

# Management of Hospital Care Operations in the Inpatient Department at Different Stages: An Analytical Study through the Perspective of Patients' Complaints

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## ABSTRACT

A study on patient satisfaction was based on pre-admission, post-admission, and post-discharge phases in the inpatient department of a corporate hospital in Delhi-NCR. The hospital offers multi-specialty care, including outpatient and inpatient services. An inpatient undergoes three distinct stages: pre-admission, post-admission, and post-discharge. The analysis in all these stages focused on understanding patients' dissatisfaction with hospital services and the underlying reasons for it. Key areas examined included delays in admission and discharge, inadequate nursing care, poor communication, billing errors, and service delays such as food delivery or responses to patient calls.

**Keywords:** Dissatisfaction of the patients, Hospital care, Inpatient, Patient experience, Patients' complaints, Post-admission, Post-discharge, Pre-admission

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## INTRODUCTION

A study on patient dissatisfaction was conducted at a multi-specialty corporate hospital in Delhi-NCR. The hospital provides two types of services, being outpatient and inpatient Services. Among these, an outpatient receives ambulatory care in the hospital without having to stay overnight (Ahuja, Seema, 2023). Inpatient services refer to the care provided to a patient who is admitted to the hospital and stays overnight (or for several days/weeks) for medical care, observation, treatment, or surgery that cannot be managed on an outpatient basis.

### Pre-admission

Pre-admission refers to the phase that begins when a patient first experiences symptoms until they are admitted to the hospital; they are referred to as the pre-admission. During this stage, the patient may undergo various diagnostic or screening tests, receive initial treatment, or have their condition monitored (such as through blood tests or oxygen saturation checks). This phase generally involves initial care at OPD, community healthcare providers such as clinics, pharmacies, primary health centers, and other medico-social services (Theofilou, 2022). In some cases, patients may choose to receive care at home, with consultations from general practitioners or specialists for diagnosis, treatment, and follow-up monitoring (Grannec et al., 2023).

### Pre-admission Procedure

Before a patient is formally admitted to the hospital, specific preparatory steps are carried out to ensure safety, efficiency, and readiness. These include registration and documentation (personal details, ID, insurance, and medical history), an initial health assessment (vitals, allergies, and comorbidities), financial counseling (cost estimates, deposit, and insurance approvals), bed or ward allocation based on condition, obtaining consent for admission or surgery, pre-operative or pre-procedure workup (labs, imaging, anesthetic clearance, and fasting instructions if

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needed), and patient education about hospital policies, visiting hours, and infection control. The patient's assessment should be documented within 24 h of admission. Nursing assessment should be performed and reported within 24 h of admission in the patient's record. Furthermore, nutritional and functional status screening should be performed and documented in the initial assessment form. Within 24 h, screening, functional assessment, or treatment should be carried out by physiotherapists or dietitians. If the patient requires any specialized assessment, a cross-referral must be made from the treating consultant as needed (Rajoriya, Brajkishore, 2025).

### Post-admission (During Hospitalization)

It begins once the patient is admitted into the hospital and continues throughout their stay. This phase covers inpatient care, including medical examinations, treatment, nursing care, monitoring,

diagnostic tests, daily progress evaluations, and communication with family members. The primary focus is on ensuring proper treatment, patient safety, and comfort during hospitalization.

### Post-admission (During Hospitalization) Procedure

When a patient is admitted to the hospital, several processes take place to ensure proper care until discharge. It is done to conduct a comprehensive assessment that covers medical, nursing, and psychosocial aspects. The physician formulates and explains the treatment plan to the patient and family, including surgery or required investigations (Vyas, 2022). Continuous monitoring and care are provided through recording vitals, administering medicines, and maintaining progress notes. Patients also receive multidisciplinary support such as nursing, physiotherapy, dietary guidance, and counseling. Regular communication with family members keeps them updated about the treatment and progress. All aspects of care are recorded through proper documentation, including progress reports, treatment orders, and consents for new procedures. At the same time, financial updates such as interim billing and insurance claim tracking are maintained to ensure transparency (Xesfingi *et al.*, 2016).

### Diet Services for Inpatients (According to NABH Guidelines)

First, we need to get the patient admitted to the hospital, then the nurses and receptionist inform the kitchen about the type of diet prescribed, and notify the dietician when the patient is admitted during a working day. The dietician meets the patient and explains their diet, and checks the doctor's progress notes for any specific diet instructions. Instruct the cafe captain about patient food; then, the food is delivered to the room from the kitchen. If the patient is not admitted on the working day, in this case, the dietician speaks to the patient/nurses over the phone and explains diet options available in the patient's diet order taken and recorded (diet order sheet). Food is delivered to the patient's room (Rajoriya, Brajkishore, 2025).

### Post-discharge

The main objectives of the discharge process are to reduce the length of stay, time in hospital and unplanned discharge, re-admission, for the improvement of proper treatment, quality of services, and satisfaction of the patient. Furthermore, it improves the patient outcomes, which might lead to increased satisfaction of the patients and consultants. Unnecessary delays in the discharge procedure can cause patient dissatisfaction, and it is the last process that shows the final and annual contact between the patients and hospital consultants. The availability of beds and the typical duration of hospital stays are crucial elements for efficiency. Quick discharges can be facilitated by monitoring bed availability, which helps decrease the waiting time for patient admissions. Numerous issues have arisen in the documentation of the discharge process. Elderly people with complex health conditions often experience delayed discharges, which adversely affect their health and well-being (Chaudhari, Pratiksha Suresh, 2021).

### Post-Discharge Procedure

When the patient leaves the hospital, some steps are followed to ensure the continuity of care and proper recovery. The hospital

prepares the discharge summary with treatment, advice, and diagnosis. The patients are given a medication prescription that includes detailed instructions on how much to take and for how long to take it. In addition, they also receive guidance on diet, physical activity, wound care, and warning indications to be aware of. Referrals for specialist or home care help may be arranged, and a follow-up schedule is offered for evaluations, tests, or physical therapy. To enhance services, the hospital handles final billing, insurance processing, and deposit refunds. Finally, patients are urged to report their views using a feedback form (Gonçlaves-Bradley *et al.*, 2016).

