A Study on the Inpatient Care Journey: Evaluating Service Quality and Patient Perception

Presentation by Uttara V. Jangade Under the Supervision and Guidance of Dr. Goutam Sadhu The IIHMR University, Jaipur 2025

1. Introduction

The Patient Experience in Healthcare

- **Evolving Healthcare Landscape:** The healthcare sector is rapidly transforming, with an increasing focus on patient-centric care. Patients are now informed consumers with numerous choices.
- **Defining "Patient Experience":** It goes beyond clinical outcomes, encompassing the entire journey from admission to discharge, including communication, staff behavior, facilities, and emotional support.
- **Why Patient Experience Matters:**
  - Crucial indicator of healthcare quality.
  - Key component of clinical effectiveness.
  - Impacts patient satisfaction, loyalty, and overall well-being.
- **Problem Statement:** Despite efforts, significant gaps exist in understanding and improving inpatient experience in private Indian hospitals, particularly concerning emotional support, non-medical services, and effective feedback utilization.

S. No.	Author(s) & Year	Title/Topic	Objective/Focus	Key Findings
1	Doris C. Vahey (2004)	Nurse Burnout and Patient Satisfaction	Examines the link between nurse burnout and patient satisfaction	Improving work environment reduces nurse burnout and enhances patient satisfaction
2	Mair F, Whitten P (2000)	Systematic Review of Patient Satisfaction with Telemedicine	Assessed patient experience in teleconsultations	Patients accept telemedicine, but more research is needed on patient satisfaction
3	Sitzia J. (1999)	Patient Satisfaction: Issues and Concepts	Validity and reliability of satisfaction measurement tools	Tools often lack reliability; inconsistent methods raise validity concerns
4	Khayat K, Salter B. (1994)	Patient Satisfaction as a Marketing Tool	Demographic variation in satisfaction	Satisfaction surveys can guide marketing and quality improvements
5	Kutney-Lee & McHugh (2009)	Nursing and Patient Satisfaction	Impact of nurse staffing and work environment on satisfaction	Better nurse work conditions lead to higher satisfaction ratings (HCAHPS)
6	R. Baker & M. Whitfield (1992)	Patient Satisfaction Surveys	Validating consultation and surgery satisfaction surveys	Surveys effectively differentiate satisfaction levels
7	Morrell & Roland (1986)	Time Constraint on Consultation	Impact of consultation time on satisfaction	Shorter consultations reduce satisfaction and diagnostic quality
8	Vinagre & Neves (2008)	Service Quality & Patient Emotions	Explore how emotions and service quality affect satisfaction	Both emotional and quality aspects significantly influence patient satisfaction
9	Watrous & Hobson (1994)	Complaints and Suggestions System	Importance of complaint management in hospitals	Staff-wide involvement in complaint review is vital for service improvement
10	Wensing & Elwyn (2002)	Patient Views in Quality Evaluation	Methods for including patient perspectives in healthcare	Patient input is essential for improving service quality and outcomes
11	Vander Veen & Ritz (1996)	Customer Satisfaction in Hospitals	Strategy to increase patient satisfaction using feedback	Training and data monitoring helped reduce complaints and increase satisfaction
12	Triolo et al. (2002)	Performance Improvement Teams	Team approach to improve low satisfaction scores	Team-based interventions improved patient satisfaction in six months
13	Dr. S. K. Jawahar	OPD Satisfaction at Super Specialty Hospital	Measure satisfaction in OPD services	High satisfaction noted, with scope for administrative improvement
14	Dr. S. R. Shambulingaiah	Coordination Between Clinical Departments	OPD operational efficiency and interdepartmental collaboration	Effective coordination and facilities led to patient satisfaction

2.Research Gaps:

- **Less Focus on Inpatient Experience in India:** Most studies focus on outpatients or foreign healthcare systems.
- **Emotional Experience Overlooked:** Studies often neglect patients' emotional well-being (care, respect, support).
- **Limited Study of Non-Medical Services:** Cleanliness, food, and administrative processes are often under-addressed.
- **Ineffective Use of Patient Feedback:** Feedback is collected but not consistently used for improvement.
- **Lack of Standard Tools:** Indian hospitals rarely use standardized tools (e.g., Patient Experience Index, NPS) for consistent measurement.

