ANALYSIS OF PATIENT SATISFACTION IN IN-PATIENT DEPARTMENT

Dissertation Submitted to

The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Hospital and Health Management

by

Anika Nehra

Under the Supervision and Guidance of

Dr. Anoop Khanna

2025

Rhea
Healthcare Private Limited

motherhood
women & children's hospital

Date: 12 June 2025

TO WHOM SO IT MAY CONCERN

This is to certify that **Ms. Anika Nehra,** student of **IIHMR University, Jaipur** has completed her dissertation and internship as **Medical Operations Trainee** with us from 15th March 2025 to 12th June 2025 under the guidance of Cluster Head Dr Kaushalendra Pratap Singh,

We wish her good luck and success for future endeavors.

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CERTIFICATE

This is to certify that dissertation titled "Analysis of Patient Satisfaction in In-Patient Department" is a record of the research work undertaken by Anika Nehra in partial fulfillment of the requirements for the award of the degree of MBA Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Analysis of Patient Satisfaction in In-Patient Department" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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Date 16/06/2025

ABSTRACT

Title: Analysis of Patient Satisfaction in In-Patient Department.

Author Name: Anika Nehra

Faculty Mentor: Dr. Anoop Khanna

Key Words: In-Patient Department, Patient centric care, Patient Satisfaction and Experience analysis.

Background: The modern hospital has undergone a dramatic transformation, evolving from its origins as an isolated sanatorium to a sophisticated facility often boasting amenities comparable to a five-star hotel. Patients and their accompanying family members now arrive at hospitals with heightened expectations, anticipating not only cutting-edge medical treatment but also a range of supplementary services designed to enhance their comfort and overall experience during their stay. This shift in patient expectations is largely attributable to the pervasive influence of mass media, which has increased awareness of advancements in medical technology and hospitality services. Furthermore, the increasing commercialization of healthcare and the continuous improvement of facilities have contributed significantly to this evolving landscape. Consequently, the healthcare sector is increasingly adopting a patient-centric approach, prioritizing patient satisfaction with both the clinical aspects of care and the non-clinical support services provided. This focus on in-patient satisfaction as a vital metric for evaluating the overall quality of healthcare delivery.

Objectives:

- To assess the in-patient satisfaction in a mother and child hospital in Noida.
- To identify the specific factors that significantly influence patient experience with inpatient services.

Methodology: This study will employ a patient satisfaction questionnaire using Likert scale method for data analysis. This method will be based on the systematic calculation and interpretation of patient responses to a structured questionnaire encompassing various attributes of inpatient care and non- clinical services.

Result/Findings: Patient satisfaction at Motherhood Hospital, Noida's In-Patient Department is **high**, averaging **4.03 out of 5**. **Medical staff (5.00)** and the **admission process (4.83)** received top marks. Other strong areas include **discharge (4.52)** and **counselling processes (4.33)**, as well as **maintenance (4.20), food and beverage (4.05), and housekeeping (4.03) services**. While overall positive, there's minor room for improvement in **non-medical staff behaviour (3.70)** and **Amenities (3.88)**. Critically, **93% of patients would recommend the hospital**.

Conclusion: This study examined the impact of non-medical services on patient satisfaction within the Inpatient Department of Motherhood Hospital, Noida. The findings clearly demonstrate that **optimal staff behaviour, effective communication, streamlined admission and discharge processes, supportive counselling, quality dietary services, and well-maintained amenities** significantly influence patient satisfaction.

Medical and nursing staff behaviour received high satisfaction scores, reaffirming the importance of interpersonal care. However, variability in the performance of non-medical staff, counselling services, and support functions like housekeeping and dietary care revealed areas for improvement.

ACKNOWLEDGEMENT

I wish to express my profound gratitude to everyone who contributed to the successful completion of this dissertation.

First and foremost, I am immensely thankful to **Motherhood Hospital, Noida**, for granting me the permission and necessary resources to conduct this study within their In-Patient Department. Their cooperation was crucial to the data collection process.

My heartfelt appreciation goes to the **100 patients** who generously volunteered their time and shared their experiences by participating in this survey. Their candid feedback forms the bedrock of this analysis, and their willingness to contribute is deeply valued.

I am also profoundly indebted to my **mentor Dr. Kaushalendra Pratap Singh - Cluster Head** for their insightful guidance, constructive feedback, and unwavering support throughout every stage of this research.

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TABLE OF CONTENTS

LIST OF TABLE

LIST OF FIGURES

Chapter 1: Introduction

1.1 Introduction

The modern hospital has undergone a dramatic transformation, evolving from its origins as an isolated sanatorium to a sophisticated facility often boasting amenities comparable to a five-star hotel. Patients and their accompanying family members now arrive at hospitals with heightened expectations, anticipating not only cutting-edge medical treatment but also a range of supplementary services designed to enhance their comfort and overall experience during their stay. This shift in patient expectations is largely attributable to the pervasive influence of mass media, which has increased awareness of advancements in medical technology and hospitality services. Furthermore, the increasing commercialization of healthcare and the continuous improvement of facilities have contributed significantly to this evolving landscape.

Consequently, the healthcare sector is increasingly adopting a patient-centric approach, prioritizing patient satisfaction with both the clinical aspects of care and the non-clinical support services provided. This focus on in-patient satisfaction has become a vital metric for evaluating the overall quality of healthcare delivery. Understanding and enhancing patient experience is crucial not only for patient well-being but also for the reputation and success of healthcare institutions, particularly in specialized settings such as a mother and child hospital.

1.2 Background of the Study

The In-Patient Department (IPD) is a critical component of any hospital, where patients spend a significant amount of time and interact with various facets of hospital services. For mother and child hospitals, the experience during the in-patient stay is particularly poignant, often associated with a life-changing event. Therefore, ensuring high levels of satisfaction is paramount. Patient satisfaction is a multifaceted concept influenced by clinical outcomes, interpersonal interactions with staff, the efficiency of administrative processes, and the quality of ancillary services and the hospital environment.

This study focuses on a Mother and Child Hospital in Noida, a region experiencing growth in healthcare infrastructure. Analyzing patient satisfaction in this specific context will provide localized insights and contribute to the broader understanding of patient-centric care in specialized hospitals.

1.3 Research Questions:

- What are the key metrics influencing in-patient satisfaction in a mother and child hospital in Noida?
- Importance of non-clinical services in IPD for patients?

1.4 Objectives of the Study

- To assess the in-patient satisfaction in a mother and child hospital in Noida.
- To identify the specific factors that significantly influence patient experience with inpatient services.

1.5 Hypothesis

This quantitative observational study will investigate the impact of non-medical services on patient satisfaction within the Inpatient Department (IPD) of Motherhood Hospital, Noida. Data will be collected through patient feedback questionnaires and direct observation. The primary hypothesis is that optimal levels of staff behaviour and communication, admission and discharge processes, counselling processing, support services and dietary services will positively correlate with higher patient satisfaction during hospitalization. The study aims to quantify the contribution of these factors to patient satisfaction outcomes.

Chapter 2: Review of Literature

This chapter reviews existing literature relevant to patient satisfaction in hospital in-patient departments, focusing on factors influencing satisfaction and methodologies used in similar studies.