### Discharge Process (According to NABH guidelines)

In the discharge process, the doctor orders the inpatient to be discharged within 24 h, and the patient's case file is written. The past three stages of patient summaries in a provisional discharge summary are prepared by a senior resident in medical transcription, and consult for confirmation of discharge. The attendant ward nurse sends the patient file along with remaining drugs/ consumables, if any, for pharmacy clearance. The file, pharmacy clearance, and discharge summary are sent to the billing section. The final bill is completed, and cash payment is confirmed with a receipt and clearance slip. If the insurance or company patient needs to sign the final bill, a clearance slip is provided to the ward nurse, along with a discharge summary, which is explained. The patient is then discharged (Rajoriya, Brajkishore, 2025).

### Need and Scope of the Study

In this study, we aimed to know about the hospital and its information, how the hospital operates, and how the inpatients are cared for and managed. The main focus has been on a comparative study about the three stages of the inpatient care process (pre-admission, post-admission hospitalization, and during discharge), which has been explored, described, and interpreted from the feedback and complaints of the patients. An open-ended survey questionnaire was used to note the different comments of patients, and thematic content analysis was done as a part of qualitative research. It illustrates the role of varying hospital doctors and other staff, including the crucial role of nurses. It includes the patients in a multi-specialty hospital in Delhi-NCR. The management cadre staff, the hospital information system (HIS), and the numerous patient services offered by the hospital are also the topics of this study (Ahuja, Seema, 2023).

In addition, it helps to understand the hospital's central departments to explore the operation of a multi-specialty hospital in the inpatient care department with more than 150 beds spread across different wards.

To the best of our knowledge, this kind of cross-sectional study deploying comparative and interactive analysis between different stages in an inpatient department has not been carried out so far, as far as we can scan in published literature.

### Objectives of the Study

- To identify gaps in patients' orientation regarding their entire journey of hospital stay during pre-admission, post-admission (during hospitalization), and discharge.
- To encourage the practice of in-hospital orientation for the patient to enhance their hospital experience and reduce

dissatisfaction (Sardar et al., 2019).

- To determine the causes of dissatisfaction that arises from the problems in the inpatient ward. To advise on how to resolve issues and improve patient satisfaction, as part of the in-patient department (IPD) ward's care quality evaluation.
- To comprehend the hospital's advantages and disadvantages, the patient satisfaction will be evaluated and assessed about every service department, including registration, billing, doctors, nurses, food, cleaning, pathology, and radiology (Seth, 2021).
- This study focused on investigating the association between errors, patient satisfaction, and patients' perceptions of the care that they received and the frequency and duration of interruptions during triage (Johnson, Kimberly, 2021).

## MATERIALS AND METHODS

### Site of Study

A multi-specialty tertiary care corporate hospital of Delhi-NCR has played a pivotal role in transforming the medical healthcare infrastructure in the NCR Region. The hospital has Centers for Excellence for Cardiac Sciences, Orthopedics and Joint Replacement, Renal Sciences, Oncology, Rheumatology, Pulmonology and Critical Care and Bariatric Sciences. With little more than 150 beds, the beds in rooms are distributed across different floors and private rooms, bed no. were of three or four digits, first digit showing floor no, second/third digit showing room no. in single occupancy, and fourth digit showing bed no as per single bed/double beds/triple beds or four beds in multiple occupancy with partitioning curtains. The privacy and confidentiality of patient data in formats have been maintained, and the hospital's identity has been kept confidential. The data have been collected post-discharge in the lounge before transportation.

### Study Design

This was an exploratory and descriptive study design. It was of a cross-sectional nature. It was also observational in nature across the hospital inpatient rooms, which helped to interpret the patients' complaints more deeply. The survey was conducted during the discharge stage without causing any disturbance to the hospital's working operations. The qualitative research method involved manual content analysis of complaint themes/quotes, which depicted the repetitive feedback/complaint issues in terms of frequency counts, thereby highlighting their level of importance. Their possible nature of solutions has been suggested, though not implemented.

To the best of our knowledge, this type of cross-sectional study, which employs comparative and interactive analysis between different stages in an inpatient department, has not been reported in the published literature.

### Sample Design and Sample Study Period

Sample size: A convenience sampling method has been employed here, although a quota/category sampling approach was deliberately designed to understand the patient's ordeal/situation within these three broad categories of hospital service, where care, quality, and patient safety are paramount. However, the number of patients' data collection in the three categories is

not equivalent; we focused randomly as they could recall more precisely in each case. We focused more on data collection of the patients in the post-admission (hospitalization on beds) cases. A total of 337 patient feedback for dissatisfaction/complaints data from hospital IPD were interviewed over 8 weeks (2-month periods from the beginning of June to the end of July, 2025), including patients at different stages in the inpatient department (89 nos. Pre-admission patients, 203 nos. post-admission patients- on hospital beds, and 45 nos. post-discharge patients).

The entire method for data collection was based on mind recall factors of the patients/relatives who had been attending/staying with them regularly, and through enquiries generated by handing over the questionnaire during the discharge time and before leaving the hospital, the printed open-ended questions in the bilingual (English/Hindi) questionnaire, which could be read, and also by reading out the open-ended questions in the survey to those who could not, and noting down the answers by the researcher. Data were assimilated using Microsoft Office. The entire internal and external data about patient dissatisfaction/complaints was collected from the hospital (Sardar et al., 2019). The data have been collected post-discharge in the lounge before transportation.

