A Study on Analysis of Patient Satisfaction in IPD

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Abstract—This study was conducted to assess patient satisfaction in the In-Patient Department (IPD) at City based Hospital, Sheshadripuram, with the purpose of identifying key factors influencing patient experiences and highlighting areas for improvement. A descriptive cross-sectional designwas adopted using a structured questionnaire and patient interviews to gather both quantitative and qualitative data from admitted patients across different departments. The key findings revealed that most patients were satisfied with the quality of medical care, nursing services, hospital cleanliness, and the professional behaviour of doctors and staff. However, areas needing improvement included lengthy wait times for procedures and discharge, lack of clarity in discharge instructions, and limited patient involvement in care decisions. The study also found that better use of digital tools for real-time feedback, clear communication, and improved transitional care could further enhance patient satisfaction levels. The conclusions highlight that patient satisfaction remains a vital measure of healthcare quality and trust, directly impacting patient loyalty and hospital reputation. Addressing the identified gaps through streamlined processes, staff training, and modern feedback systems can help the hospital deliver even more patient-centred care. This study provides practical recommendations and highlights opportunities for future research, such as multi-centre comparisons, longitudinal tracking, and exploring the link between patient satisfaction and clinical outcomes, ensuring that hospitals continue to meet rising patient expectations in a competitive healthcare environment.

I. OBJECTIVES OF THE STUDY

1. To Improve the Quality of Care
2. To Measure and Enhance Patient Satisfaction*
3. To Increase Patient Well-Being
4. To Boost Patient Loyalty and Referrals
5. To Enhance Hospital Reputation
6. To Identify Areas for Staff Development

II. SCOPE AND LIMITATIONS

Scope of the Study

1. Focus Area:
The study primarily focuses on evaluating patient satisfaction levels in the In-Patient Department (IPD) of a hospital.
2. Key Factors Considered:
The study includes various factors influencing satisfaction such as quality of medical care, communication with healthcare providers, cleanliness, food services, staff behavior, and administrative procedures.
3. Target Population:
In-patients admitted for various treatments and surgeries across different wards are the main subjects of the study.
4. Data Collection:
Information is gathered through patient feedback forms, surveys, and interviews during or after hospital discharge.
5. Purpose:
To identify strengths and weaknesses in hospital services, and recommend actionable improvements for enhancing patient experiences and outcomes.

III. LIMITATIONS OF THE STUDY

1. Subjectivity of Responses:
Patient satisfaction is highly subjective and may vary depending on individual expectations, emotional state, or personal experiences.
2. Limited Sample Size:
The study may be based on a limited number of respondents due to time, resource, or accessibility constraints, which may not represent the entire patient population.
3. Short Duration:
Feedback is often collected shortly after discharge, which may not reflect the patient's long-term view or health outcomes.
4. Language and Literacy Barriers:

Some patients may struggle to understand or express feedback clearly due to language or literacy issues, affecting the accuracy of responses.

5. Non-Medical Factors:

External influences like cost, insurance, or hospital location may affect satisfaction but are outside the control of the IPD staff.

6. Response Bias:

Some patients may hesitate to provide negative feedback due to fear of offending hospital staff or potential impact on their care.

1.Research Design

The study follows a descriptive cross-sectional research design and the study followed mixed method, aiming to assess and describe patient satisfaction at a specific point in time.

2. Study Area / Location

Location: City based Hospitals, Sheshadripuram, Bengaluru

3.Sample Size and Sampling Techniques

Sample Size:

The data is collected from May to August:

A total of 1000 patients admitted in various departments (e.g., medicine, surgery, orthopaedics) were selected for the study.

Sampling Technique:

The study used simple random sampling to select participants who were willing and able to provide feedback before discharge.

4.Data Collection Tools

Primary Data: Primary data collected from Hospital survey questionnaire based on patient satisfactory questions include medical services, maintenance services and so on.

External Data: External data about hospital collected from the Hospital's website.

5. Data Analysis

- Quantitative data were entered into MS Excel and analysed using descriptive statistics (mean, percentage, frequency).
- Graphs and charts were used to present the findings visually.
- Qualitative responses from open-ended questions were reviewed to identify recurring themes or suggestions.