Table 2.1: Review of Literature

S.NO	AUTHOR	TITLE	STUDY LOCATION	SAMPLE SIZE AND TECHNIQUE	SALIENT FEATURES
1.	Durgadatta Das	"Patient Satisfaction in In-patient Department in a Tertiary Care Hospital in Odisha."	Tertiary Care Hospital in Odisha.	The sample size was 332 participants. The sampling technique used was random stratified sampling, where every 5th patient admitted to the IPD was selected for the study.	This research paper investigates the factors influencing patient satisfaction in an inpatient setting to understand healthcare quality and overall patient experience. The study, conducted at Utkal Hospital and Institute of Medical Sciences between March and May 2024, surveyed 332 patients from various IPDs. Using a 26-item questionnaire, the

					research assessed nine core dimensions of patient satisfaction. The results showed high satisfaction in front office (96.27%), nursing procedures (96.14%), and doctor-related services (95%). Areas needing improvement were dietary services (86.28%) and maintenance services (88.27%). The study emphasizes the importance of patient feedback for enhancing healthcare quality.
2.	Muluken Takele, Getachew Teshome, and Esmael Ali.	"Patient satisfaction and factors for inpatient health services at public hospitals in Ethiopia"	Ethiopia	3,958 participants (across 11 studies)	Low overall patient satisfaction (57.4%); positively associated with privacy, clear signage, information, and timely treatment;

					negatively associated with prior admission; highlights need for service quality improvements in Ethiopian public hospitals.
3.	Teshome Shiferaw, Alemayehu Hailu, and Henok Mamo	"Level of Patient Satisfaction with Inpatient Services and Its Determinants: A Study of a Specialized Hospital in Ethiopia"	Ethiopia	Sample Size: 398 inpatients Technique: Facility-based cross-sectional study with random sampling and structured interview questionnaire. Data was analyzed using SPSS.	Low Overall Satisfaction: **patient satisfaction was found to be low (46.2%).** Positive Determinants: **physician services, availability of lab, radiology services, management of pain, inpatient pharmacy services and toilet cleanliness, room availability, as well as dietary services.** Significant Impact via Pharmacy Services: **In-patient pharmacy services have**

					particularly strong positive influence on overall patient satisfaction. Recommendations for Improvement: **The authors suggest focusing on patient-provider interaction, facility amenities, patient-centered training for healthcare workers, and routine satisfaction assessments.**
4.	"Sayed Nasir Hussain and Shams Ur Rehman"	"Patient's satisfaction regarding hospital services: a study at umeå hospital"	The Umeå hospital.	Sampling technique used was convenience sampling to collect quantitative data. The document does not mention the sample size.	The study investigated patient satisfaction in relation to the **5q model.** ("quality of object, process, infrastructure, interaction, and atmosphere"), as well as **trust** and **reputation**.

					two dimensions had positive effect on in-patient satisfaction at Umeå Hospital, while **three dimensions showed no significant effect**. **Trust** didn't show significant effect on patient satisfaction in this study. **Reputation** of hospital had a **positive effect** on in-patient satisfaction.
5.	Mr. Rais Ahmad Farhat Jabeen Sameena Mufti	"A study to assess the patient satisfaction with health care services delivered at the inpatient department of general medicine wards of	SMHS Hospital Srinagar (J&K).	The study was conducted by distributing structured questionnaires amongst 100 IPD-patients of general medical wards of SMHS Hospital. Syste matic random sampling was used.	Patients showed high satisfaction with courtesy (46%), quality of care (44%), and the physical environment (42%). Patients expressed lower satisfaction with convenience (25%) and out-of-pocket costs (23.5%).

		smhs hospital, srinagar, j&k"			There was no significant association between predisposing factors and selected demographic variables with the level of satisfaction (t-value at 0.05 level of significance). Overall, mostly satisfy with services provided by the multispecialty teaching hospital. Courtesy received the highest satisfaction rating, followed by quality of care and the physical environment. Out-of-pocket costs and convenience were identified as factors contributing to dissatisfaction. Patients were generally satisfied

					with the hospital facilities. The study emphasizes the need for hospital leadership to address patient input on deficiencies to achieve universal patient satisfaction.

The reviewed literature indicates that patient satisfaction is a complex construct influenced by various factors including staff behaviour, service efficiency, environmental aspects, and cost. Different studies highlight varying levels of satisfaction and pinpoint specific areas for improvement depending on the context and location. This current study will build upon these findings by focusing specifically on a mother and child hospital, considering both clinical and non-clinical service aspects.

Chapter 3: Methodology

3.1 Study Design for the Assessment A quantitative observational survey design will be utilized. A survey has been planned to be conducted on 100 randomly selected patients in the In-Patient Department of Motherhood Hospital, Noida. The "In-Patient Satisfaction Questionnaire" will be the primary tool for collecting data from the sample. To minimize bias, this questionnaire will be administered after the morning rounds with the management team, following proper feedback from these 100 patients. This study will employ a patient satisfaction questionnaire using a Likert scale method for data analysis. This method will be based on the systematic calculation and interpretation of patient responses to a structured questionnaire encompassing various attributes of inpatient care and non-clinical services.

3.2 Setting The study will be conducted in the In-Patient Department (all floors) of Motherhood Hospital, Noida. The primary activity will be to take feedback from patients using the patient satisfaction questionnaire.

3.3 Study Population The study population will comprise patients admitted to the In-Patient Department of Motherhood Hospital, Noida.

- **Inclusion Criteria:**
    - Patients of age 18 years and above who have been admitted to the IPD of the hospital for a delivery procedure.
    - Patients who are able to provide informed consent.
- **Exclusion Criteria:**
    - Patients other than IPD admissions.
    - Patients admitted for non-delivery procedures.

3.4 Study Tools A structured questionnaire, based on validated patient satisfaction scales, will be used. It will cover aspects of:

- **Clinical Care:** (e.g., doctor and nurse communication – specifically evaluated through staff behaviour questions).

- **Non-Clinical Services:**
    - Service Evaluation (Housekeeping, Maintenance, Food and Beverage, Overall Hygiene and Appeal).
    - Process Evaluation (Admission Process, Discharge Process, TPA Process Experience).
    - Staff Behaviour Evaluation (Medical, Nursing, Non-Medical Staff).
    - Amenities Evaluation (IPD checklist Compliance).
- **Overall Recommendation:** (Net Promoter Score - NPS).

The questionnaire (detailed in Annexure 1) will utilize a Likert scale for most responses.

Patient Satisfaction Analysis Questionnaire Structure:

- **In-Patient Details:** Room Number, UHID, Patient Type (Cash/TPA), Date of data collection.
- **Service Evaluation:** Questions on housekeeping, maintenance, food and beverage services, and overall hospital hygiene and appeal.
- **Process Evaluation:** Questions on admission, discharge, and counselling process experience.
- **Staff Behaviour Evaluation:** Questions on the behaviour of medical, nursing, and non-medical staff.
- **Amenities Evaluation:** Question on IPD checklist compliance.
- **NPS (Net Promoter Score):** Question on recommendation likelihood.
- **Remarks:** Open-ended question for suggestions.

