Patient Satisfaction and Quality of Care in The Inpatient Department of a City Based Multi.Speciality Hospital

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***Abstract*—This document presents a comprehensive analysis of Patient Satisfaction and Quality of care in the inpatient department in a hospital. The study includes findings and suggestions based on patient party(s), Doctors and nurses' responses to various aspects such as treatment process, admission process, discharge process, time schedules, food quality, OPD timings, inter departmental coordination, communication, medical tools & medicine stocks etc. The study also highlights patients' experiences, identify areas for improvement, and enhance service delivery to ensure better health outcomes and patient-cantered care. The data collection methods used includes questionnaires, interviews, and secondary data from sources such as the company website, internet, books, and journals.**

***Index Terms*—patient satisfaction, quality of care, inpatient department, healthcare services, service delivery, patient experience, nursing care, medical services, communication, hospital environment, patient safety, clinical outcomes, feedback and evaluation, healthcare quality improvement**

I. OBJECTIVES OF THE STUDY

- Measure satisfaction levels of admitted patients.
- Review quality of services in the IPD.
- Find key drivers of patient satisfaction.
- Study the relationship between care quality and satisfaction.
- Support improvements in hospital care.
- Observe variations in satisfaction among different patient types.

III. METHODOLOGY

Sources used in the study
Primary data

- Questionnaire
- Interview Secondary data
- Company website
- Internet
- Books/Journals

Sample size:
10 doctors, 15 nurses and 75 patients (total 100) were interviewed by way of questionnaire to know the Quality of Care.

III.RESULTS OF OVSERVATION

Table 1: Treatment Cost:

	Was your treatment completed within or the estimated cost provided at the time of admission?
Lower than estimated cost	12
Exactly the estimated cost	9
Slightly higher than estimated cost	11
Much higher than estimated cost	43

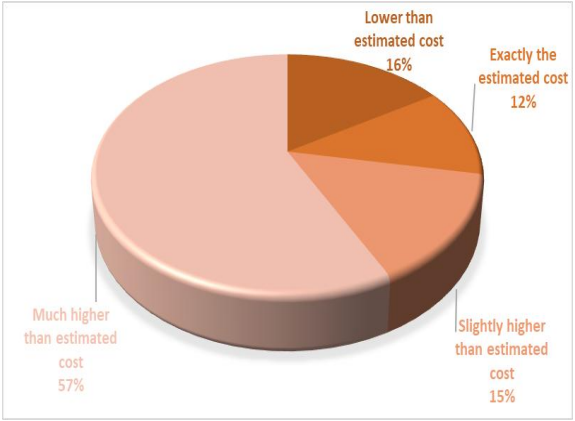

Fig: 1.1 Total treatment bill patient party have to pay to the hospital

Interpretation:
A majority of patients (57.33%) reported that their final hospital bill was much higher than the estimated cost, this indicates a significant gap between estimated and actual costs for many patients.

Table 2: Internal Delays Effects Patients' Treatment

	How Often do inter departmental delays affects patient treatment?
Daily	0
Occasionally	1
Rarely	2
Never	7

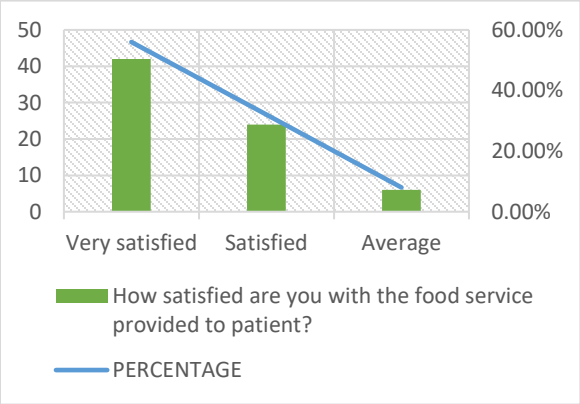

Fig: 1.2 Interdepartmental Relation

Interpretation
The data shows that interdepartmental delays are not a major concern for most respondents, with 70% saying they never face such delays and only 10% experiencing them occasionally. This suggests good coordination among departments in the majority of cases