6. Ethical Considerations

- Participants were assured of confidentiality and anonymity, no personal identifiers were recorded.
- Participation was voluntary and patients could withdraw at any time without consequences.
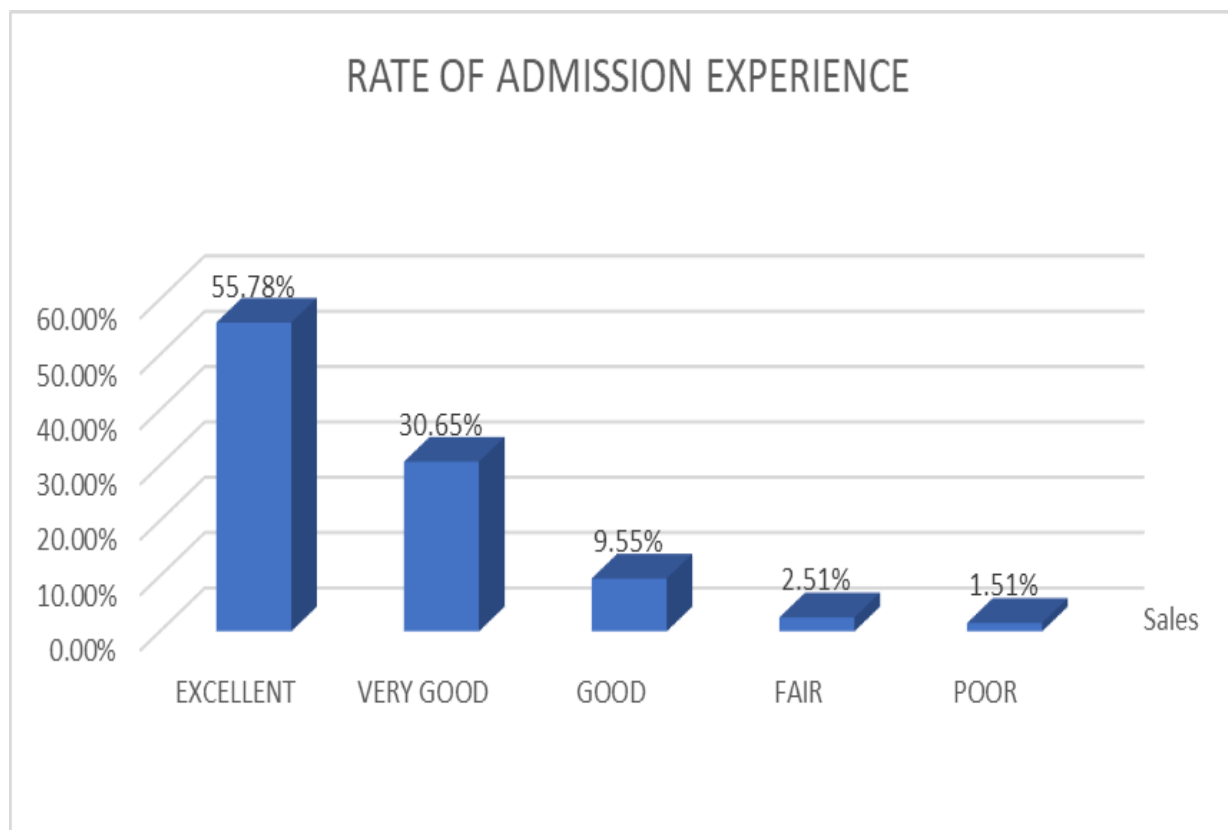
ADMISSION EXPERIENCE

(BASED ON CRM FEEDBACK ANALYSIS AND RESEARCH QUESTIONAIRE)

PRESENTATION OF DATA:

RATE OF ADMISSION EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	111	55.78%
VERY GOOD	61	30.65%
GOOD	19	9.55%
FAIR	5	2.51%
POOR	3	1.51%
TOTAL	199	100%

GRAPHICAL REPRESENTATION:

RATE OF ADMISSION EXPERIENCE

Fig-1

DATA INTERPRETATION:

The above Table shows that 55.78% of Admission Experiences are Excellent, 30.65% of Admission Experiences are Very Good, 9.55% of Admission Experiences are Good, 2.51% of Admission Experiences are Fair, 1.51% of Admission Experiences are Poor.

DOCTOR SERVICE EXPERIENCE

PRESENTATION OF DATA:

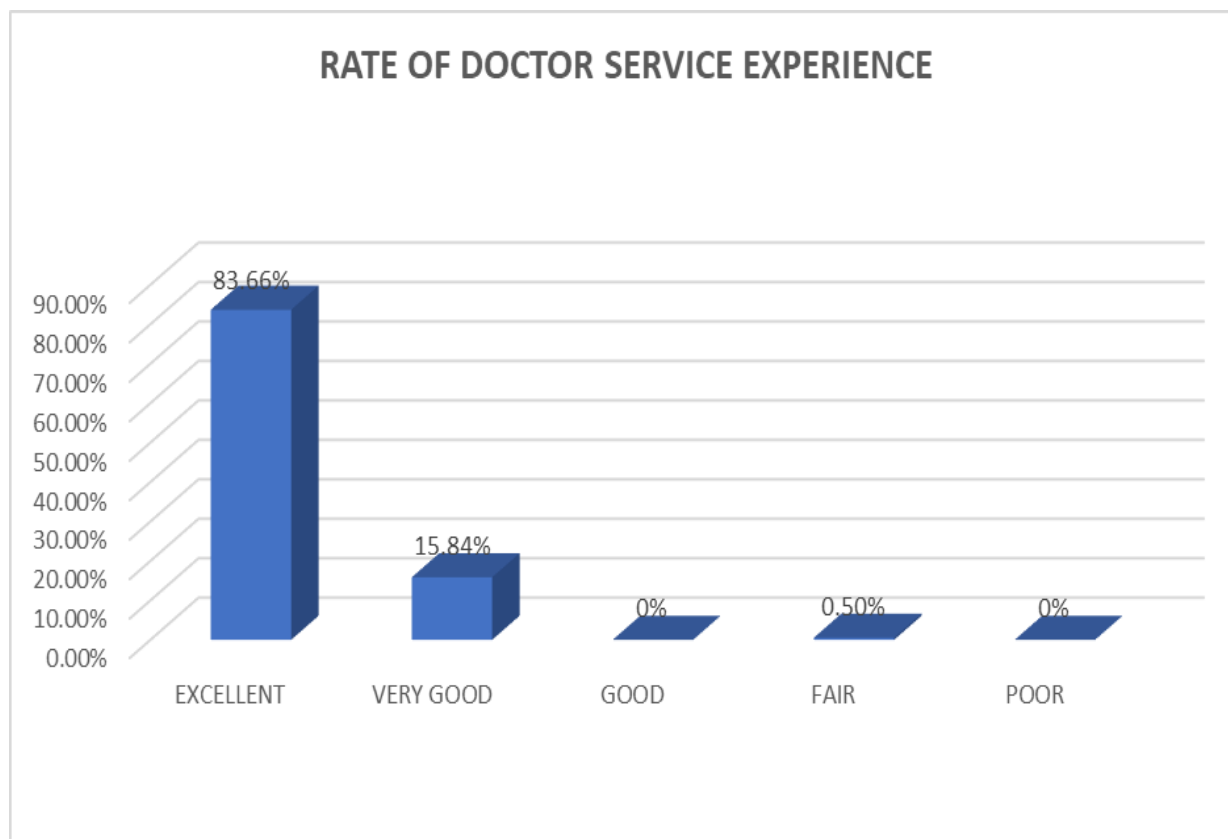| RATE OF DOCTOR SERVICE EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	169	83.66%
VERY GOOD	32	15.84%
GOOD	0	0%
FAIR	1	0.50%
POOR	0	0%
TOTAL	202	100%

GRAPHICAL REPRESENTATION:

Fig-2

DATA INTERPRETATION:

The above Table shows that 83.66% of Doctor Service Experiences are Excellent, 15.84% of Doctor ServiceExperiences are Very Good, 0% of Doctor ServiceExperiences are Good, 0.50% of Doctor ServiceExperiences are Fair, 0% of Doctor ServiceExperiences are Poor.

NURSING STAFF SERVICE EXPERIENCE

PRESENTATION OF DATA:

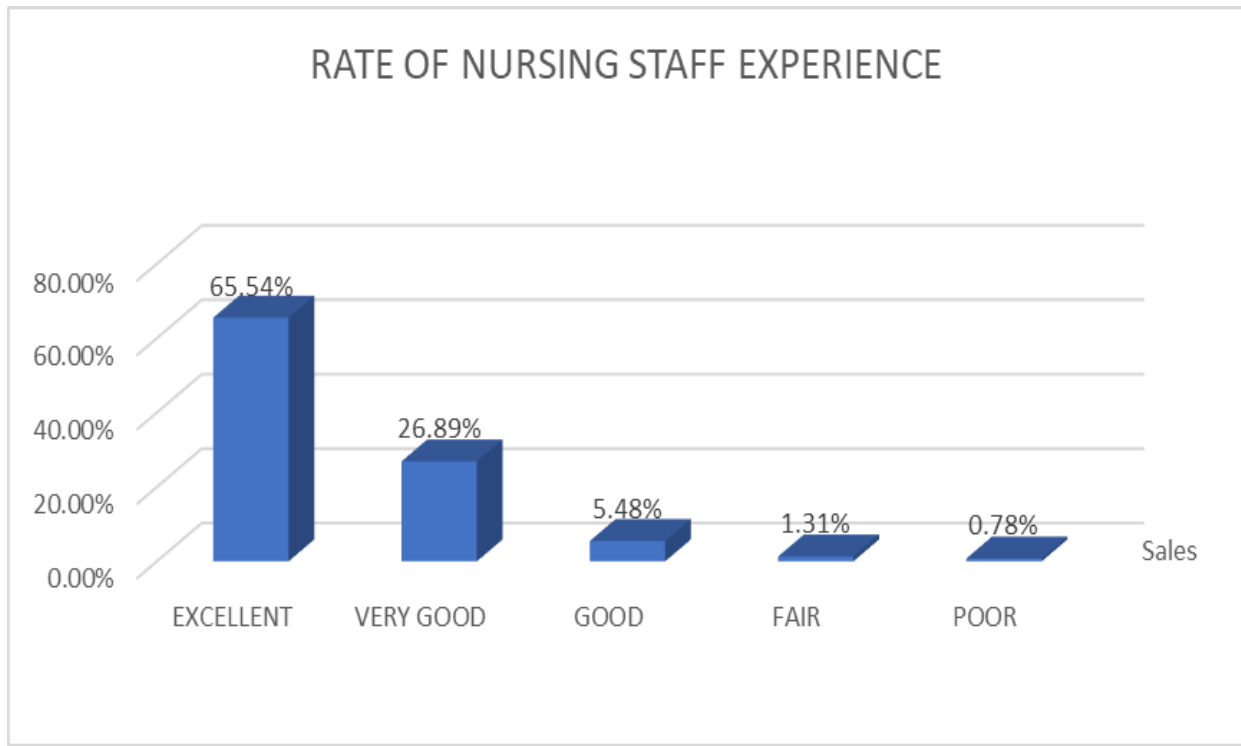| RATE OF NURSING STAFF EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	251	65.54%
VERY GOOD	103	26.89%
GOOD	21	5.48%
FAIR	5	1.31%
POOR	3	0.78%
TOTAL	383	100%