3.5 Duration of Study The study is planned for a duration of 90 days, from 15th March 2025 to 12th June 2025.

3.6 Sample Size A sample size of 100 patients will be targeted for this study.

3.7 Sampling Technique Convenience sampling will be used to recruit participants from the In-Patient Department (IPD) who meet the inclusion criteria.

3.8 Data Collection Procedure Patient satisfaction questionnaires will be administered to eligible patients in the IPD in person.. Informed consent will be obtained from each participant before administering the questionnaire.

The questionnaires will be filled after the morning rounds with the management team to ensure patients have had sufficient interaction with services and to potentially gather more considered feedback.

3.9 Operational Definitions

- **Patient Satisfaction:** Measured using a Likert scale questionnaire, assessing various aspects of clinical and non-clinical services. Scores will reflect levels of agreement or satisfaction with specific statements or questions.
- **Clinical Care:** For the purpose of this study's questionnaire, this is primarily assessed through questions regarding doctor and nurse communication and behaviour.
- **Non-Clinical Services (Service Excellence):** Includes aspects such as cleanliness, food quality and variety, room amenities, efficiency of administrative processes (admission, discharge, TPA), and the responsiveness and courtesy of non-clinical staff.

3.10 Data Analysis Plan The collected data will be recorded into Microsoft Excel. Graphical representations (e.g., bar charts) will be used to visually present the findings along with mean for average ratings and overall satisfaction rating. This will help in identifying areas of high and low satisfaction and understanding the distribution of responses.

3.11 Scale - Likert Scale A Likert scale will be used for responses to most of the questionnaire items. The scale to be used is:

1 refers to Very Dissatisfied (VD)

2 refers to Dissatisfied (D)

3 refers to Neutral (N)

4 refers to Satisfied (S)

5 refers to Very Satisfied (VS)

3.12 Ethical Considerations The following ethical measures will be strictly adhered to:

- **Informed Consent:**

- Informed consent to be obtained from all participants.
- Data to be anonymized and stored securely to ensure confidentiality.
- Ethical approval will be obtained from the Hospital Administration Authorities.

- **Confidentiality and Anonymity:** Data collected will be anonymized to protect patient identity. Questionnaires will not contain personally identifiable information beyond what is necessary for stratified analysis (e.g., patient type for TPA processing). All collected data will be stored securely.
- **Ethical Approval:** Approval for conducting the study will be obtained from the Hospital Administration Authorities of Motherhood Hospital, Noida, prior to the commencement of data collection.

Chapter 4: Results

IN-PATIENT SATISFACTION QUESTIONNAIRE DATA ANALYSIS

Table 4.1: Average Satisfaction Ratings

AVERAGE SATISFACTION RATINGS											
SERVICES				PROCESSES			STAFF BEHAVIOUR			AMENITIES	NPS
MAINTENANCE SERVICES	HOUSEKEEPING SERVICES	FOOD AND BEVERAGE	OVERALL HYGIENE & APPEAL	ADMISSION EXPERIENCE	DISCHARGE EXPERIENCE	COUNSELLING	MEDICAL	NURSING	NON MEDICAL	IPD CHECKLIST COMPLIANCE	OVERALL SATISFACTION SCORE
4.2	4.03	4.05	4.01	4.83	4.52	4.33	5	4.15	3.7	3.88	4.24

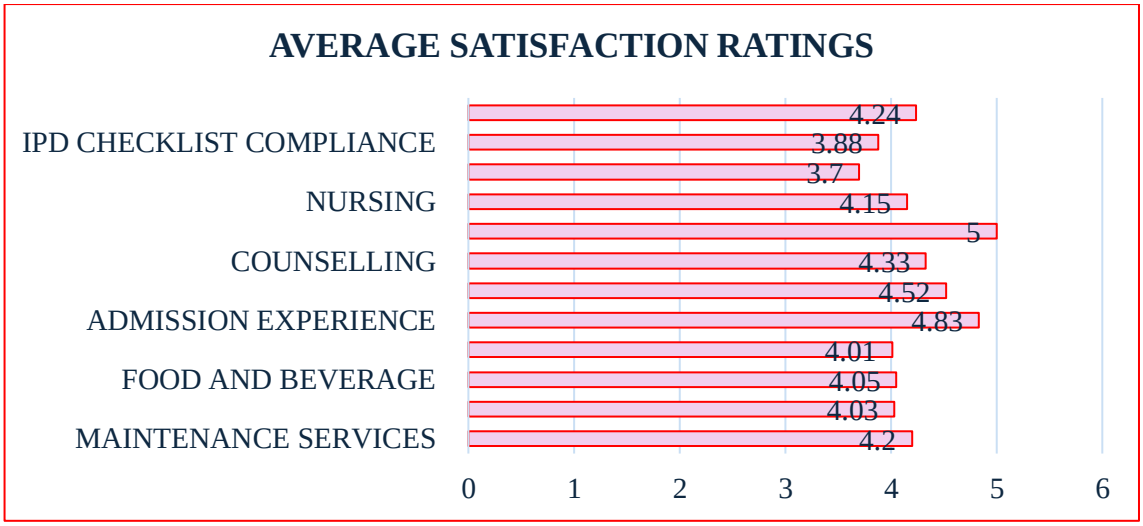

Figure 4.1: Average Satisfaction Ratings Graph

Table 4.2: Services Satisfaction Ratings

SERVICES	RATING 5	RATING 4	RATING 3	RATING 2	RATING 1	Key Insights
MAINTENANCE SERVICES	44	32	24	0	0	Decent satisfaction but room for improvement from 3-star to 4-5.
HOUSEKEEPING SERVICES	15	75	8	2	0	Strong 4-star support; some dissatisfaction exists (2-star).
FOOD AND BEVERAGE	27	62	11	0	0	Overall good satisfaction; 3-star needs improvement.
OVERALL HYGIENE & APPEAL	32	38	29	1	0	Mixed reviews; higher variability shows an area needing more focus.