Table 3: Understanding Between Staff And Managers

	Do you feel supported by your supervisors when difficult situation arises with patient and their families?
Always	13
Sometimes	2
Never	0

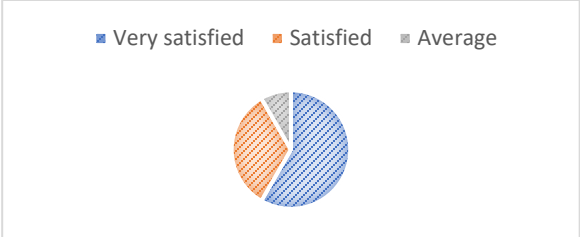

Fig: 1.3 Supportiveness between Supervisor and staff

Interpretation
The results indicate a high level of supervisor support during challenging interactions with patients and their families. A strong majority (nearly 87%) consistently feel supported, which reflects positively on leadership and team dynamics.

Table 4: Overlapping Ot & Opd Timings

	How often do your OT and OPD schedules overlap?
Frequently	4
Occasionally	4
Never	2

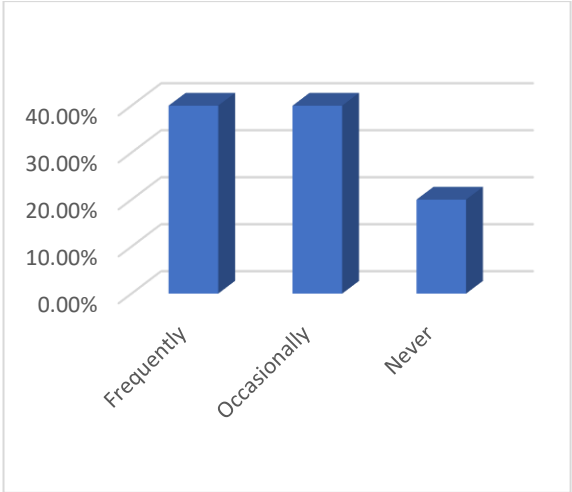

Fig: 1.4 How many times OT & OPD times overlapping of doctor

Interpretation:
A majority (80%) of doctors' experience schedule overlaps either frequently or occasionally. This indicates a significant issue in scheduling coordination, which can affect both patient care and doctor efficiency.

Table 5: Food Service

	How satisfied are you with the food service provided to patient?
Very satisfied	42
Satisfied	24
Average	6
Not Satisfied	3

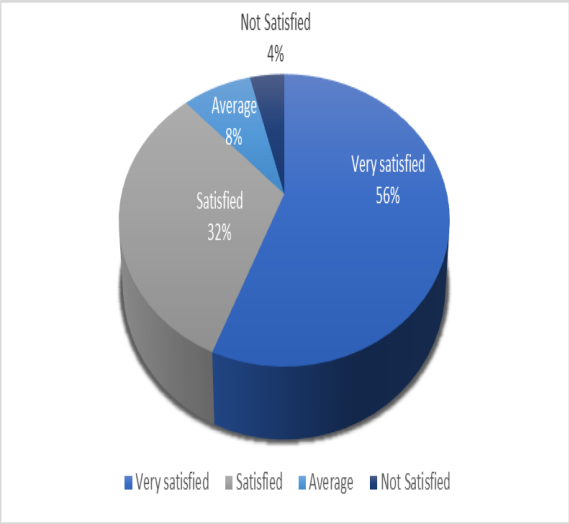

Fig: 1.5 Satisfaction level of patients with food

Interpretation

A significant majority (66 out of 75 respondents, or 88%) expressed positive satisfaction (either "very satisfied" or "satisfied") with the food services, indicating that the hospital is meeting nutritional and service expectations effectively. Overall, patient satisfaction with food service is very high, reflecting well on the hospital's dietary and kitchen management.