GRAPHICAL REPRESENTATION:

Fig-3

DATA INTERPRETATION:

The above Table shows that 65.54% of Nursing StaffExperiences are Excellent, 26.89% of Nursing StaffExperiences are Very Good, 5.48% of Nursing StaffExperiences are Good, 1.31% of Nursing StaffExperiences are Fair, 0.78% of Nursing StaffExperiences are Poor.

RATE OF INSURANCE BILLING EXPERIENCE

PRESENTATION OF DATA:

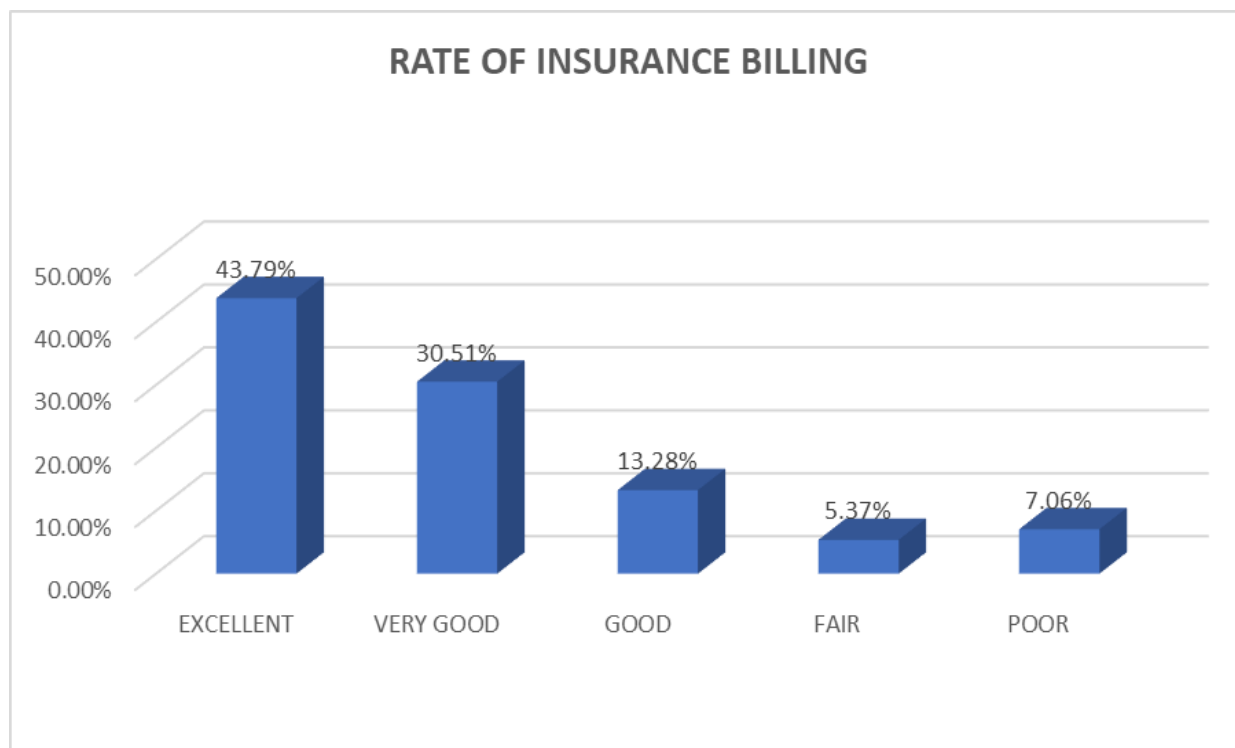| RATE OF INSURANCE BILLINGEXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	155	43.79%
VERY GOOD	108	30.51%
GOOD	47	13.28%
FAIR	19	5.37%
POOR	25	7.06%
TOTAL	354	100%

GRAPHICAL REPRESENTATION:

Fig- 4

DATA INTERPRETATION:

The above Table shows that 43.79% of Insurance BillingExperiences are Excellent, 30.51% of Insurance BillingExperiences are Very Good, 13.28% of Insurance BillingExperiences are Good, 5.37% of Insurance BillingExperiences are Fair, 7.06% of Insurance BillingExperiences are Poor.