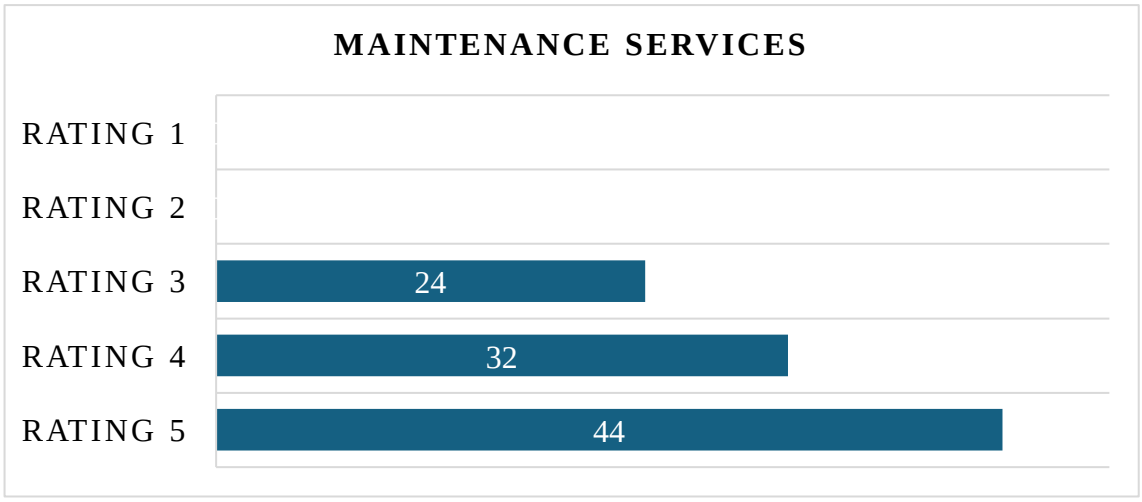

Figure 4.2: Maintenance Services Satisfaction Ratings Graph

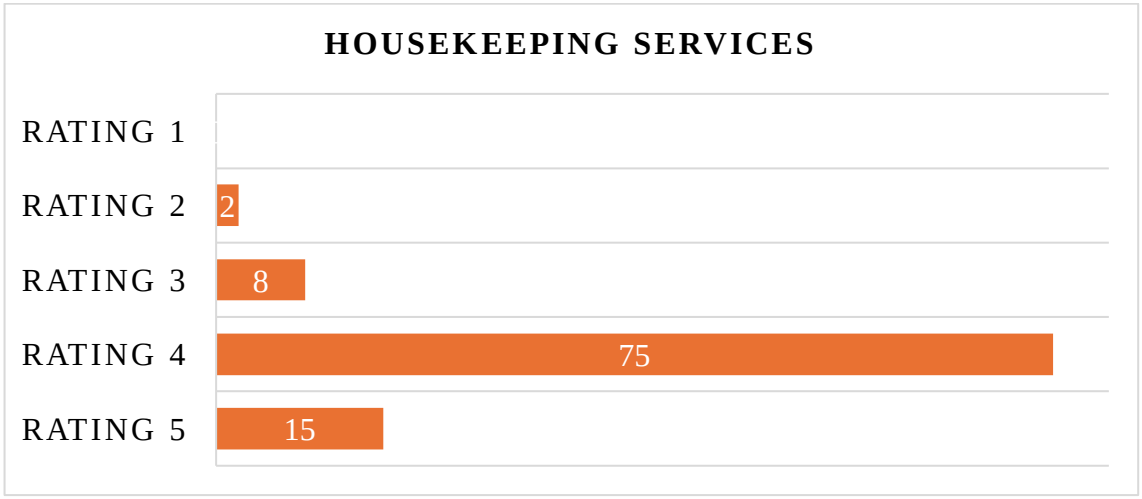

Figure 4.3: Housekeeping Services Satisfaction Ratings Graph

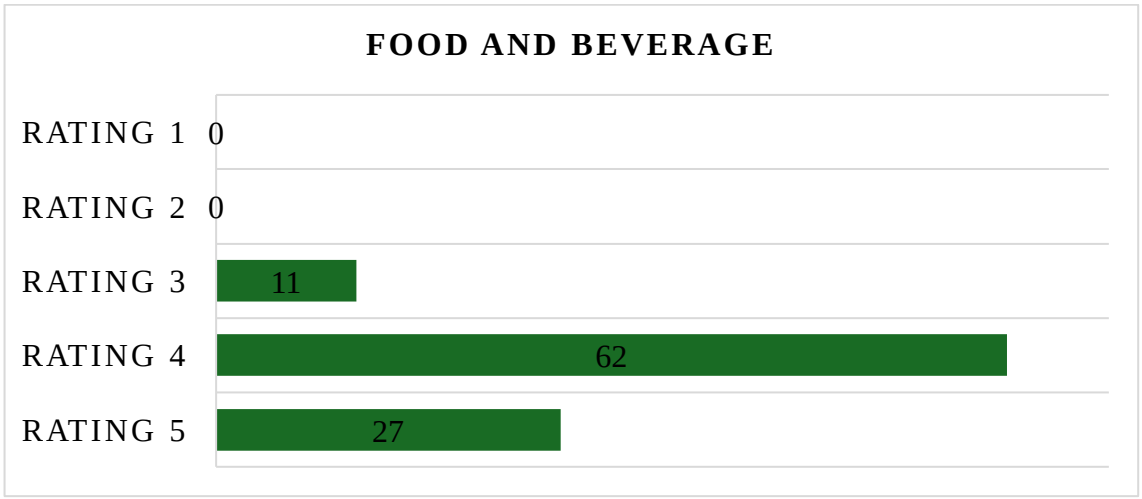

Figure 4.4: Food And Beverage Services Satisfaction Ratings Graph

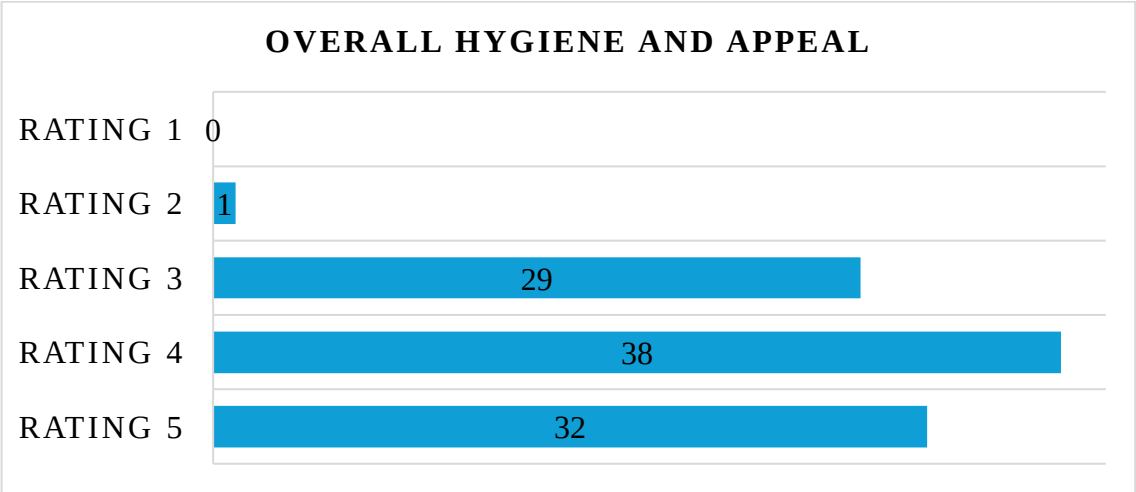

Figure 4.5: Overall Hygiene And Appeal Services Satisfaction Ratings Graph

Table 4.3: Process Satisfaction Ratings

PROCESS	RATING 5	RATING 4	RATING 3	RATING 2	RATING 1	Key Insights
ADMISSION EXPERIENCE	86	13	0	0	1	Excellent performance. Very high satisfaction.
DISCHARGE EXPERIENCE	58	36	6	0	0	Very positive; minimal dissatisfaction.
COUNSELLING	47	46	1	5	1	While mostly positive, 5 respondents gave low ratings (2 or 1); room for counselling improvement.