Table 6: Admission And Discharge Process

	How smooth and clear was the admission and discharge process?
Very smooth	47
Smooth	19
Average	6
Confusing	3

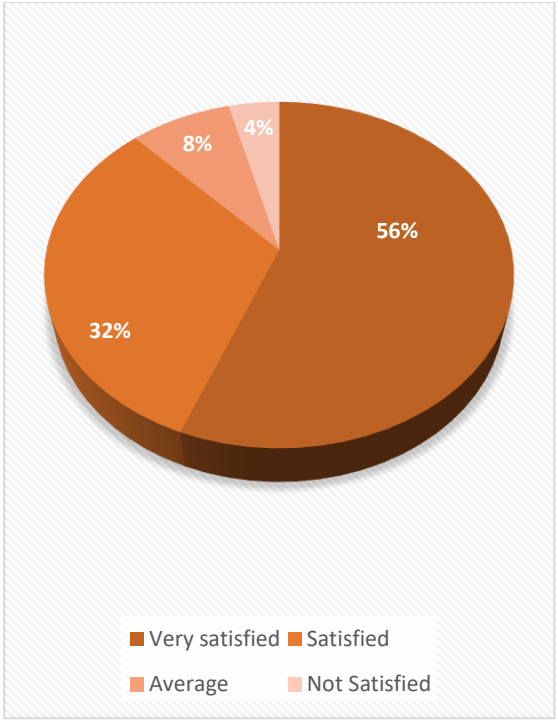

Fig 1.6 Admission and Discharge process

Interpretation

The majority of respondents (66 out of 75, or 88%) found the admission and discharge process to be smooth or very smooth, indicating a well-organized and efficient system. Overall, the feedback reflects high patient satisfaction with the admission and discharge experience.

Table 7: Shortage Of Nurses and Trained Staff to Receive Patient at Ward

	Which of the following is the most frequent challenge you face providing patient care?
Shortage of staff	9
Lack of medical supplies	3
Delayed doctor response	2
Inadequate patient information	1

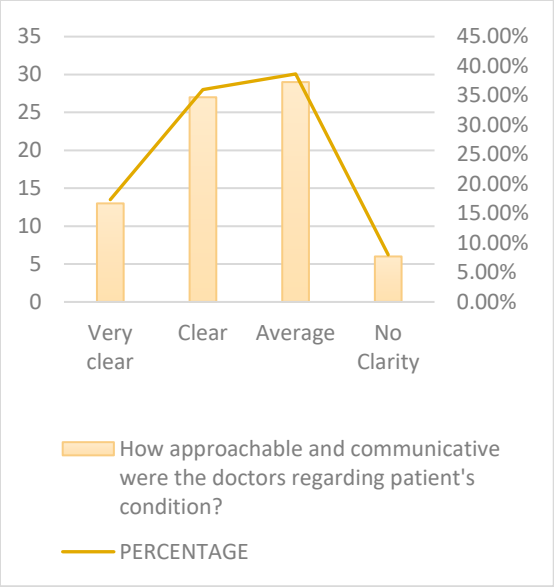

Fig: 1.7 Challenges faces by doctors while providing treatment

Interpretation:
The data indicates that the shortage of staff is the most common challenge faced in providing patient care, reported by 60% of respondents. This is followed by lack of medical supplies (20%), delayed doctor response (13.33%), and inadequate patient information (6.67%). The results highlight a critical need to address staffing issues to improve patient care delivery.

