100%
Passives % [average%] = 0%
Detractors % [poor %] = 0%
NPS = 1005 – 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from IPD= 200 patients

VII. ADMISSION SERVICE – covered IPD patients

TABLE.19

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	160	80%
GOOD	40	20%
AVERAGE	0	0%
POOR	0	0%
TOTAL PATIENT NO	200	100%

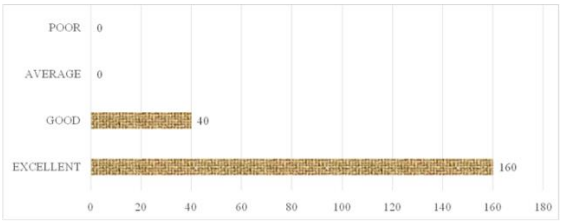

FIG.25

EXPLANATION: The above table shows: -

- 80% of feedbacks are EXCELLENT
- 20% of feedbacks are GOOD
- 0% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 100%
Passives % [average%] = 0%
Detractors % [poor %] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from IPD= 200 patients

VIII. DISCHARGE PROCESS – covered IPD patients

TABLE.20

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	70	35%
GOOD	80	40%
AVERAGE	20	10%
POOR	30	15%
TOTAL PATIENT NO	200	100%

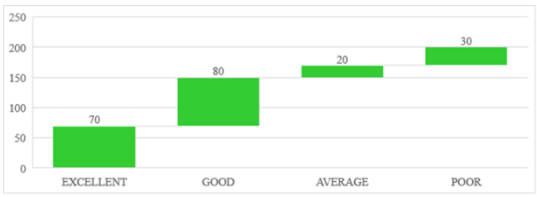

FIG.26

EXPLANATION: The above table shows: -

- 35% of feedbacks are EXCELLENT
- 40% of feedbacks are GOOD
- 10% of feedbacks are AVERAGE
- 15% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] =75%
Passives % [average%] = 10%
Detractors % [poor %] = 15%
NPS = 75% - 15% = 60%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from IPD= 200 patients

IX. FOOD AND BEVERAGE SERVICE – covered IPD patients

TABLE.21

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	60	30%
GOOD	90	45%
AVERAGE	40	20%
POOR	10	5%
TOTAL PATIENT NO	200	100%

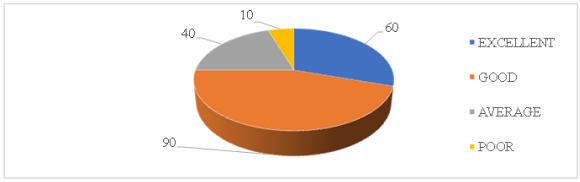

FIG.27

EXPLANATION: The above table shows: -

- 30% of feedbacks are EXCELLENT
- 45% of feedbacks are GOOD
- 20% of feedbacks are AVERAGE
- 5% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 75%
Passives % [average%] = 20%
Detractors % [poor %] = 5%
NPS = 75% - 5% = 70%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 20 patients from IPD= 200 patients

X. PARKING FACILITY - covered IPD & OPD patients

TABLE.22

ATTRIBUTES	NO. OF RESPONDENTS	PERCENTAGE
EXCELLENT	70	35%
GOOD	100	50%
AVERAGE	30	15%
POOR	0	0%
TOTAL PATIENT NO	200	100%

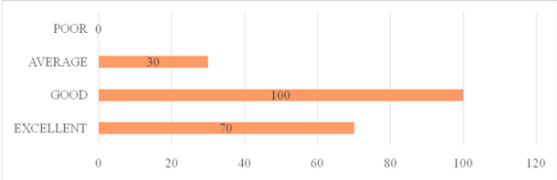

FIG.28

EXPLANATION: The above table shows: -

- 35% of feedbacks are EXCELLENT
- 50% of feedbacks are GOOD
- 15% of feedbacks are AVERAGE
- 0% of feedbacks are POOR

NPS calculation.
NPS = Promoters % - Detractors %
Promoters % [excellent% + good%] = 85%
Passives % [average%] = 15%
Detractors % [poor %] = 0%
NPS = 100% - 0% = 100%

NOTE:
20 patients have been approached in person by focusing on PRIMARY data, data gathered and counted as 1 patient = 10 patients, so it indicates 200 patients' data, date of survey- 13th March to 25th March 2024.]

- 10 patients from OPD= 100 patients
- 10 patients from IPD= 100 patients

DISCUSSION & RECOMMENDATIONS

- Prior to inform of delay in consultant arrival time so that we can prevent long waiting time of patient.
- Token system and reducing of waiting period at OPD pharmacy area.
- Decrease the time taken in Discharge process.
- Make hospitalization processes simple for patient and patient relative with effective communication and more technology based.
- Effective training for outsourced staffs.
- Parking areashould be covered by roof, direct way should be there for entering the hospital from outside parking area and alternative parking facilities for patient and attendant and staff separately.
- Health check area should be big enough that can handle lot of patients and patient feel comfortable if all the facilities can provide in same place rather roaming around everywhere.
- Hospital should have separate restroom for GENDER FLUIDS and TRANSGENDER.
- Mortuary gate should be in back side of the Mortuary department. And also, better to use the word "ROSE COTTAGE" rather using Mortuary.
- Canteen area in 7thfloor should be big enough.
- Emergency should have separate entry and exit, should deal with the deceased bodies separately.

CONCLUSION

Patient satisfaction is the essential indicator that reflects service quality at any level of health service. The study on the patient satisfaction is an effective mean of evaluating the performance of hospital from the view of the patient. This study suggests that patients were satisfied to a larger extent with services. High patient satisfaction leads to patient empowerment, greater communication, confidence and better outcomes.

Patient attending each hospital are responsible for spreading the good image of the hospital and therefore satisfaction of patient attending the hospital is equally important for hospital management. But IPD services have elicited problem like nursing care, cleanliness of ward or room, cleanliness of washroom, behaviour of staff, quality and quantity of food and discharge process and admission etc.

Patient evaluation of care is important to provide opportunity for improvement such as strategic framing of health plans, which sometimes exceed patient expectations and benchmarking.

Therefore, a standardized tool needs to be further developed and refined in order to reflect positively on the main goals of patient satisfaction survey. Patient satisfaction and impact of collecting patient information to build up strategic quality improvement plans and initiatives has shed light on the magnitude of the subject.