3. Study Objectives & Methodology

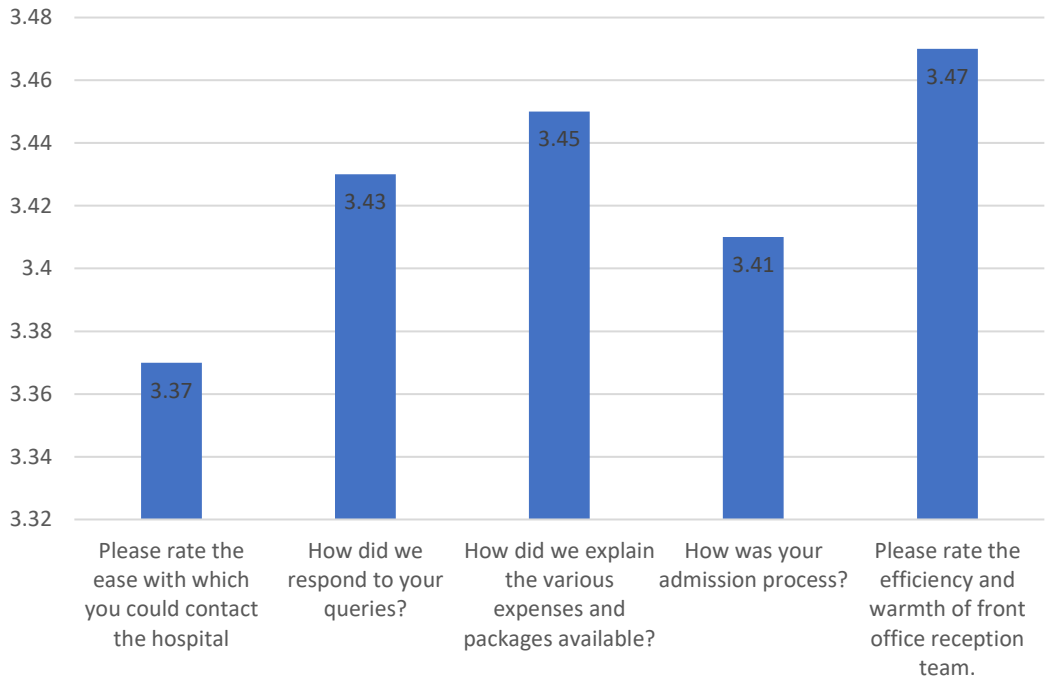
- **Aim of the Study:** To assess the degree of patient experience in the Inpatient Department (IPD) to understand evolving patient needs for high-quality medical care and identify strategies to improve patient experience ratings and loyalty.
- **General Objective:** To determine the patient experience in the In-patient department by developing a patient experience scorecard after evaluating collected feedback forms of a tertiary care hospital.
- **Specific Objectives:**
- To measure the level of experience with medical and nursing services.
- To recommend strategies for improving the level of patient experience and services of the IPD.
- To identify the gaps in inpatient care and suggest practical solutions.
- To recommend strategies to improve the overall inpatient service quality.
- **Methodology:**
- **Study Area:** In-Patient Department of Sahyadri Super Speciality Hospital, Pune.
- **Study Design:** Descriptive Cross-sectional study.
- **Study Period:** March 10 - May 31, 2025.
- **Study Population:** Patients admitted in the In-patient Department.
- **Sample Size:** 200 patients in IPD (95% confidence interval).
- **Sampling Method:** Non-probability convenience sampling.
- **Data Collection:** Observation and Interview method (using structured questionnaires with open-ended questions).
- **Data Analysis:** Microsoft Excel.
- **Parameters Assessed:** Help desk/Front Office, Accommodation, Medical and Nursing Process, Discharge Process, and Other Facilities (Waiting area, Public dining options, Parking and security, Overall behavior).
- **Rating Scale:** 4 = Very Good, 3 = Good, 2 = Average, 1 = Poor, 0 = No Response.