RATE OF FOOD AND BEVERAGE EXPERIENCE

PRESENTATION OF DATA:

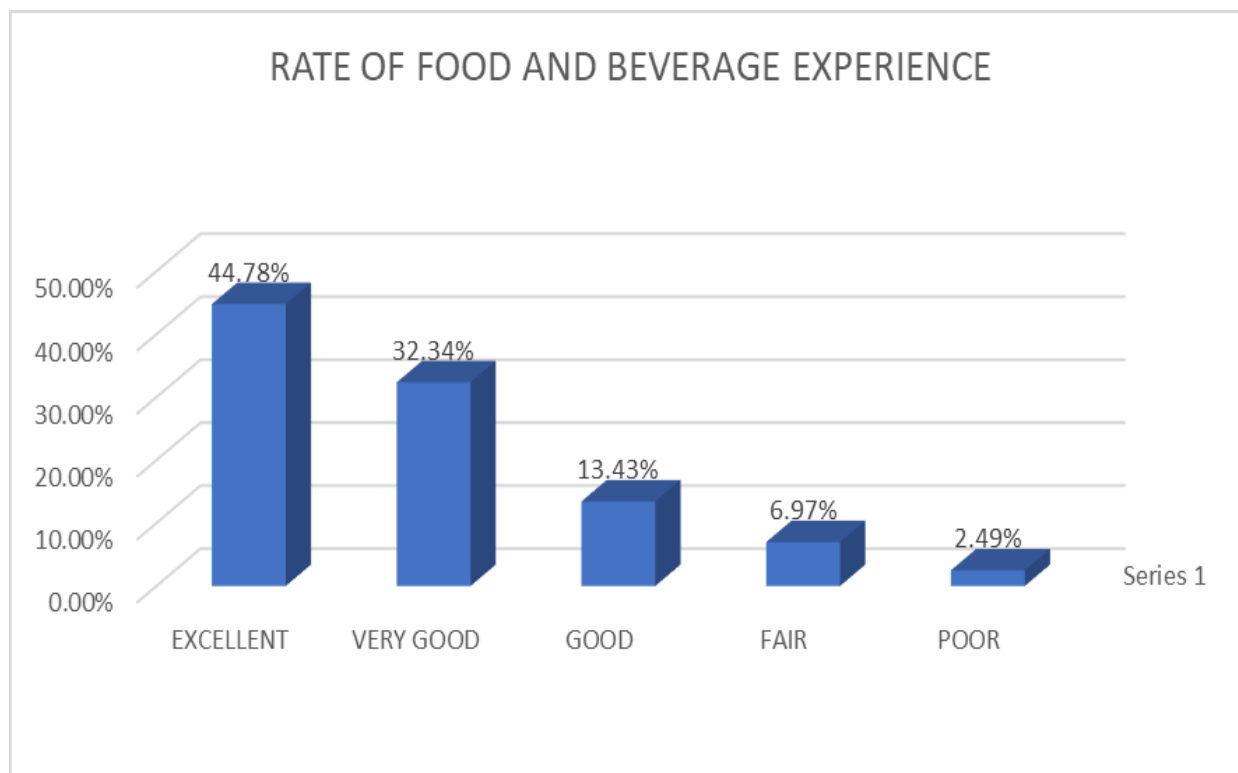| RATE OF FOOD AND BEVERAGE EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	90	44.78%
VERY GOOD	65	32.34%
GOOD	27	13.43%
FAIR	14	6.97%
POOR	5	2.49%
TOTAL	201	100%

GRAPHICAL REPRESENTATION:

Fig-5

DATA INTERPRETATION:

The above Table shows that 44.78% of Food and Beverage Experiences are Excellent, 32.34% of Food and BeverageExperiences are Very Good, 13.43% of Food and Beverage Experiences are Good, 6.97% of Food and Beverage Experiences are Fair, 2.49% of Food and Beverage Experiences are Poor.

RATE OF HOUSEKEEPING EXPERIENCE

PRESENTATION OF DATA:

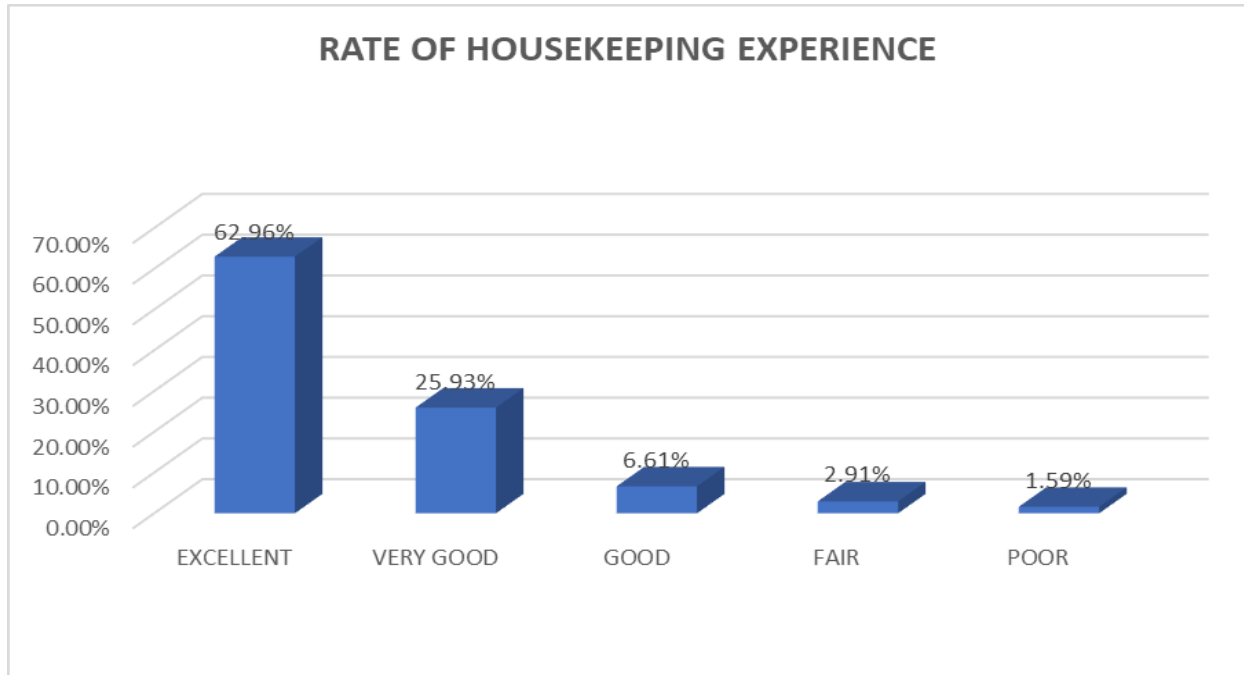| RATE OF HOUSEKEEPING EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	238	62.96%
VERY GOOD	98	25.93%
GOOD	25	6.61%
FAIR	11	2.91%
POOR	6	1.59%
TOTAL	378	100%

GRAPHICAL REPRESENTATION:

Fig-6

DATA INTERPRETATION:

The above Table shows that 62.96% of Housekeeping Experiences are Excellent, 25.93% of Housekeeping Experiences are Very Good, 6.61% of Housekeeping Experiences are Good, 2.91% of Housekeeping Experiences are Fair, 1.59% of Housekeeping Experiences are Poor.

RATE OF SECURITY EXPERIENCE

PRESENTATION OF DATA:

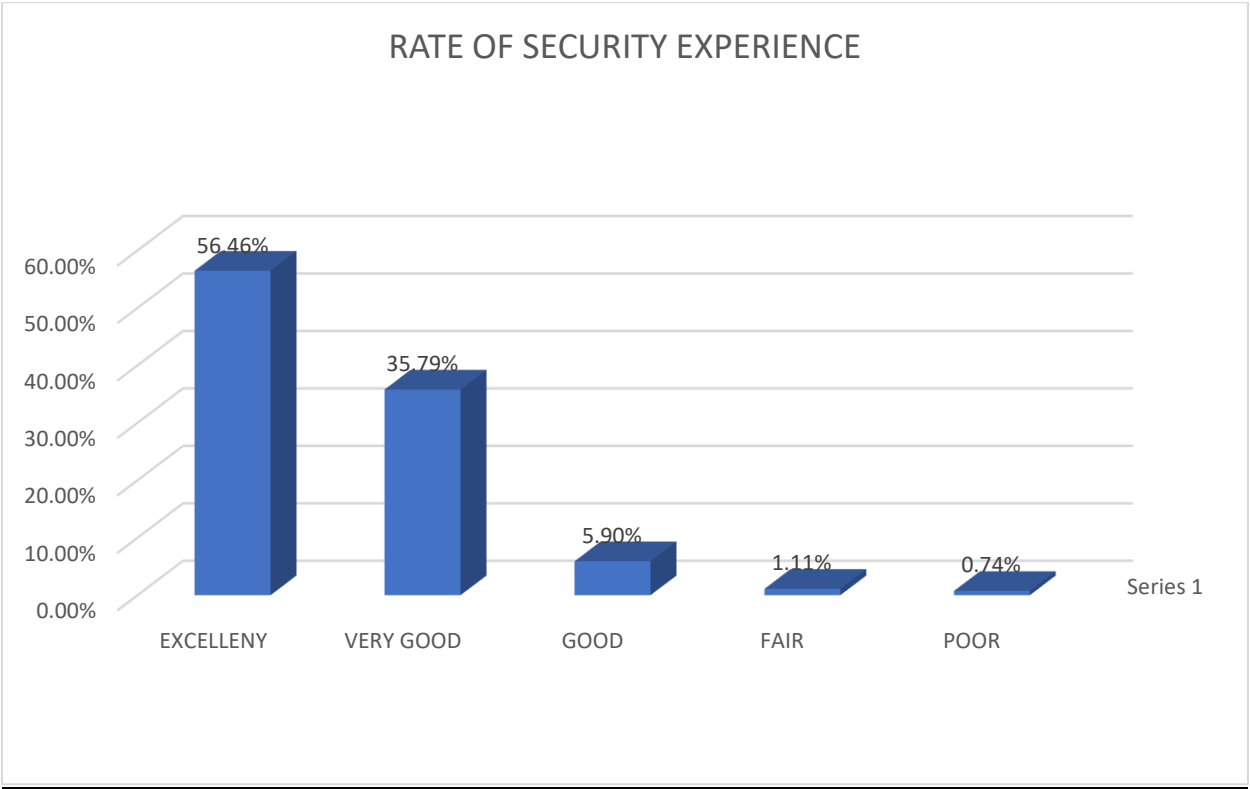| RATE OF SECURITY EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	153	56.46%
VERY GOOD	97	35.79%
GOOD	16	5.90%
FAIR	3	1.11%
POOR	2	0.74%
TOTAL	271	100%