### Source of Data and Data Collection Method

Data collected from pre-admission, post-admission (during hospitalization), and post-discharge periods of patients in the hospital, observation only across the hospital wards, and a pre-post study can help minimize related issues. A patient satisfaction survey questionnaire can be based on the registration and admission process, billing and nursing, quality of medical care, accommodation, dietary services, housekeeping, and overall hospital atmosphere. Patients will be asked survey questions and interviewed while they are being discharged and waiting to leave the hospital premises; this may introduce some amount of mind recall bias. It is also a cost-effective and quick method. Face-to-face interviews with patients about their experience in the IPD ward can provide rich qualitative data. In the interview, open-ended questions will be asked of patients related to their stay in the inpatient ward. Patients will be encouraged to express their opinions and views; patients will be informed of the purpose of the survey, and informed verbal consent will be obtained from patients; participation in the survey will be kept voluntary (Sardar et al., 2019). The questionnaire shall be read to the patients in simple language (English or Hindi) that they can understand, and their responses shall be noted. Patient confidentiality shall be maintained. The hospital's confidentiality shall be maintained. Sufficient time shall be given to each face-to-face interview so that the patient's point of view regarding hospitalization is noted.

A sample of 337 patients was selected using the bilingual questionnaire (English and the corresponding Hindi language used in the same) method, since the patient mix/their relatives could conveniently understand how to answer (Annexure 1). By all means, patient well-being and comfort shall be maintained and considered during the survey. The data have been collected post-discharge in the lounge before transportation.

### Description of the Questionnaire Design

In this questionnaire, we have identified the key aspects of patient experience during pre-admission, hospitalization, and

post-discharge stages. These variables and themes have emerged from the literature and also through discussions with healthcare and hospital experts, including medical professionals, physicians, nurses, paramedics, administrators, housekeeping staff, and maintenance staff from various hospitals. These questions help in assessing patient satisfaction levels and determining the areas where improvements are required. The responses collected from patients will be analyzed to understand service quality gaps and trends in patient care.

The data obtained through this questionnaire will also be used for reviewing existing literature and comparing the findings with those of previously published studies. Therefore, the information collected is essential for conducting the research study and developing evidence-based conclusions.

### Inclusion Criteria

1. Cash patient: A patient who pays hospital bills directly in cash or through personal funds without availing insurance or company policies.
2. Policy patient: A patient whose expenses are covered under a corporate/company medical policy provided by their employer or organization.
3. Insurance patient: A patient whose treatment expenses are covered under a health insurance plan purchased individually or provided by an employer.
4. Third Party Administrator (TPA) patient: A patient whose insurance claims are processed through a TPA, which acts as a link between the hospital and the insurance company for cashless or reimbursement settlement. Usually, the preauthorization is approved within 24–48 h. The patient gets discharged from the hospital, and the cheque from the TPA is received by the hospital within 3–4 months.

### Data Collection, Presentation, and Analysis/ Interpretation

Here, in the presentation part, the remarks column has been aggregated to collect similar comments, complaints/and feedback given by the different patients. The columns contain the total, and the percentage in parentheses is obtained by dividing that total aggregate by the total number of patients in each of the three categories: Pre-admission, 89 patients; post-admission, 203 patients (hospitalization); and post-discharge, 45 patients.

More patient feedback and complaints were collected during the post-admission stage (actual hospitalization inside) to understand the level of service and quality of care provided inside the hospital, based on their recall of the stay periods. The non-uniformity in the three categories of data collection was evident, resulting in certain limitations for the researcher in obtaining sufficient time from patients during discharge. These three stages, as mentioned earlier in the sample design, are where data have been noted in the format below. Besides the open-ended questions in the survey questionnaire, other details were written from the discharge summary name, age, average length of stay, gender, Payer name (insurance company), bed no (first digit floor, second/third digit is room no in single occupancy and fourth digit is the bed no in that room with multiple occupancy partitioned by curtains), and comments collected from the survey portions (three categories). They have been obfuscated to maintain privacy and

confidentiality. The remarks column contains similar comments given by other patients. Only age, average length of stay, and gender have been retained to get an idea about the hospital treatment/stay period, for understanding the recovery time for the patients and the demographic aspects of gender and age of patients.

Out of 55 sample patient example data shown here, mostly they are a combination of youth and middle-aged adults of age ranging from 22 years to 61 years; only two are of 18 years of age, the rest are a few minors/adolescents. Around 32 of them are female patients. The repetitive complaints have been aggregated across the same complaint types in the example data, irrespective of patient demography, to focus more on the perspective and nature of patients' complaints/feedback to understand the nature, and quality of hospital care in their operations. This helped to understand the gaps, for suggestions for improvements through qualitative thematic content analysis of those similar comments, done manually with percentage scores in order of their importance. It also helped to analyze, describe, and answer our objectives.

### Analytical Description/Interpretation: (As inferred from Table 1 and Figure 1

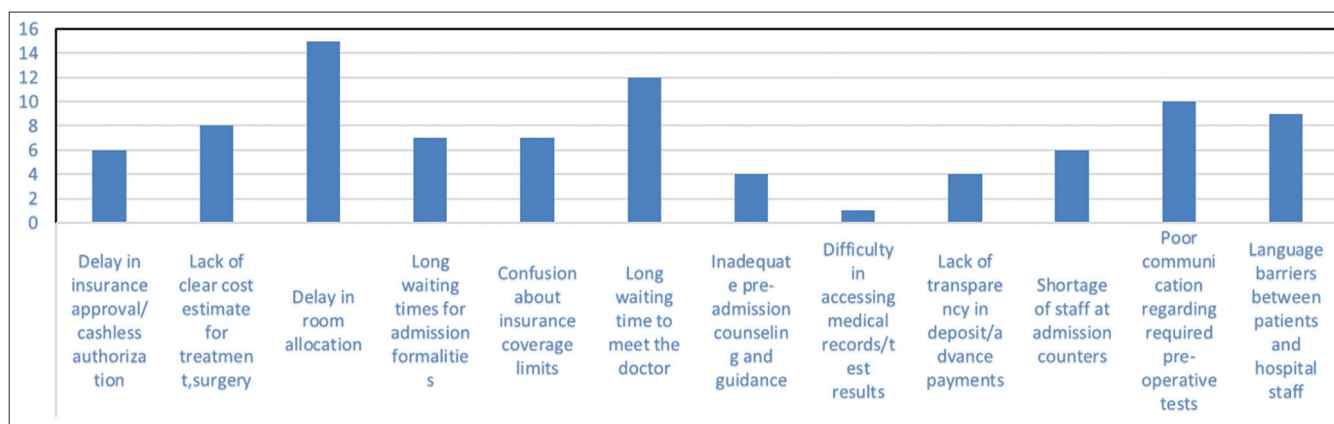
1. Widespread complaints in pre-admission to the hospital are Delay in room allocation. It is caused by incomplete admission formalities, delay in billing or TPA approval, and due to occupancy of the bed.
2. Slightly frequent complaints in pre-admission to the hospital are Long waiting time to meet the doctor. It is caused by doctors arriving late or being occupied in surgeries or emergencies, and poor scheduling of the doctor's rounds.
3. Very slight frequency of complaints in pre-admission to the hospital is Poor communication regarding required pre-operative tests. It is caused by poor coordination between departments and documentation errors.