4. Study Findings:

- **4.1 Help Desk:**

This figure depicts patients' responses regarding their initial interaction with the hospital's front office. The responses reflect a generally positive experience, especially in terms of staff behavior and the clarity of information shared about services and costs. Patients appreciated the helpfulness and politeness of the reception team, as well as the ease of the admission process. However, the figure also suggests that accessibility—such as reaching out to the hospital or receiving immediate responses—can still be enhanced. Overall, the Help Desk was perceived as a key strength in shaping the first impression.

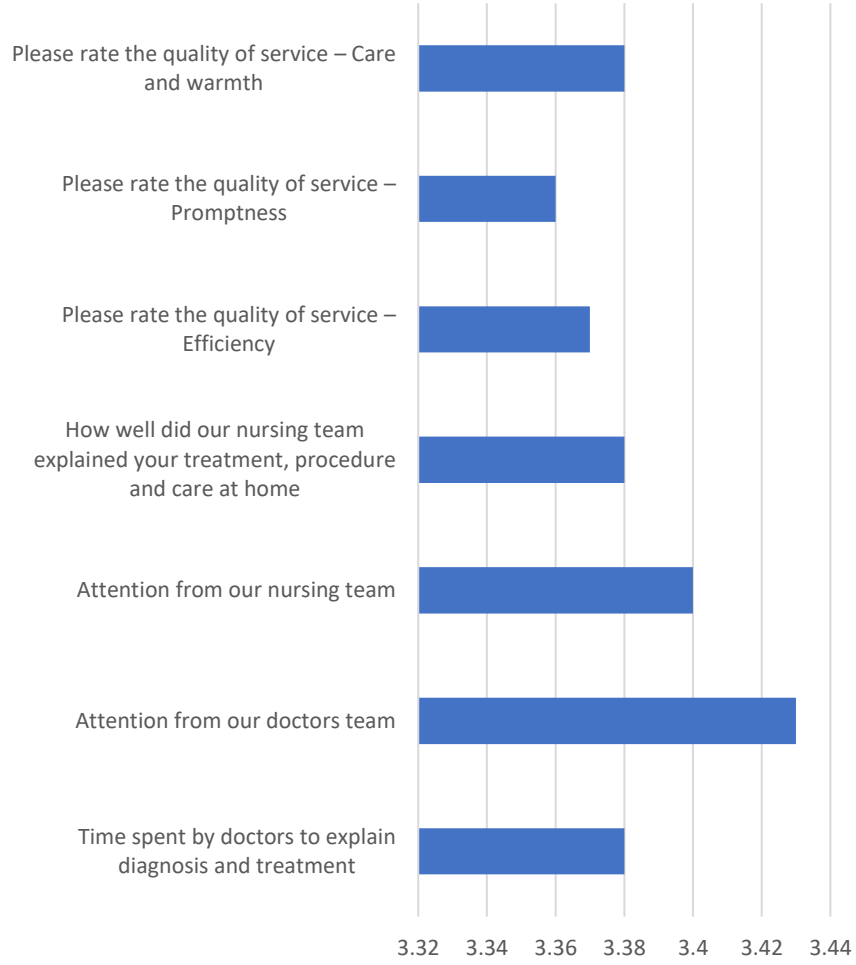
Figure 1:HELP DESK



4.2 Medical Nursing and Process:

- Figure 2 illustrates patient perceptions of the care provided by doctors and nurses during their stay. The graph depicts a high level of attentiveness and professionalism from the medical team. Patients especially valued the care and warmth shown by nursing staff. While doctors were found to be knowledgeable and attentive, some respondents felt that more time could be spent explaining treatment plans in a simpler, more patient-friendly manner. The figure highlights the importance of not just clinical accuracy but also empathetic communication in the healing process.