GRAPHICAL REPRESENTATION:

Fig-7

DATA INTERPRETATION:

The above Table shows that 56.46% of SecurityExperiences are Excellent, 35.79% of SecurityExperiences are Very Good, 5.90% of SecurityExperiences are Good, 1.11% of Security Experiences are Fair, 0.74% of SecurityExperiences are Poor.

RATE OF DISCHARGE EXPERIENCE
PRESENTATION OF DATA:

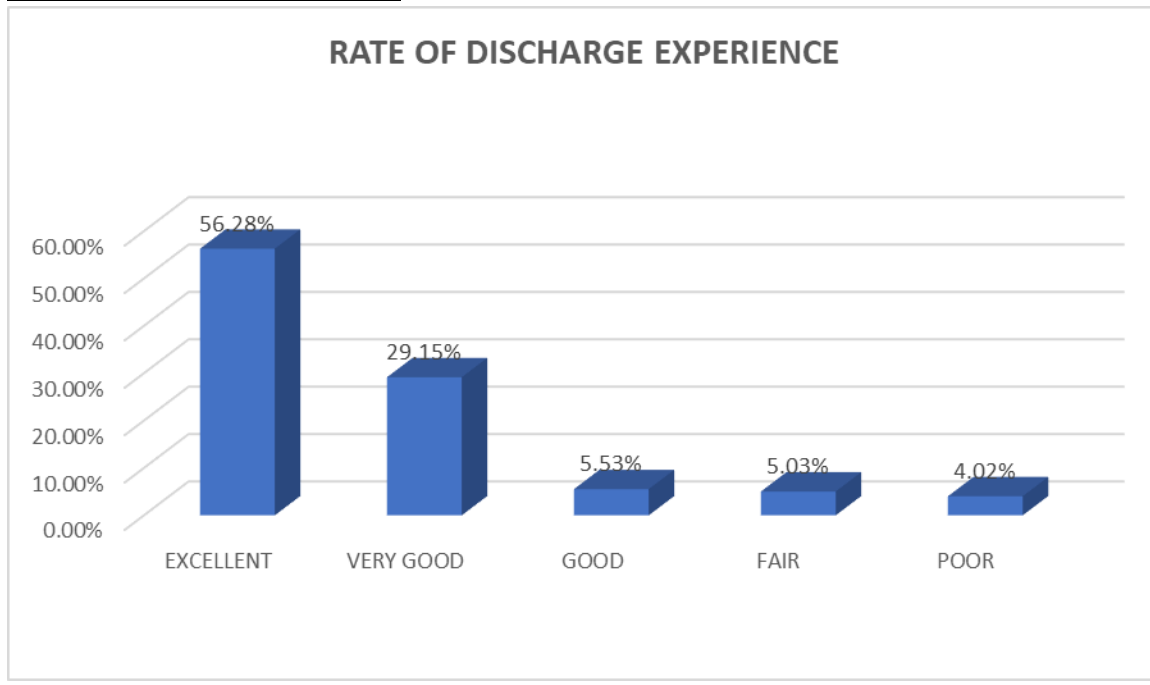| RATE OF DISCHARGE EXPERIENCE		
TYPES	NO	PERCENTAGE
EXCELLENT	112	56.28%
VERY GOOD	58	29.15%
GOOD	11	5.53%
FAIR	10	5.03%
POOR	8	4.02%
TOTAL	199	100%

GRAPHICAL REPRESENTATION:

Fig-8

DATA INTERPRETATION:
The above Table shows that 56.46% of DischargeExperiences are Excellent, 29.15% of DischargeExperiences are Very Good, 5.53% of Discharge Experiences are Good, 5.03% of Discharge Experiences are Fair, 4.02% of Discharge Experiences are Poor.

IV. DISCUSSION

COMPARE FINDINGS WITH PREVIOUS RESEARCH
1. Overall Satisfaction Levels:
The overall patient satisfaction level at city-based Hospitals, Seshadripuram was found to be generally high, with most patients reporting satisfaction with medical care, nursing services, hospital cleanliness, and staff behaviour.
2. Key Determinants:
The main factors contributing to patient satisfaction included:
➢ Quality of medical care and doctor-patient communication
➢ Nursing care and responsiveness
➢ Cleanliness of wards and washrooms
➢ Food and nutrition services

➢ Timely availability of services
3. Areas Needing Improvement:
  Some patients at hospital reported dissatisfaction with:
➢ Lengthy wait times for certain procedures or consultations
➢ Delays during discharge processes
➢ Inadequate clarity of discharge instructions
4. Use of Tools and Methods
This study used a structured questionnaire combined with qualitative interviews, providing both numerical ratings and open feedback.
5. Innovation and Technology:
Feedback collection included suggestions for implementing digital feedback kiosks or mobile apps for real-time reporting, which were not covered in detail in previous studies.