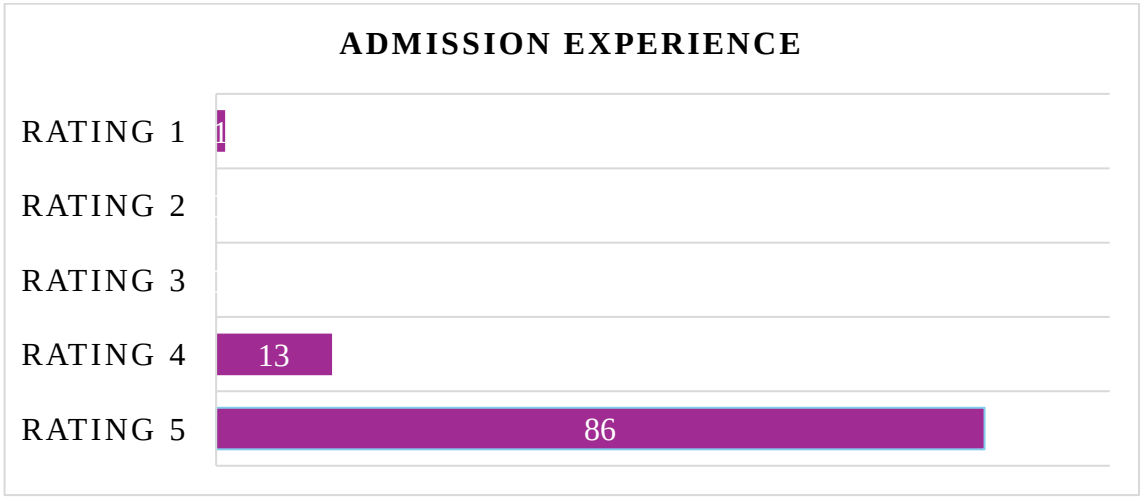

Figure 4.6: Admission Experience Satisfaction Ratings Graph

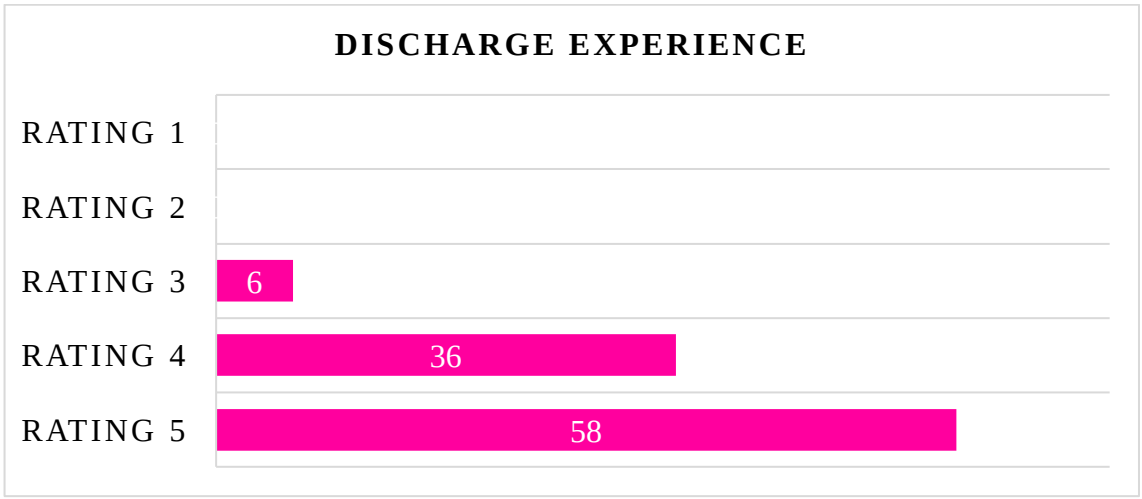

Figure 4.7: Discharge Experience Satisfaction Ratings Graph

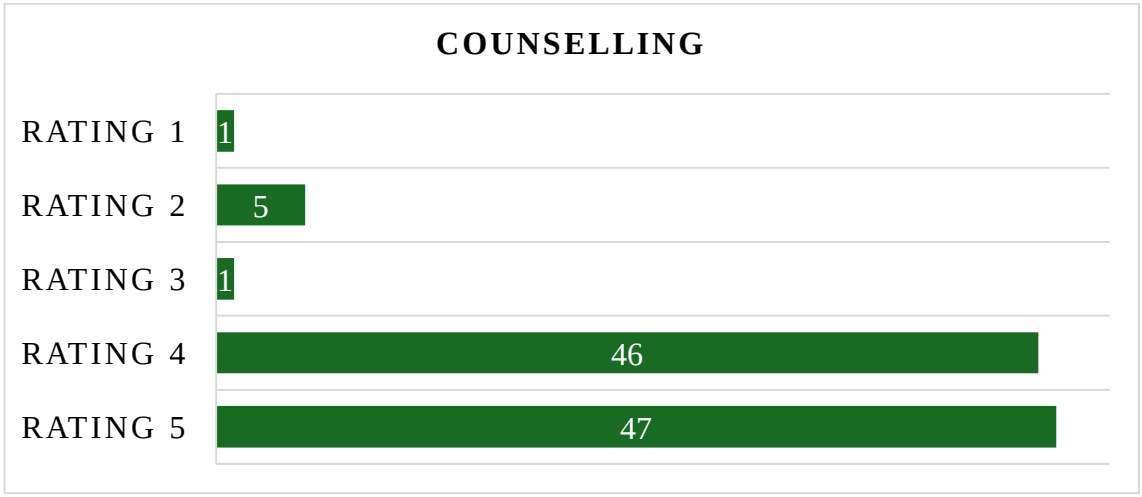

Figure 4.8: Counselling Process Satisfaction Ratings Graph

Table 4.4: Staff Behaviour Satisfaction Ratings

STAFF BEHAVIOUR	RATING 5	RATING 4	RATING 3	RATING 2	RATING 1	Key Insights
MEDICAL	100	0	0	0	0	Perfect satisfaction
NURSING	26	63	11	0	0	Good ratings but improvement possible in converting 3-stars to higher.
NON MEDICAL	14	44	40	2	0	Mixed feedback highest number of 3-stars and some dissatisfaction (2-star).