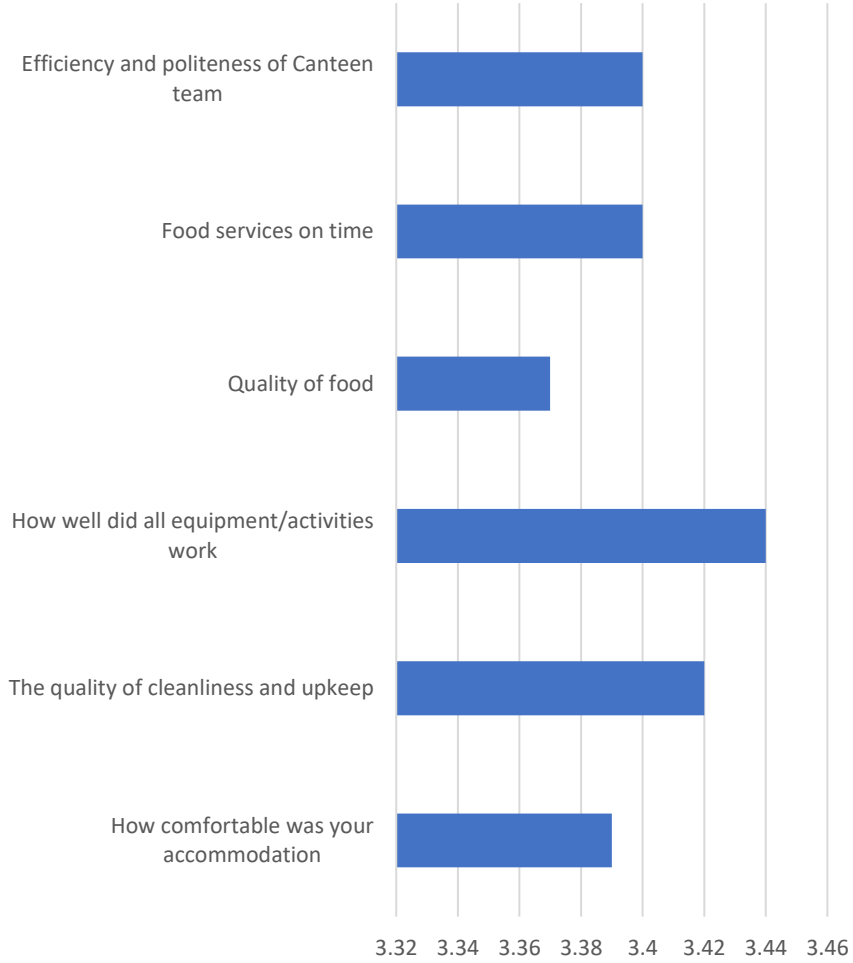
Figure 2 : MEDICAL NURSING AND PROCESS



4.3 Accommodation:

- This figure 3 represents patient feedback related to the hospital stay environment. It suggests that the accommodation facilities were largely satisfactory, with cleanliness and the proper functioning of room equipment being well-maintained. The quality and timeliness of food services were viewed positively, although there is scope for improvement in offering more diverse meal options.