### Solution: (corresponding to above analytical description/interpretation in 'a')

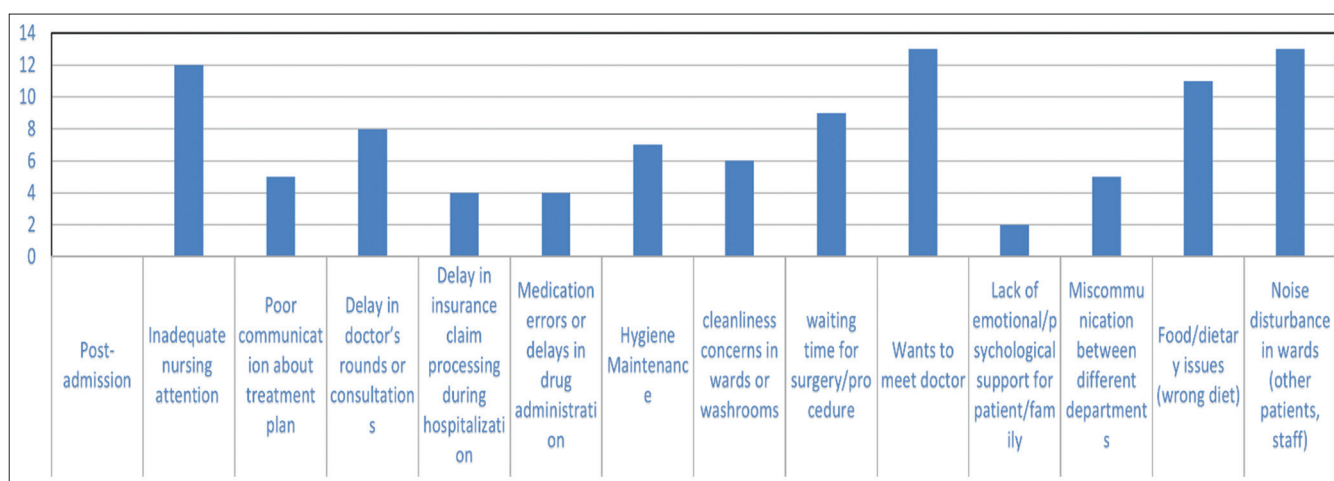
- The IPD staff informs housekeeping to prepare the room. Once the room is ready, housekeeping informs IPD and the patient is escorted to the room either by the IPD staff or a ward helper.
- The housekeeping in-charge and the manager of the patient welfare department visit the patient within 2 h of admission to inform him/her about hospital protocols.
- For admissions that take place during the night, the night manager familiarizes the patient with hospital protocols.
- The initial assessment should be completed within 30 min, and it should be documented within a day (24 h).
- Indoor wards require at least two visits per day, depending on the patient's condition. In addition, nursing staff must reassess each patient at least once during every shift (6-h, 12-h, or 12-h shift pattern) (Rajoriya, Brajkishore, 2025).

6-6-12 (Shift means)		
6:00 am–2:00 pm	Morning shift	6 h
2 pm–8 pm	Evening shift	6 h
8 pm–8 am	Night shift	12 h