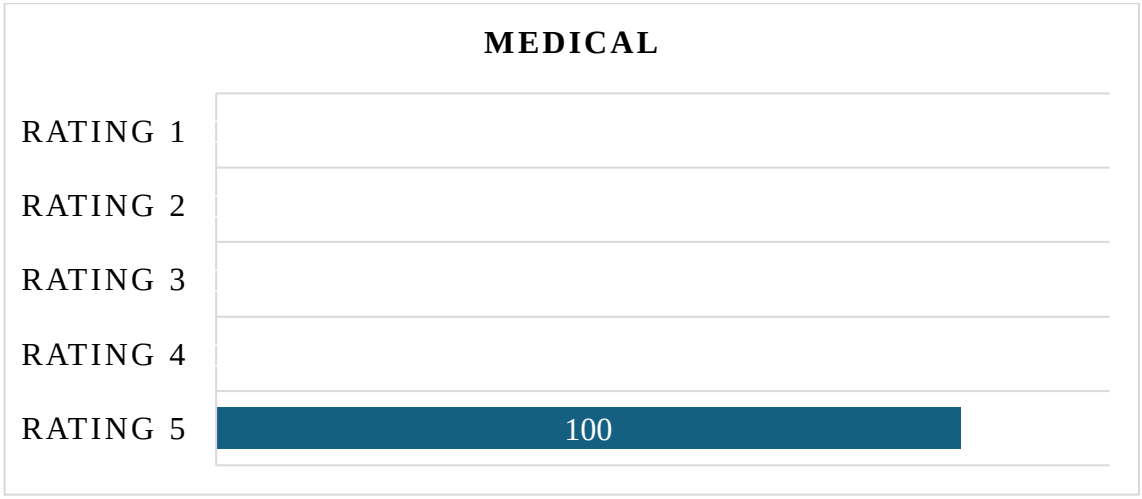

Figure 4.9: Medical Staff Behaviour Satisfaction Ratings Graph

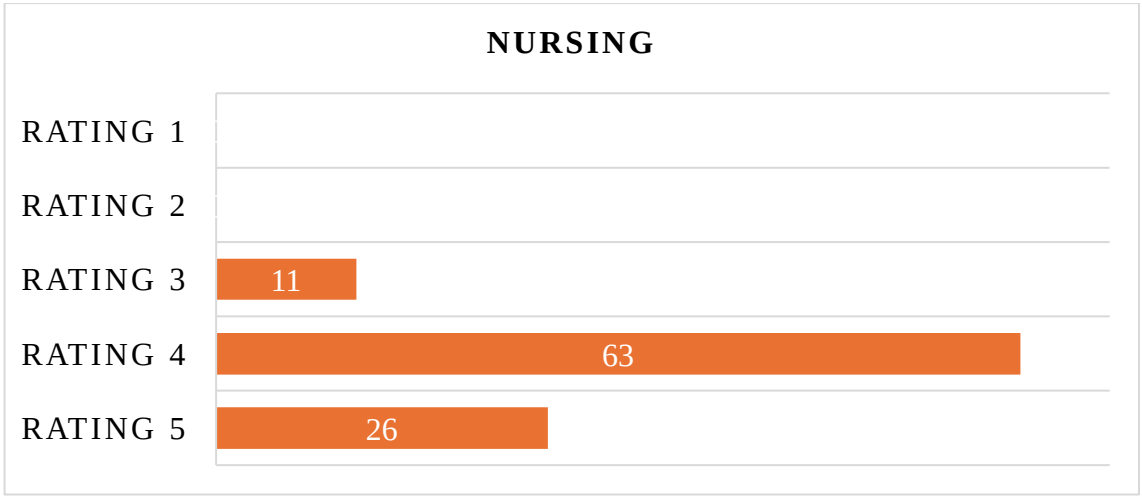

Figure 4.10: Nursing Staff Behaviour Satisfaction Ratings Graph

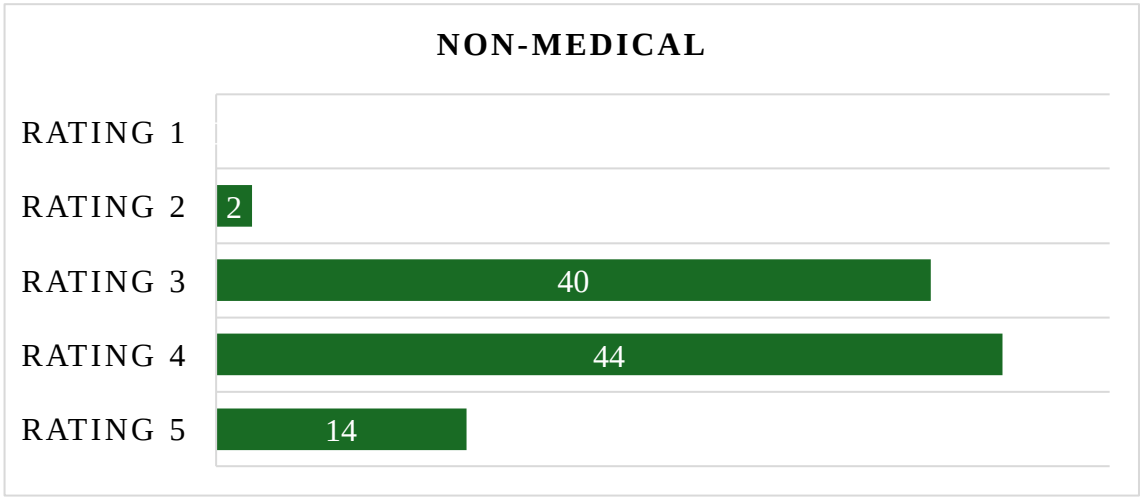

Figure 4.11: Non-Medical Staff Behaviour Satisfaction Ratings Graph

Table 4.5: Amenities Satisfaction Ratings

AMENITIES	RATING 5	RATING 4	RATING 3	RATING 2	RATING 1	Key Insights
IPD CHECKLIST COMPLIANCE	2	84	14	0	0	Mostly 4-star; need to boost checklist excellence for higher satisfaction.

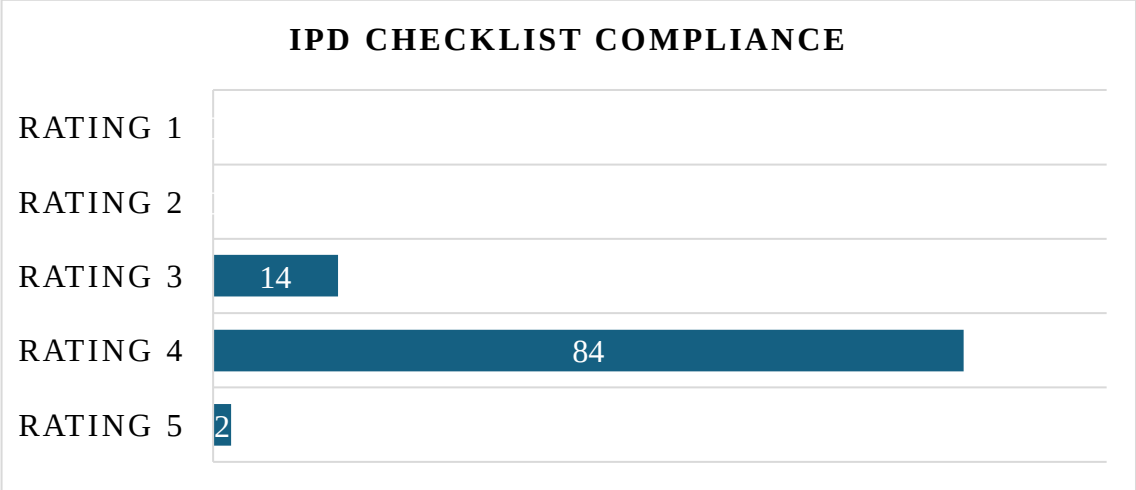

Figure 4.12: IPD Checklist Compliance Satisfaction Ratings Graph

Table 4.6: NPS Ratings

NPS	YES	NO	Key Insight
Recommendation to others	93	7	Excellent recommendation rate