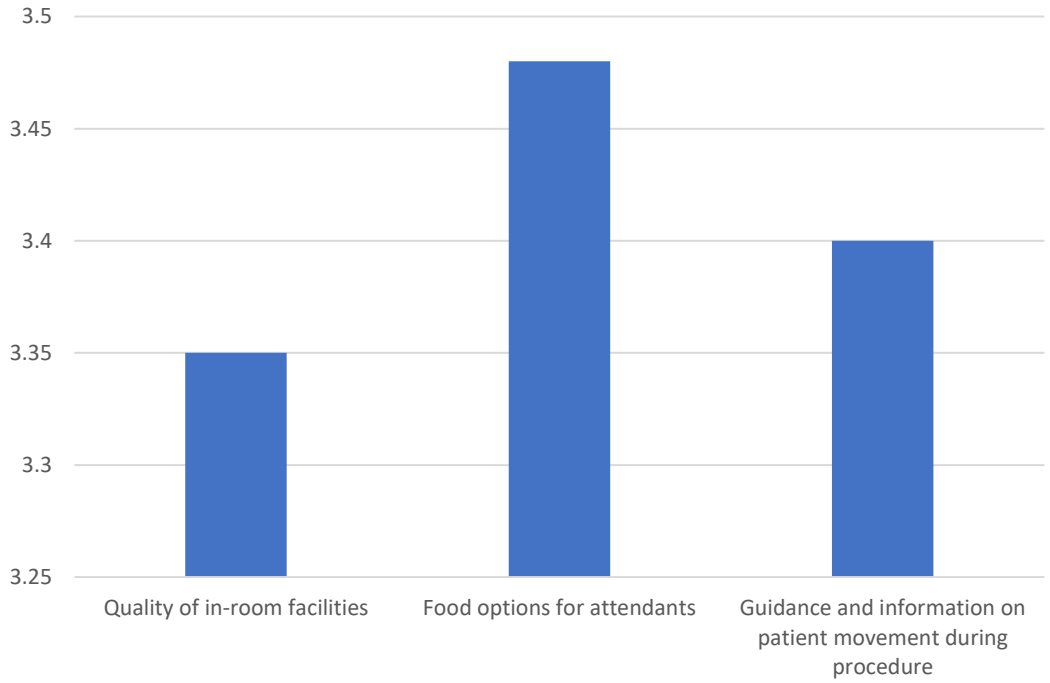
Figure 3: ACCOMODATION



4.4 Facilities for Attendant:

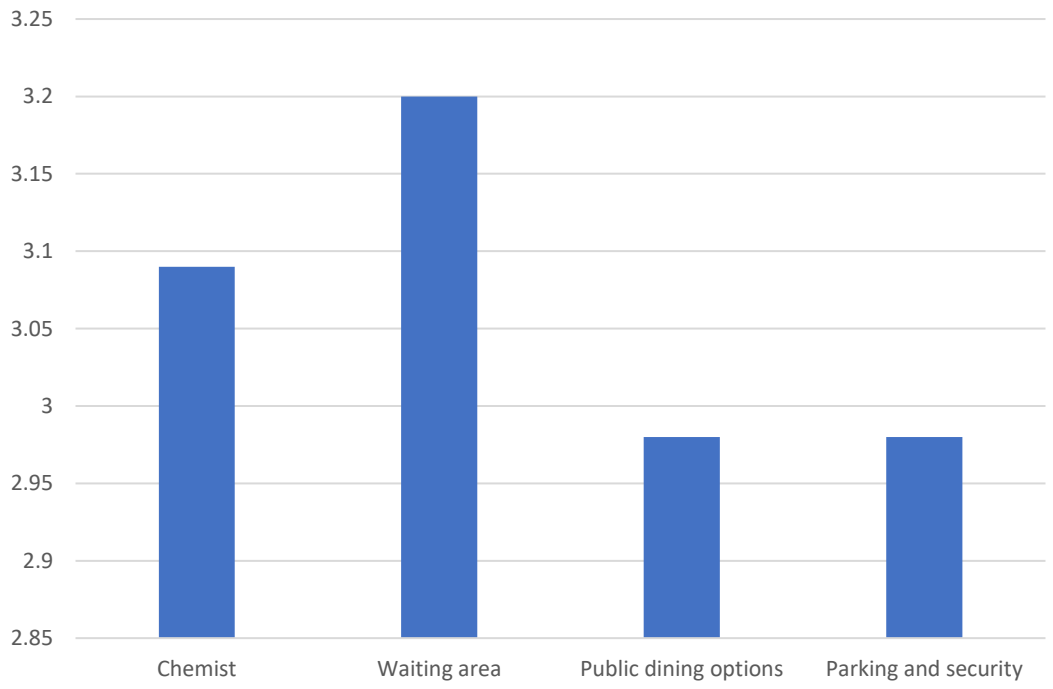
Figure 4 shows the responses related to amenities and support available for patient attendants. The feedback indicates appreciation for the food options provided to attendants, which were rated favourably. The figure also reflects that while basic in-room facilities were found to be acceptable, communication about patient movement and procedural guidance could be made clearer.