**Figure 1:** Pre-admission patients and repetitive complaints

Source: Researcher data

**Figure 2:** Post-admission (during hospitalization) patients' Repetitive complaints

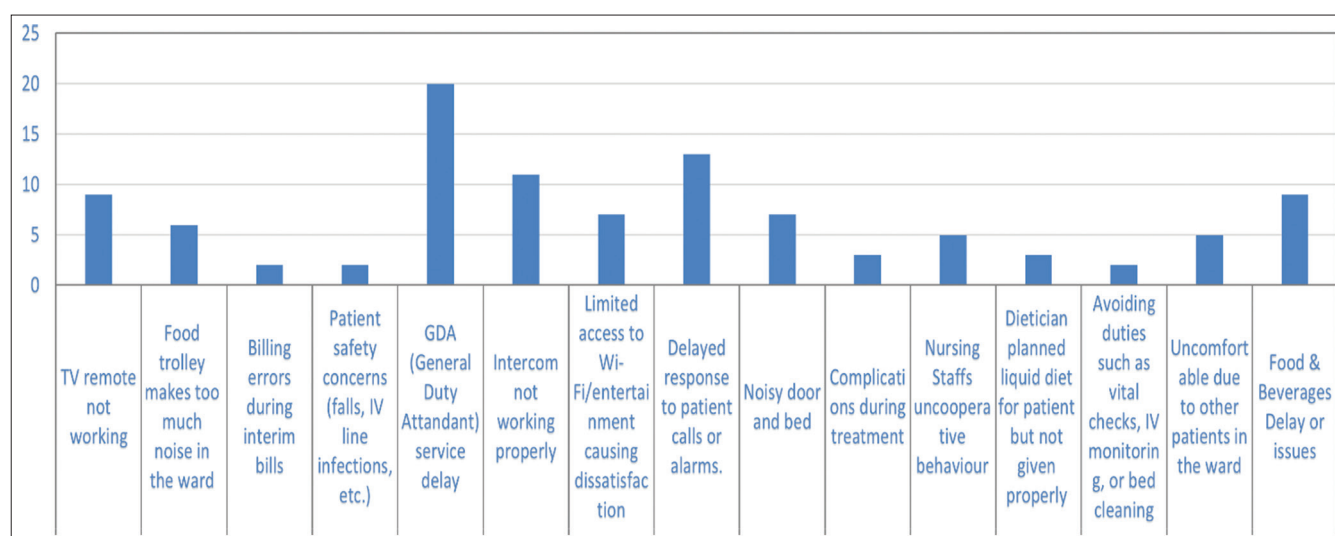
Source: Researcher data

### Analytical Description/Interpretation: (As inferred from Table 2 and Figure 2)

1. Widespread complaints in post-admission (During hospitalization) of the hospital Noise disturbance in wards (other patients, staff), "Wants to meet doctor". It is caused by frequent movement of staff, patients, or visitors, and shifting the trolley of food, materials, or equipment. Delay in communication about treatment or progress, inadequate information from nursing or support staff.
2. Slightly frequent complaints in post-admission (During hospitalisation) of the hospital are hospitalization) of the hospital Inadequate nursing attention. It is caused by not enough nurses to meet the patient needs, excessive workload reduces time per patient and lack of training
3. Very slightly frequent complaints in post-admission (during hospitalization) of the hospital Food/dietary issues (wrong diet)". It is caused by Miscommunication between the nursing and the dietician, incorrect or unclear diet charts in patient records, and delays in updating diet changes after the doctor's advice.

### Solution: (corresponding to above analytical description/interpretation in 'b')

- It involves showing a sympathetic attitude, understanding the patient's emotional needs, giving them uninterrupted attention, and being aware of their non-verbal cues.
- Efforts should be made to reduce noise disturbances using sound-absorbing materials, upgrading equipment, and making necessary environmental adjustments.
- The doctor and patient cooperate equally in determining the course of therapy under the shared decision-making approach (Shopnikolova, Tsvetelina, 2025).
- The dietician must complete the initial assessment within 24 h after the patient's admission. Furthermore, the dietician recommended diet and any modifications are discussed and recorded with the consultant. The dietician's initial assessment is included on the patient's progress sheet.
- The dietician should re-evaluate the diet plans for all patients every 48 h to determine whether any adjustments are required (Rajoriya, Brajkishore, 2025).



**Figure 3:** Post-admission (during hospitalization) patients' repetitive complaints  
Source: Researcher data

### Analytical Description/Interpretation: (As inferred from Table 3 and Figure 3)

1. Widespread complaints in post-admission (During hospitalization) of hospital is "GDA (General duty attendant) service delay". Unclear job responsibilities cause it, untrained staff taking more time to complete tasks and uneven workload.
2. Slightly frequent complaints in post-admission (During hospitalization) of the hospital are Delayed response to patient calls or alarms. It is caused by nurses attending multiple patients simultaneously, and difficulty in identifying urgent versus non-urgent calls.
3. Very slightly frequent complaints in post-admission (During hospitalisation) of the hospital are "TV remote is not working and Food & beverages delay or issues".

### Solution: (corresponding to above analytical description/interpretation in 'c')

- Prioritize Improvements: Focus on changes that will have the most significant impact on patient satisfaction.
- Engage staff: Involve staff in the improvement process to gain their support and cooperation.
- Listen Actively: Show patients that their concerns are being heard and addressed.
- Employ technologies such as Automated Call Distribution (ACD) and Interactive Voice Response (IVR) to route patient calls and prioritize urgent requests of patients efficiently.
- Use systems that promote accountability by clearly assigning responsibility for responding to each notification (Anderson et al., 2020).

### Analytical Description/Interpretation: (As inferred from Table 4 and Figure 4)

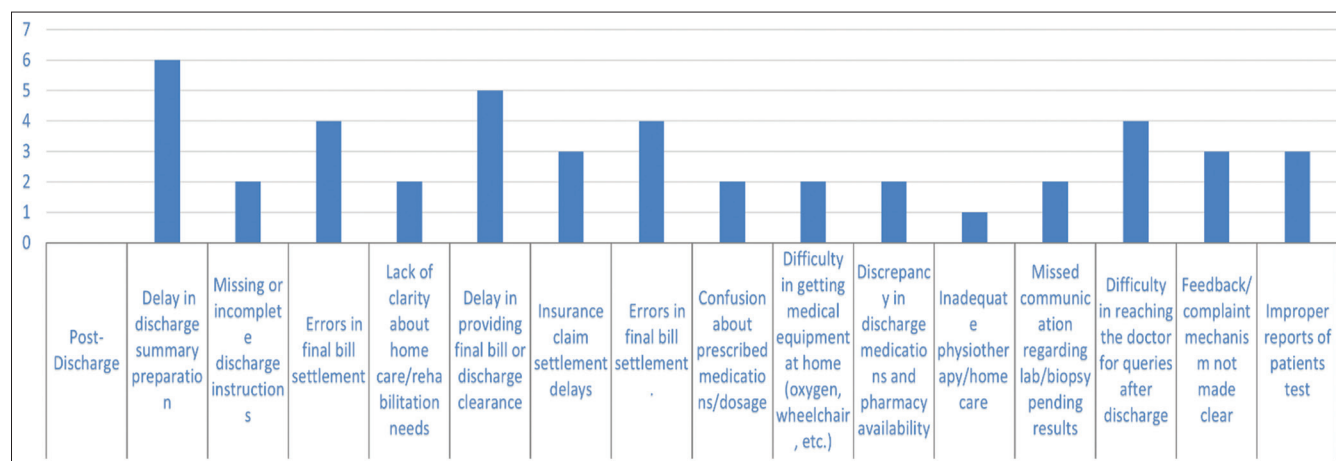
1. Highly frequent complaints in post-discharge of the hospital are Delay in discharge summary preparation. It is caused by doctor or nurses may not complete all required notes on time,

pending laboratories or imaging results, and long verification process of insurance.