Table 8: Bed Shortage

	During your hospital stay, why did you have to wait the most for?
Waiting for doctor	11
Getting preferred bed	46
Lack of medical supplies	8
Discharge process	10

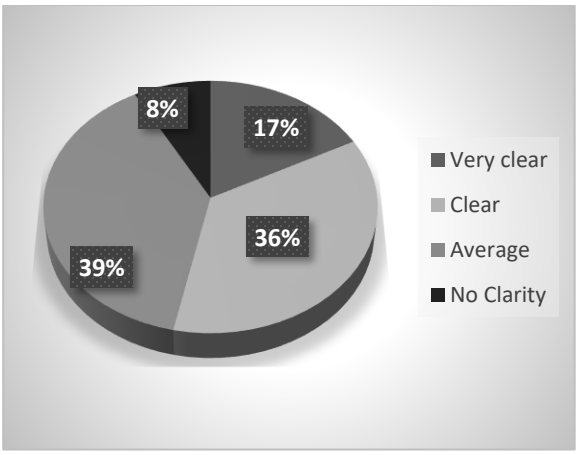

Fig 1.8 Most waiting time during stay

Interpretation:
The data reveals that the majority of patients (61.33%) experienced the longest wait for getting their preferred bed during hospitalization. Other notable delays included waiting for a doctor (14.67%), the discharge process (13.33%), and lack of medical supplies (10.67%). This suggests that bed availability is a major concern affecting patient experience and requires immediate attention for smoother admission processes.

Table 9: Communication Gap Between Doctor and Patient Party

	How approachable and communicative were the doctors regarding patient's condition?
Very clear	13
Clear	27
Average	29
No Clarity	6

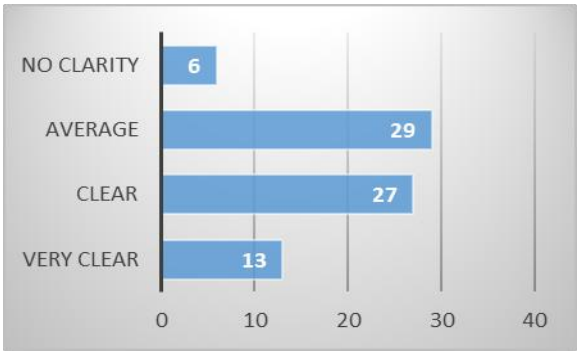

Fig 1.9 Communication between Doctors and Patient Family

Interpretation

A total of 40 out of 75 respondents (53.3%) found the doctors' communication to be clear or very clear, which indicates a generally positive trend. However, a significant portion (29 respondents or 38.7%) felt the communication was only average, suggesting room for improvement in how information is conveyed. This suggests a need for hospitals to strengthen communication protocols and ensure that all doctors consistently provide timely, clear, and compassionate updates to patients and their families.

IV. FINDINGS

I. Several key factors contribute to the gap between estimated and actual hospital bills. Unforeseen medical complications or extended stays often lead to additional costs. New tests, procedures, or consultations may be added during treatment, and the use of medical consumables can vary significantly. Many estimates do not include all charges, such as ICU fees or doctor visits. Additionally, a lack of regular communication with the patient's family about cost changes often results in confusion and dissatisfaction at the time of final billing.

II. A common scheduling issue in hospitals arises when a doctor is simultaneously required in both the Operation Theatre (OT) and the Outpatient Department (OPD). This overlap often results in long waiting times for OPD patients, leading to dissatisfaction. Surgeries may be delayed or rushed, compromising care quality. Doctors face increased stress and the risk of burnout due to the conflicting demands. Additionally, such overlaps lead to inefficient use of hospital time and resources, highlighting the need for better scheduling and coordination. Shortage of nurses and trained staff to receive admitted patients

III. One of the critical challenges faced by multispecialty hospitals is the persistent shortage of inpatient beds, which directly impacts the quality, efficiency, and timeliness of healthcare delivery. This shortage arises from a confluence of factors, including increased patient inflow, especially in urban tertiary care centres, delayed discharges due to administrative bottlenecks or lack of post-discharge support, and the unavailability of step-down or ICU transition beds. Patients are unable to get bed as per their preference.