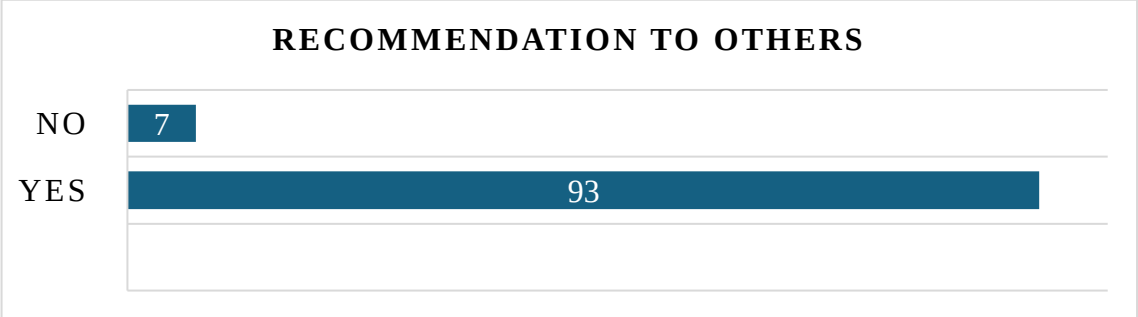

Figure 4.13: Recommendation to Others Ratings Graph

Chapter 5: Discussion

5.1 Average satisfaction rating of findings: detailed evaluation of findings:-

- **5.1.1 Service Evaluation:**
  - Satisfaction levels with Housekeeping Services is **4.03**
  - Satisfaction levels with Maintenance Services is **4.20**
  - Satisfaction levels with Food and Beverage Services is **4.05**
  - Ratings for Overall Hygiene and Appeal of the hospital environment is **4.01**
- **5.1.2 Process Evaluation:**
  - Ratings for the efficiency and ease of the Admission Process is **4.83**
  - Ratings for the efficiency and ease of the Discharge Process is **4.52**
  - Ratings for the Counselling Process Experience is **4.33**
- **5.1.3 Staff Behaviour Evaluation:**
  - Ratings for Medical Staff Behaviour is **5.00**
  - Ratings for Nursing Staff Behaviour is **4.15**
  - Ratings for Non-Medical Staff Behaviour is **3.70**
- **5.1.4 Amenities Evaluation:**
  - IPD Checklist Compliance satisfaction is **3.88**
- **5.1.5 Net Promoter Score (NPS) / Recommendation:**
  - Percentage of patients who would recommend the hospital to others.
    - Would recommend (Yes): 93 patients **(93%)**
    - Would not recommend (No): 7 patients **(7%)**

This would result in an NPS score calculated as (Percentage of Promoters - Percentage of Detractors). (Note: The Yes/No format is a simplified NPS; a full NPS typically uses a 0-10 scale for likelihood to recommend to identify Promoters, Passives, and Detractors). For this study, the "Yes" responses can be considered indicative of promoters or satisfied patients.

5.2 Qualitative Feedback:

- Inadequate room size.
- Delayed response from night nursing staff.
- Inconvenient call bell placement.
- Late GDA response and dietary non-compliance.
- Delayed response from night MOD.
- Vague counselling provided.
- Unpleasant room odour with no prompt resolution.

5.3 Findings Discussion

- **5.3.1 Overall Patient Satisfaction:** After an analysis of the overall satisfaction levels by taking mean scores across different domains is **4.24**
- **5.3.2 Key Factors Influencing Satisfaction:**
  - **Major Strengths:** Medical staff professionalism, efficient admission and discharge processes, and high overall patient loyalty (as seen in NPS).
- **5.3.3 Areas for Improvement:** Non-medical staff training, counselling quality, hygiene maintenance, and enhanced communication or personalization in services like amenities and response time.

5.4 Limitations of the Study This section acknowledge limitations during the study, such as:

- **Inclusion criteria:**
  - Patients of age 18 years and above who have been admitted to the IPD of the hospital for delivery procedure.
  - Patients who are able to provide informed consent.
- **Exclusion criteria:**
  - Patients other than IPD admissions.
  - Patients admitted for non-delivery procedures.

Chapter 6: Recommendations and Conclusion

6.1 Summary of Findings Analysis by Hypothesis Variables

Hypothesis: This study explores whether optimal levels of staff behaviour and communication, admission and discharge processes, counselling, support services, and dietary services positively correlate with higher patient satisfaction in the IPD of Motherhood Hospital, Noida.

6.1.1 Staff Behaviour and Communication

- **Medical Staff** received unanimous 5-star ratings, reflecting **exceptional professionalism** and patient interaction. This near-perfect result highlights the **strong influence of clinical staff behaviour** on patient satisfaction.
- **Nursing Staff** also scored well, but with a few 3-star ratings, suggesting that while care is generally appreciated, there are occasional inconsistencies in responsiveness.
- **Non-Medical Staff** (including administrative and support personnel) showed more varied ratings, with a **noticeable number of average and below-average responses**. This signals **uneven patient experiences**, where inconsistent communication affected satisfaction.
- The **Counselling Process**, a direct component of communication, was rated 4 or 5 stars by most patients. However, a few low ratings (1–2 stars) indicate that **clarity, empathy, or availability may occasionally fall short**.

Interpretation: Staff behaviour—particularly from medical and nursing teams—strongly correlates with satisfaction. Variability in non-medical and counselling interactions suggests that **more consistent communication and interpersonal training** could further enhance the patient experience.

6.1.2 Admission and Discharge Processes

- **Admission Process** stood out as a high-performing area, with **86% of patients giving it a perfect rating**. This suggests that patients feel well-received and supported upon entry.
- **Discharge Process** also performed strongly, though with slightly more 4-star than 5-star ratings. This reflect **minor process delays issues at discharge**, but overall satisfaction remains high.

Interpretation: These processes are critical first and last impressions of the hospital experience, and **their smooth execution clearly boosts patient satisfaction**, supporting the hypothesis.

6.1.3 Support Services (Housekeeping, Maintenance, Hygiene)

- **Housekeeping (4.03), Maintenance (4.20), and Hygiene & Appeal (4.01)** all received moderate-to-high ratings, with a few lower responses.
- These services are not the most visible aspects of care, but they shape the environment where patients recover. Any **disruption in cleanliness, maintenance, or ambience** can subtly but significantly affect satisfaction.

Interpretation: While patients are mostly satisfied, consistent performance in these areas is essential. The data suggests these services contribute meaningfully to overall satisfaction, aligning with the hypothesis.

6.1.4 Dietary Services

- The **Food & Beverage service** received a healthy 4.05 average, with no negative ratings. Most patients rated the experience 4 or 5 stars.
- A notable portion (11 patients) gave 3-star ratings, suggesting **room for improvement in timing and dietary compliance**.

Interpretation: Food services are a consistent part of the hospital stay. When optimized, they support satisfaction. The current scores affirm their **positive, but improvable**, impact on patient experience.