Figure 4:FACILITIES FOR ATTENDENT



4.5 Other Facilities:

Figure 5 : OTHER FACILITIES



- This figure highlights perceptions about supporting infrastructure such as pharmacy services, waiting areas, dining, parking, and security. The responses suggest that while pharmacy access and waiting areas are reasonably maintained, there is noticeable dissatisfaction with public dining options and parking availability. These findings point to the need for facility improvements in non-clinical areas that significantly influence the overall hospital experience for both patients and visitors.

4.6 Discharge Process:

Figure 6 :DISCHARGE PROCESS

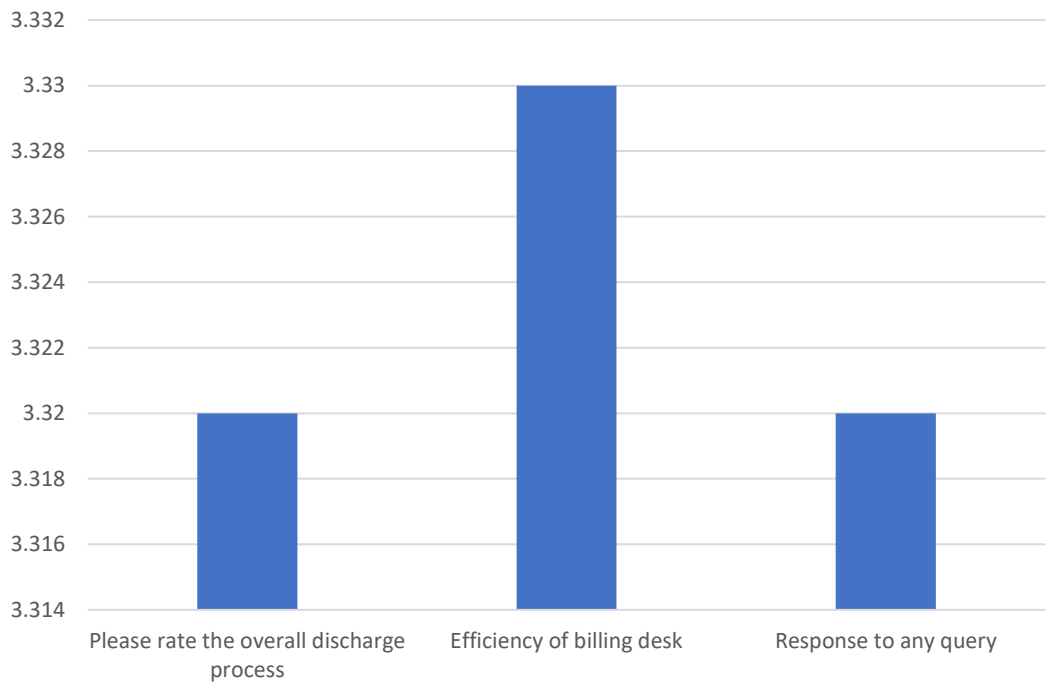


Figure 6 depicts patient experiences during the discharge phase. The analysis indicates that the billing desk operated efficiently and was appreciated by most patients. However, the overall discharge process was seen as less smooth, particularly in terms of handling final queries and ensuring clear communication.

5. Study Findings - Qualitative Analysis

- **Cleanliness and Hygiene:** Consistently praised, especially regular sanitization. Suggestions for increased night-time cleaning in shared wards.
- **Staff Behavior and Communication:** Nurses were highly empathetic and available. Doctors were competent, but patients desired simpler explanations and more personalized interactions. Communication gaps during shift changes were noted.
- **Food and Nutrition Services:** Meals generally fresh and timely. Suggestions for greater variety and cultural relevance.
- **Admission and Billing Experience:** Admission process was organized. Billing and discharge had concerns regarding transparency and delays.
- **Facilities for Attendants:** Appreciated recliners and blankets. Issues with consistent information about drinking water, food coupons, and visiting hours. Need for better signage and lounge facilities.
- **Waiting Areas and Navigation:** Main waiting areas clean. Suggestions for better seating, reading materials, and digital kiosks/floor maps for navigation.
- **Safety and Privacy:** Appreciated adherence to safety protocols. Concerns raised about privacy during physical examinations (male staff without female attendant).
- **Suggestions for Improvement:** Free Wi-Fi, meditation rooms, patient engagement programs, expedited medication delivery, basic grocery items on premises.
- **Overall Satisfaction and Emotional Impact:** Overwhelmingly positive emotional tone, emphasizing feeling safe, respected, and valued.