2. Slightly frequent complaints in post-discharge of hospital is Delay in providing final bill or discharge clearance". It is caused by pending doctor's final orders or summaries, uncleared pharmacy or investigation charges, delay in TPA or insurance approval, and missing reports.
3. Very slightly frequent complaints in post-discharge of hospital is Errors in final bill settlement. It is caused by incorrect data entry, services charged twice or not added at all, and missing information about final services or consumables.

### Solution; (corresponding to above analytical description/interpretation in 'd')

- According to NABH guidelines, the typical discharge time is 180 min, which includes 60 min for departmental clearance, 30 min for preparing the discharge summary, returning any unused medications to the pharmacy, preparing the bill, and bill settlement/approval.
- The discharge procedures are recorded to facilitate collaboration between several departments, including accounts, so that the discharge documents are finished on time.
- Delay in patient discharge also puts more pressure on hospital beds, which is negative for patients and hospitals (Wong et al., 2020).
- It raises hospital expenses, depresses patients, and increases the risk of hospital-acquired infections. (Hamid, Shah Nawaz, 2018).
- All discharge summaries are handwritten by resident medical officers (RMOs) and consultants or made in soft copy by concerned staff, and they are all recorded and presented in a language that the patient can understand. The IPD staff or the designated concerned staff will type it in if it is handwritten.
- The RMO or consultant approves the discharge summary and then prints it out. One copy of the discharge summary is kept in the patient's files, and one copy is handed over to the patient (Rajoriya, 2025).



**Figure 4:** Post-discharge patients repetitive-complaints  
Source: Researcher data

**Table 1:** Pre-admission patients' complaints/issues

S. No.	Name	Age (year)	Avg. length of stay (days)	Gender	Payer name	Bed	Pre-admission	Remarks (repetitive-complaints) (%)
1.	XXXXX	35	3	Male	XXXX	XXX	Delay in insurance approval/cashless	6 (6.74)
2.	XXXXX	40	4	Female	XXXX	XXX	Lack of a clear cost estimate for treatment, surgery	8 (8.98)
3.	XXXXX	26	1	Female	XXXX	XXX	Delay in room allocation	15 (16.85)
4.	XXXXX	42	6	Female	XXXX	XXX	Long waiting times for admission formalities	7 (7.86)
5.	XXXXX	49	3	Female	XXXX	XXX	Confusion about insurance coverage limits	7 (7.86)
6.	XXXXX	25	7	Male	XXXX	XXX	Long waiting time to meet the doctor	12 (13.48)
7.	XXXXX	28	4	Male	XXXX	XXX	Inadequate pre-admission counseling and guidance	4 (4.49)
8.	XXXXX	36	5	Male	XXXX	XXX	Difficulty in accessing medical records/test	1 (1.12)
9.	XXXXX	47	3	Male	XXXX	XXXX	Lack of transparency in deposit/advance payments	4 (4.49)
10.	XXXXX	52	6	Female	XXXX	XXXX	Shortage of staff at admission counters	6 (6.74)
11.	XXXXX	38	1	Female	XXXX	XXXX	Poor communication regarding the required pre-operative test	10 (11.23)
12.	XXXXX	48	2	Female	XXXX	XXXX	Language barriers between patients and hospital staff	9 (10.11)

Source: Researcher data

**Table 2:** Post-admission (during hospitalization) patients' complaints/issues (1)

S. No.	Name	Age (years)	Avg. length of stay	Gender	Payor Name	Bed	Post-admission (during hospitalization)	Remarks (repetitive-complaints) (%)
13.	XXXXX	52	3	Male	XXXXX	XXXXX	Inadequate nursing attention	12 (5.911)
14.	XXXXX	55	7	Female	XXXXX	XXXXX	Poor communication about the treatment plan	5 (2.46)
15.	XXXXX	50	4	Female	XXXXX	XXXXX	Delay in the doctor's rounds or consultations	8 (3.94)
16.	XXXXX	49	5	Female	XXXXX	XXXXX	Delay in insurance claim processing during	4 (1.97)
17.	XXXXX	43	3	Male	XXXXX	XXXXX	Medication errors or delays in drug administration	4 (1.97)
18.	XXXXX	24	6	Female	XXXXX	XXXXX	Hygiene Maintenance	7 (3.44)
19.	XXXXX	28	1	Male	XXXXX	XXXXX	cleanliness concerns in wards or washrooms	6 (2.95)
20.	XXXXX	38	2	Female	XXXXX	XXXXX	waiting time for surgery/procedure	9 (4.43)
21.	XXXXX	24	8	Female	XXXXX	XXXXX	Wants to meet a doctor	13 (6.40)
22.	XXXXX	22	4	Male	XXXXX	XXXXX	Lack of emotional/psychological	2 (0.98)
23.	XXXXX	13	3	Male	XXXXX	XXXXX	Miscommunication between different departments	5 (2.46)
24.	XXXXX	19	1	Female	XXXXX	XXXXX	Food/dietary issues (wrong diet)	11 (5.41)
25.	XXXXX	49	5	Female	XXXXX	XXXXX	Noise disturbance in wards (other patients, staff)	13 (6.40)

Source: Researcher data

## RESULTS AND DISCUSSION

The study analyzed patient complaints received at different stages of hospital care in the inpatient department. The findings indicate that out of the total 337 complaints, the highest number of complaints were reported during hospitalization in the post-admission phase (203 nos., i.e., 60.2 %), followed

by the pre-admission phase (89 nos., i.e., 26.5%), while post-discharge complaints (45 nos., i.e., 13.3%) were comparatively lower.