V. IMPLECATIONS FOR POLICY/PRACTICE

Based on the findings of this study on patient satisfaction in the In-Patient Department (IPD) at City based Hospitals, Seshadripuram, the following implications can help guide hospital management, administrators, and policymakers to strengthen patient-centred care:

1. Strengthen Patient-Centred Policies:
- Develop clear standard operating procedures (SOPs) for patient interaction, communication, and information sharing at all stages — admission, treatment, and discharge.
- Incorporate regular patient feedback mechanisms into hospital quality policy to ensure continuous monitoring and improvement.

2. Improve Discharge Planning and Transitional Care:
- Establish structured discharge protocols with clear, written instructions about medication, follow-up care, and warning signs.
- Introduce skilled nursing or transitional care units where appropriate, to bridge the gap between hospital discharge and home care.

3. Enhance Staff Training and Development:
- Provide regular training for doctors, nurses, and support staff on soft skills, empathy, and effective communication.
- Sensitize housekeeping and non-clinical staff on their role in patient experience and satisfaction.

4. Integrate Technology for Real-Time Feedback:
- Implement digital tools such as bedside feedback tablets, mobile apps, or kiosks to collect real-time patient feedback.
- Use this data for quick issue resolution and service improvements.

5. Optimize Wait Times and Process Efficiency:
- Review and redesign workflows toreduce waiting times for tests, procedures, and discharge.
- Automate administrative tasks like billing and discharge summaries to make the process smoother for patients.

6. Maintain High Standards of Cleanliness and Safety:
- Strengthen housekeeping audits and surprise checks to ensure high hygiene standards in wards, washrooms, and patient areas.
- Develop clear accountability for maintaining cleanliness with regular performance reviews.

7. Build a Culture of Continuous Quality Improvement
- Use patient satisfaction scores as a key performance indicator (KPI) for hospital departments and staff appraisals.
- Organize regular review meetings to discuss patient feedback and track improvements over time.

8. Strengthen Communication with Families:
- Include patient families in care discussions and updates, ensuring they understand treatment plans, procedures, and discharge instructions.
- Offer multilingual support where necessary to overcome language barriers.

VI. ACTIONABLE RECOMMENDATIONS

1. Streamline Admission and Discharge Processes:
- Implement clear standard operating procedures (SOPs) for admission, billing, and discharge.
- Use digital systems to speed up documentation and payment.
- Provide written and verbal discharge instructions, including medication details and warning signs.
- Concentration about in room admission and in room discharge rather waiting in the counter.
- Doctors should start early rounds at least for discharge patients

2. Introduce Real-Time Feedback Systems:
- Install digital kiosks, QR codes, or mobile app surveys to gather patient feedback during the stay, not after going home after the discharge.
- Designate staff to review and resolve issues immediately, improving response time.

3. Strengthen Staff Training and Soft Skills
- Conduct regular training workshops on communication, empathy, and patient counselling.
- Sensitize non-medical staff (housekeeping, security, billing) on how their behaviour impacts patient satisfaction.

4. Improve Wait Time Management:
- Analyse workflow bottlenecks in diagnostic tests, specialist consultations, and billing counters.
- Use appointment tracking systems and better resource allocation to reduce delays.

5. Enhance Cleanliness and Hygiene Monitoring:
- Increase surprise audits for cleanliness in wards, washrooms, and common areas.
- Display cleaning schedules in patient rooms for transparency.

- Empower patients to report cleanliness issues directly to housekeeping supervisors.
6. Strengthen Communication with Patients and Families:
- Hold regular updates with patients and families about treatment plans, expected procedures, and recovery.
- Use multilingual support for non-English-speaking patients to ensure clear understanding.
7. Expand Transitional Care Support.
- Collaborate with skilled nursing facilities or home care services for smoother transition from hospital to home.
8. Reward and Motivate Staff Based on Feedback:
- Link staff appraisals or recognition programs to positive patient feedback scores.
- Celebrate departments or teams with consistently high satisfaction ratings to build a patient-focused culture.
9. Promote Patient Awareness:
- Display patient rights and service charters prominently in wards.
- Provide simple leaflets on what to expect during the stay, whom to contact for concerns.

VII. CONCLUSION

The assessment of patient satisfaction in the In-Patient Department at city-based Hospitals, Sheshadripuram reveals a high level of overall satisfaction, mainly due to quality medical services, dedicated staff, and a clean environment. However, gaps such as delays in services, lack of clear discharge information, and limited patient involvement highlight opportunities for improvement. By addressing these, the hospital can ensure even better patient-centred care, greater loyalty, and stronger community trust.