6. Discussion: Aligning Findings with Literature

- **Patient Satisfaction & Nursing Care:** Our findings strongly align with Vahey et al. (2004) and Kutney-Lee & McHugh (2009), confirming nurses' significant positive impact on patient satisfaction due to their attentiveness and support.
- **Communication & Emotional Experience:** The desire for simplified medical explanations echoes Vinagre and Neves (2008) and Mair & Whitten (2000), highlighting that emotional connection and clear communication are as crucial as clinical accuracy, especially in the Indian context.
- **Hospital Environment & Accommodation:** Cleanliness and maintenance were well-rated, supporting Dr. S.K. Jawahar's findings on outpatient satisfaction and WHO (2020) standards for hygiene.
- **Administrative Services & Front Desk:** Positive first impressions align with Wensing and Elwyn (2002) and Sitzia (1999) on the impact of administrative staff. However, communication delays indicate a need for improved digital tools and training.
- **Discharge Process & System Gaps:** Delays in discharge due to inter-departmental coordination issues were a key finding, consistent with IHI (2017) and Al-Abri & Al-Balushi (2014) on the importance of coordinated discharge planning.
- **Facilities for Attendants & Holistic Care:** This study uniquely highlights the crucial role of attendants in the Indian context, supporting Dr. S.R. Shambulingaiah's insights on family-friendly systems.
- **Feedback Systems & Quality Monitoring:** The comprehensive feedback approach taken in this study (structured + open-ended) addresses a gap identified by Sitzia (1999) and aligns with international tools like SERVQUAL (Parasuraman et al., 1988).
- **Bridging Gaps in Local Context:** The study emphasizes that in India, patient experience is heavily influenced by family presence, emotional reassurance, and limited healthcare literacy. What truly matters is how patients are treated as human beings.

7. Recommendations and Conclusion

- **Objective 1: Assess Patient Experience**
- **Recommendation:** Implement a comprehensive, dynamic patient experience framework with daily satisfaction touchpoints and a customized scorecard for continuous measurement (e.g., capturing empathy, communication, responsiveness, hygiene).
- **Conclusion:** Overall inpatient experience is positive clinically, but administrative and non-clinical inefficiencies impact total perception. Consistent measurement fosters continuous improvement.
- **Objective 2: Evaluate Medical and Nursing Services**
- **Recommendation:** Strengthen communication protocols through structured training on simplifying medical terminology and active listening. Standardize care quality indicators for attentiveness, response time, and patient education.
- **Conclusion:** Nursing teams show strong performance. Clarity in doctor-patient communication is a key gap. Training and feedback mechanisms are essential for compassionate and informative interactions.
- **Objective 3: Identify Gaps and Suggest Solutions**
- **Recommendation:** Establish a centralized discharge coordination team with clear timelines and checklists. Enhance signage and navigation (multi-language, digital maps/kiosks). Upgrade attendant support facilities (recliners, info desks, rest zones) and orient them at admission.
- **Conclusion:** Systemic gaps exist in discharge planning, information flow, and attendant support. Closing these requires operational coordination and a patient-first approach.
- **Objective 4: Improve Overall Inpatient Service Quality**
- **Recommendation:** Adopt technology (patient portals/apps for schedules, education, communication). Conduct continuous sensitization programs for all staff on dignity and cultural awareness. Introduce real-time service monitoring tools and involve patients in decision-making.
- **Conclusion:** Improving service quality is about creating a healing environment with dignity, empathy, and responsiveness. Blending digital innovation with human compassion leads to a patient-centric model of care.

Thank You