IV. A communication gap between doctors and the patient's family or attendants is a significant issue in hospital settings, especially in multispecialty institutions. This disconnect often results in confusion, mistrust, dissatisfaction, and emotional distress among the patient party When updates regarding a patient's condition, treatment plan, prognosis, or potential complications are not clearly and regularly communicated, the patient's family may feel neglected or uninformed. This can lead to unrealistic expectations, frequent conflicts, and a lack of cooperation in clinical decisions.

V. A shortage of nurses and trained staff in hospital wards creates serious challenges in patient care. When patients arrive from the emergency department or operation theatre, delays in reception due to inadequate staffing can lead to discomfort, safety risks, and care interruptions. Nurses may be overburdened with multiple responsibilities, reducing their ability to provide timely attention, monitor vital signs, or manage patient needs effectively. This not only affects the patient's overall experience but also increases the risk of errors and compromises the quality of care. Proper staffing is essential to ensure smooth patient handovers, prompt assessments, and safe ward admissions.

VI. SUGGESTIONS

I ✅ Solutions to Minimize Estimate vs. Final Bill Gap

- Provide a breakdown of all probable charges: room rent, doctor fees, OT charges, diagnostics, medicines, etc.
- Mention clearly what's excluded from the estimate (e.g., ICU charges if not initially planned).
- Share daily or alternate-day updates on cost escalation. Notify the patient party immediately if a new procedure, test, or specialist is added.
- Train staff to give realistic, condition-based estimates, not

- just minimum expected charges.
- A thorough pre-diagnosis by the doctor is essential for generating an accurate treatment estimate.
- Hospitals should regularly audit cases where final bills exceeded estimates significantly. Use this data to improve estimation protocols.
- For planned surgeries and treatments, offer fixed-price packages with clear inclusions and exclusions.

II ✅ Overlapping doctors OT timings and OPD timing

- Clearly separate time blocks for OT and OPD duties (e.g., OT in morning, OPD in afternoon).
- Input doctors' weekly availability and automatically block time for surgeries.
- Assign junior doctors or assistants to handle OPD patients during OT duty.
- Schedule fewer or staggered OPD appointments on days when the doctor has OT duties
- Monitor overlaps monthly.
- Collect feedback from patients and staff to identify problem areas.
- Have a flexible pool of doctors who can take over OPD or assist in OT based on need.

III ✅ Shortage of nurses and trained staff to receive admitted patients

- Hire more nursing aides and ward assistants, and provide them with proper training to assist with patient reception and basic care tasks.
- Form specialized teams responsible for receiving and settling newly admitted patients, reducing the burden on regular ward nurses.
- Conduct ongoing training programs to upskill existing nursing staff in patient admission protocols and communication.
- Maintain a pool of trained nurses who can be quickly deployed to areas facing sudden staff shortages.

IV ✅ Shortage of bed

- Ensure early planning of discharges, minimize delays in billing and report generation, and coordinate with housekeeping for faster bed turnover.
- Establish intermediate care units for patients who no longer require ICU-level care, freeing critical care beds for serious cases.
- Promote home care for stable patients and expand day-care procedures to reduce inpatient load.
- Use admission trends and predictive analytics to anticipate high-demand periods and plan capacity accordingly.
- Regularly review scheduled (planned) admissions along with trends in emergency cases to forecast bed occupancy levels in advance. This allows better planning, timely resource allocation, and helps avoid last-minute bed shortages.

V ✅ Communication gap between doctors and patient party about patient condition

- Set fixed hours during the day for doctors or senior staff to update families about the patient's condition, ensuring regular and structured communication.
- Use clear, simple, and non-technical language when explaining medical conditions, procedures, or progress to help families understand better.
- Provide short daily summaries of the patient's condition through written notes or secure digital platforms for families who cannot meet the doctor in person.
- Conduct formal family meetings for serious or complex cases where all concerned doctors explain the patient's status and next steps together, avoiding confusion.