6.1.5 IPD Checklist Compliance

- This category received the **lowest average score (3.88)**. While most gave it 4 stars, very few considered it “excellent.”
- This point to **inconsistent communication about services, delays, or unclear documentation**, which could create confusion.

Interpretation: Patients value transparency and procedural clarity. Improving compliance visibility and execution could help close the satisfaction gap.

6.1.6 Recommendation Ratings (NPS Indicator)

- **93% of patients said they would recommend the hospital to others**, a strong endorsement of the overall experience.

Interpretation: High NPS reflects broad satisfaction and affirms that well-managed non-medical services directly contribute to a positive hospital experience.

Hence, This data-driven analysis **supports the primary hypothesis**: **Optimal performance in staff behaviour and communication, admission and discharge processes, counselling, support services, and dietary services positively correlates with higher patient satisfaction.**

6.2 Recommendations:

6.2.1 Enhancing Non-Clinical Services

- Improve the consistency and approachability of **non-medical staff**, including front-desk, administrative, and support teams.
- Standardize service protocols for non-clinical interactions to ensure courteous, prompt, and patient-centered communication.
- Introduce regular patient experience simulations and feedback sessions to align non-clinical services with patient expectations.

6.2.2 Streamlining Processes

- Further optimize **discharge workflows** to reduce waiting times and improve clarity around next steps for patients and caregivers.
- Use digital tools or real-time dashboards to improve transparency in administrative steps such as billing, documentation, and checklist adherence.
- Create a feedback loop between departments to identify and resolve bottlenecks in the admission and discharge process.

6.2.3 Staff Training and Development

- Conduct regular **soft skills and empathy training** for both clinical and non-clinical staff, focusing on communication, cultural sensitivity, and patient engagement.
- Include **counselling staff** in professional development programs to enhance their ability to deliver clear, compassionate, and personalized support.
- Introduce peer reviews and mentoring programs to ensure continuous learning and improvement across all teams.

6.2.4 Improving Amenities and Environment

- Invest in ongoing quality checks for **housekeeping, maintenance, and hygiene** standards, with patient-facing metrics.
- Upgrade patient rooms and shared areas for comfort, privacy, and aesthetic appeal, which significantly influences perception.
- Tailor **dietary services** based on patient needs and feedback, ensuring variety, quality, and timely delivery.

6.2.5 Addressing Patient Feedback

- Establish a structured **patient feedback mechanism** that captures both real-time and post-discharge input.
- Analyze trends from patient satisfaction surveys to identify recurring concerns and address them proactively.
- Communicate the "you said, we did" outcomes visibly within the hospital to build trust and show responsiveness.

6.3 Implications of Research:

This study highlights the significant impact of **non-medical services** on patient satisfaction in the IPD setting. While clinical care is essential, factors such as communication, support services, counselling, and dietary care play a critical role in shaping the overall patient experience.

- **Holistic Patient Care -** Findings support a shift toward **patient-centered care**, recognizing the value of emotional support, service environment, and administrative efficiency alongside medical treatment.
- **Process Improvement -** Variability in areas like discharge, counselling, and checklist compliance suggests the need for **standardized protocols** to ensure consistency and reduce dissatisfaction.
- **Staff Training -** Lower satisfaction with non-medical staff indicates a need for **training in communication and empathy**, especially for support personnel.
- **Policy and Quality -** The study supports integrating non-clinical service metrics into **hospital quality frameworks** and audits.
- **Resource Allocation -** The findings justify increased investment in **amenities**, which directly influence satisfaction.
- **Benchmarking Tool -** This research provides a **replicable model** for other healthcare settings aiming to evaluate and improve non-medical service quality.

6.4 Conclusion

This study examined the impact of non-medical services on patient satisfaction within the Inpatient Department of Motherhood Hospital, Noida. The findings clearly demonstrate that **optimal staff behaviour, effective communication, streamlined admission and discharge processes, supportive counselling, quality dietary services, and well-maintained amenities** significantly influence patient satisfaction.

Medical and nursing staff behaviour received high satisfaction scores, reaffirming the importance of interpersonal care. However, variability in the performance of non-medical staff, counselling services, and support functions like housekeeping and dietary care revealed areas for improvement.

Overall Patient Satisfaction: After an analysis of the overall satisfaction levels by taking mean scores across different domains is **4.24**

Overall, the results **support the hypothesis** that non-clinical services are not just supplementary, but integral to the patient experience. By addressing identified gaps and enhancing service quality, healthcare facilities can deliver more holistic, patient-centered care that leads to greater satisfaction and loyalty.

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ANNEXURE-1

Patient Satisfaction Analysis Questionnaire

Scale used: Likert Scale

In-Patient Details:

1. **Patient Room Number:**
2. **Patient UHID (Unique Hospital Identification):**
3. **Patient Type:** Were you admitted as a Cash or a TPA (Third Party Administrator) patient? (Please select one: Cash / TPA)
4. **Date of data collection:**

Service Evaluation:

3. **Housekeeping Services:** How satisfied were you with the housekeeping services in your room?
4. **Maintenance Services:** How satisfied were you with the maintenance services provided during your stay?
5. **Food and Beverage Services:** How satisfied were you with the food and beverage services provided?
6. **Overall Hygiene and Appeal:** How would you rate the overall hygiene and appeal of the hospital environment?

Process Evaluation:

7. **Admission Process:** How would you rate the efficiency and ease of the admission process?
8. **Discharge Process:** How would you rate the efficiency and ease of the discharge process?
9. **Counselling Process Experience:** How would you rate your experience with the Counselling process?

Staff Behaviour Evaluation:

10. **Medical Staff Behaviour:** How would you rate the overall behaviour of the hospital medical staff?
11. **Nursing Staff Behaviour:** How would you rate the overall behaviour of the hospital nursing staff?
12. **Non-Medical Staff Behaviour:** How would you rate the overall behaviour of the hospital non- medical staff?

Amenities Evaluation:

13. **IPD checklist Compliance:**

NPS (Net Promoter Score):

13. **Recommendation:** Would you recommend this hospital to others? (Yes / No)
14. **Remarks:** Do you have any suggestions for improvement?

ANNEXURE-2

Amenities IPD Checklist

Ready Room Checklist For IPD										
Date:	Room Numbers:									
S.No	Description	☐	☐	☐	☐	☐	☐	☐	☐	Remarks
1	Room Linen									
2	Moisturiser bedside									
3	Kettle/Tray/2 Water Bottles									
4	Telephone									
5	Emergency Contact Numbers									
6	Nurse Call Bell									
7	Television & Setup Box									
8	A/C at 23 degree Temperature									
9	Remotes - TV and AC									
10	Curtain with hooks									
11	Pillow with cover - Blanket and 1 Bedsheet in wardrobe									
12	Garbage Clearance									
13	Dusting and Cleaning									
14	Welcome Kit - toiletries									
15	Washroom Cleaning									
16	Bucket/Mug/Bath Stool									
NOTES:										
ALL DISCHARGE ROOMS FOR THE DAY AND NIGHT HAVE TO BE READY FOR ARRIVAL. THE SAME NEEDS TO BE CHECKED BY THE IP COORDINATOR AND NIGHT MOD										