This suggests that the inpatient experience is the most critical phase where patients encounter the majority of service-related issues. The high percentage of complaints during hospitalization highlights the need for improving inpatient service delivery,

**Table 3:** Post-admission (during hospitalization) patients' complaints/issues (2)

S. No.	Name	Age (years)	Avg. length of stay (days)	Gender	Payor Name	Bed	Post-admission (during hospitalization)	Remarks (repetitive- complaints) (%)
26.	XXXXX	61	3	Female	XXXX	XXXX	TV remote not working	9 (4.43)
27.	XXXXX	61	6	Male	XXXX	XXXX	The food trolley makes too much noise in the ward	6 (2.95)
28.	XXXXX	15	1	Female	XXXX	XXXX	Billing errors during interim bills	2 (0.98)
29.	XXXXX	11	2	Female	XXXX	XXXX	Patient safety concerns (falls, IV line infections, etc.)	2 (0.98)
30.	XXXXX	56	8	Female	XXXX	XXXX	GDA (General Duty Assistant) service delay	20 (9.85)
31.	XXXXX	20	4	Male	XXXX	XXXX	Intercom is not working properly	11 (5.41)
32.	XXXXX	55	1	Male	XXXX	XXXX	Limited access to WiFi/entertainment causing dissatisfaction	7 (3.44)
33.	XXXXX	59	6	Male	XXXX	XXXX	Delayed response to patient calls or alarms.	13 (6.40)
34.	XXXXX	18	3	Female	XXXX	XXXX	Noisy door and bed	7 (3.44)
35.	XXXXX	43	7	Female	XXXX	XXXX	Complications during treatment	3 (1.47)
36.	XXXXX	9	4	Male	XXXX	1317	Nursing Staff's uncooperative behavior	5 (2.46)
37.	XXXXX	34	5	Male	XXXX	1318	A dietitian planned a liquid diet for the patient, but it was not given properly	3 (1.47)
38.	XXXXX	41	3	Female	XXXX	1319	Avoiding duties such as vital checks, IV monitoring, or bed cleaning	2 (0.98)
39.	XXXXX	18	6	Female	XXXX	1320	Uncomfortable due to other patients in the ward	5 (2.46)
40.	XXXXX	43	5	Male	XXXX	1321	Food and beverages: delay or issues	9 (4.43)

Source: Researcher data

**Table 4:** Post-discharge patients' complaints/issues

S. No.	Name	Age (years)	Avg. length of stay (days)	Gender	Payor name	Bed	Post-discharge	Remarks (Repetitive- complaints) (%)
41.	XXXXX	39	4	Female	XXXX	XXXX	Delay in discharge summary preparation	6 (13.33)
42.	XXXXX	16	5	Female	XXXX	XXX	Missing or incomplete Discharge instructions	2 (4.44)
43.	XXXXX	26	3	Male	XXXX	XXX	Errors in the final bill settlement	4 (8.88)
44.	XXXXX	63	6	Female	XXXX	XXX	Lack of clarity about home care/ rehabilitation needs	2 (4.44)
45.	XXXXX	12	1	Female	XXXX	XXX	Delay in providing the final bill or discharge clearance	5 (11.11)
46.	XXXXX	42	2	Male	XXXX	XXX	Insurance claim settlement delays	3 (6.66)
47.	XXXXX	33	8	Female	XXXX	XXX	Errors in final bill settlement	4 (8.88)
48.	XXXXX	40	6	Female	XXXX	XXX	Confusion about prescribed medications/ dosage	2 (4.44)
49.	XXXXX	63	3	Male	XXXX	XXX	Difficulty in getting medical equipment at home	2 (4.44)
50.	XXXXX	66	7	Male	XXXX	XXX	Discrepancy in discharge medications and pharmacy	2 (4.44)
51.	XXXXX	43	4	Male	XXXX	XXX	Inadequate physiotherapy/home care	1 (2.22)
52.	XXXXX	38	5	Female	XXXX	XXX	Missed communication regarding lab/ biopsy	2 (4.44)
53.	XXXXX	48	3	Male	XXXX	XXX	Difficulty in reaching the doctor for queries after	4 (8.88)
54.	XXXXX	54	1	Female	XXXX	XXX	Feedback/complaint mechanism not made clear	3 (6.66)
55.	XXXXX	34	2	Male	XXXX	XXX	Improper reports of patients test	3 (6.66)

Source: Researcher data

communication, efficiency and effectiveness, and coordination among healthcare staff.

Patient satisfaction is a vital indicator that reflects the quality of healthcare services at all levels of the healthcare system. It serves as an essential tool to evaluate hospital performance from the patient's perspective, offering valuable insights for management improvement. The feedback obtained from such studies helps identify and eliminate discrepancies that negatively impact service quality and patient experience. Every patient attending a hospital

plays a significant role in shaping its public image. Therefore, achieving and maintaining a high level of patient satisfaction is crucial for hospital management. Studies focusing on in-patient department (IPD) services commonly highlight areas such as:

- Nursing care
- Cleanliness of wards, rooms, and washrooms
- Staff behavior and communication
- Food quality and quantity
- Admission and discharge processes.



Continuous evaluation of these areas helps address issues that may reduce dissatisfaction and assists in making hospital services more efficient and patient-friendly for the betterment of the hospital and the patient.

## CONCLUSION

The findings suggest that the hospital maintains a high standard of care and consistently high patient satisfaction across most service areas. Nevertheless, attention should be given to improving the timeliness of discharge and enhancing nursing efficiency to further elevate the overall patient experience. By prioritizing continuous feedback, staff training, and service coordination, the hospital can strengthen both efficiency and effectiveness, ensuring long-term patient trust and a positive reputation. A majority of patients expressed willingness to recommend the hospital to others and to return for future healthcare needs.

### Corresponding to Objective 1

Studies about IPD services have elicited problems such as nursing care, cleanliness of ward or room, cleanliness of washroom, behavior of staff, quality and quantity of food, discharge process, and admission. The information obtained through these types of studies removes discrepancies which are distorting the patient's satisfaction, so as to make hospital and IPD services more attractive for the patients.