VII. LIMITATIONS

Depending on the feedback from Nurses, Doctors and patients this report has prepared. Some concerned might think that the information associated with them was confidential enough to disclose to the external world. Another problem was time constraint. In case of research, the sample size was quite small as it was not possible to analyse a large sample due to time constraint. The duration of my work was only three months. But this period of time is not enough for a complete and clear study. It is because of the limitation of information some assumptions were made. So there may be some personal mistakes in the report. Although

there were many limitations I tried to give my best effort to furnish the report.

VIII. CONCLUSION

The evaluation of patient satisfaction and quality of care in the inpatient department of a city-based multi-speciality hospital reveals a combination of strengths and areas for improvement. One of the most pressing issues identified was the significant difference between the estimated cost shared at the time of admission and the final bill. This often led to patient dissatisfaction and financial discomfort. The root cause lies in insufficient initial diagnosis and vague cost estimation practices. Introducing a more accurate estimation process—based on proper clinical evaluation and regular billing updates—can address this concern effectively. Another issue was the overlapping of doctors' OT and OPD schedules, which created delays in treatment and long waiting times for patients. Implementing a well-planned duty roster with digital scheduling tools and additional medical support during peak hours can help reduce such conflicts. Furthermore, the shortage of trained nurses during patient admission hours resulted in delays in receiving care, indicating a need for better staff planning and recruitment.

Bed shortages during high-demand periods also emerged as a challenge, often affecting the timely admission of patients. To manage this efficiently, hospitals should analyse occupancy trends based on planned and emergency cases, and enable flexible use of beds across departments. Communication gaps between doctors and patients' families were another recurring concern. Many families felt under-informed about the patient's condition, which led to anxiety and reduced satisfaction. This issue can be resolved by setting up structured communication protocols, daily updates, and dedicated liaison officers who ensure consistent, clear, and empathetic communication throughout the patient's stay.

Despite these challenges, the hospital also demonstrated several areas of excellence. The majority of respondents reported high satisfaction with the quality and timeliness of food services, indicating that patient nutrition is well-managed. The admission and discharge processes were also praised for being smooth and well-organized, reflecting efficient administrative coordination. Importantly, no significant interdepartmental delays were reported, showing that internal coordination among departments is effective. Additionally, staff reported strong support from their supervisors during difficult situations with patients and their families, contributing to a positive work environment and better patient care. In conclusion, while the hospital is performing well in several key areas, addressing the identified challenges with strategic solutions will further enhance the quality of care and overall patient satisfaction.

REFERENCES

I. Donabedian, A. (1988) "The Quality of Care How.Can.It.Be.Assessed?"https://jamanetwork.com/journals/jama/article.abstract/374139?utm.source=chatgpt.com

[1] Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1985) "A Conceptual Model of Service Quality and Its Implications for Future Research",https://www.researchgate.net/publication/225083802.SERVQUAL.A.multiple.Item.Scale.for.measuring_consumer.perceptions.of.service.quality

[2] World Health Organization (2006) "Quality of Care: A Process for Making Strategic Choices in Health Systems"

[3] (PDF) Quality of Care.A Process of Making Strategic Choices in Health Systems

[4] Ware, J.E., Snyder, M.K., Wright, W.R., & Davies, A.R. (1983)"Defining and Measuring Patient Satisfaction with Medical Care"

[5] Defining and measuring patient satisfaction with medical care - ScienceDirect

[6] Doyle, C., Lennox, L., & Bell, D. (2013) "A Systematic Review of Evidence on the Links Between Patient Experience and Clinical Safety and Effectiveness"

[7] A systematic review of evidence on the links between patient experience and clinical safety and effectiveness BMJ Open

[8] https://scholar.google.com/

[9] https://pubmed.ncbi.nlm.nih.gov/

[10] https://www.researchgate.net/search

[11] https://openai.com/