### Corresponding to Objective 2

Patient-centeredness is an integral aspect of health care, and we must focus on strategies to orient patients to inpatient healthcare services and educate them regarding discharge components to enhance patient awareness about their health and improve the patient experience.

### Corresponding to Objective 3

Many times, a gap between patient expectation and patient experience causes dissatisfaction; a timely patient satisfaction survey helps to bridge the gap between patient expectation and that of the service provider and management. Patient feedback issues/complaints can act as a driving force for improving organizational efficiency and work culture. It helps to strengthen the inter-disciplinary coordination and teamwork where administrative, clinical, and other support services work in unison to provide patient-centric services. It also helps to identify the strengths and weaknesses of different services provided and administrative efficiency.

### Corresponding to Objective 4

The strengths of the hospital show high-quality medical/clinical outcomes, effective treatment, competent staff expertise, and the weaknesses of the hospital pertain to some incorrect treatment, some poor outcomes (e.g., poor rates and complications in the services). Patient perception and feedback should be taken into account for formulating quality improvement strategic decisions. Patient, as the end user of service, can judge the organizational and environmental dimension, empathetic work culture, if not the clinical aspect.

### Corresponding to Objective 5

Interruptions are associated with increased errors and delays in patient care. Although increased triage duration adversely affected patient satisfaction, patients' perceptions were not influenced by interruptions and dissatisfaction. While patient satisfaction is essential, a lack of association between patient satisfaction, services, and errors suggests that using patient satisfaction as a measure of care quality may omit important safety information.

These conclusions can also be attributed and generalized to other corporate hospitals of a larger scale of operational management with an increased number of beds. The nature of complaints and issues was of a similar nature, but the scale of efficiency and effectiveness may differ. We evaluated with the inpatient department, discharged patients from other hospitals at random convenience, using a similar survey on a small sample scale.

### Limitations of the Study

#### *Limited data access*

We were not able to collect all the required data from the hospital due to confidentiality policies, regarding organizational records and patient information.

#### *No scope for implementation or recommendations*

We did not have the authority to implement changes or provide suggestions related to hospital services, as such actions were beyond the scope of our role in the study.

#### *Restricted patient interaction*

Direct interaction with patients was limited because the hospital had restrictions in place for new researchers, ensuring patient privacy, safety, and infection control protocols. The interaction was limited during the post-discharge period.

### Suggestions for Improvement

#### *Strengthen patient experience oversight*

The patient outcome and satisfaction/experience division should regularly monitor and evaluate all service areas to ensure that patient needs are being addressed effectively. This includes reviewing feedback, complaint issues, identifying gaps, and taking timely actions to reduce patient dissatisfaction.

#### *Adequate staffing and clear role allocation*

Ensure that each department has sufficient and appropriately trained staff. Clearly define duties, responsibilities, and workflow so that employees can perform their tasks efficiently and complete them within the required time frame.

#### *Conduct root cause analysis (RCA) of patient dissatisfaction*

Identify the primary causes of patient dissatisfaction through structured tools such as RCA, fishbone analysis, or patient feedback assessment. Based on these findings, develop targeted interventions and improvement plans.

## Statement

There were no conflicts of interest. There was no funding support for this study. The ethical consideration was not applicable, as their perception and recall survey was done post-discharge; their informed verbal consent was taken before the survey through a bilingual (English and Hindi) questionnaire. All confidentiality and privacy of the patients' details have been maintained; only their feedback/complaints and issues have been discussed. The confidentiality of the hospital identity and location has been maintained, too. Their prior consent was taken for the survey. All the authors contributed equally to the paper for research, analysis/interpretation, and editing/review of this paper.

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## ANNEXURE 1

### Questionnaire (प्रश्नावली)

This questionnaire is used to gather valuable feedback from patients about various aspects of hospital services, which helps in assessing patient satisfaction and identifying areas for improvement.

#### Pre-admission (प्रवेश से पहले)

1. How are you feeling today?
1. आज आप कैसा महसूस कर रहे हैं?
2. Did you face any delay in insurance approval or cashless authorization? If yes, please explain.
2. क्या आपको बीमा स्वीकृति या कैशलेस ऑथराइज़ेशन में कोई देरी हुई? यदि हाँ, तो कृपया बताइए।
3. Did you experience any delay in room/bed allocation after admission was advised?
3. क्या आपको भर्ती की सलाह मिलने के बाद कमरे/बिस्तर आवंटन में देरी का सामना करना पड़ा?
4. Were you given adequate counseling and guidance before admission about the process, treatment, or surgery?
4. क्या आपको भर्ती से पहले प्रक्रिया, उपचार या सर्जरी के बारे में पर्याप्त परामर्श और मार्गदर्शन दिया गया?
5. Did you face any language barriers while interacting with the hospital staff?
5. क्या आपको अस्पताल के स्टाफ से बातचीत करते समय भाषा संबंधी समस्या हुई?

#### Post-admission (प्रवेश के बाद)

6. Were the doctors coming for the ward rounds on time?
6. क्या डॉक्टर वार्ड राउंड पर समय से आते थे?
7. Did you feel that the nursing staff gave you adequate attention and care during your stay?
7. क्या आपको लगा कि नर्सिंग स्टाफ ने आपके देखभाल और ध्यान पर पर्याप्त समय दिया?
8. Are the doctors and nurses explaining your treatment and care clearly?
8. क्या डॉक्टर और नर्स आपके उपचार और देखभाल को स्पष्ट रूप से समझा रहे थे?
9. Food coming on time also are they follow hygiene?
9. क्या भोजन समय पर आता था और क्या स्वच्छता का पालन किया गया?
10. Housekeeping staff doing cleaning properly on time or not?
10. क्या हाउसकीपिंग स्टाफ समय पर और सही तरीके से सफाई कर रहा था?
11. Was there any issue from engineering?
11. क्या आपको इंजीनियरिंग विभाग से कोई समस्या हुई?1
12. Were you informed in advance about the test or any procedure?
12. क्या आपको किसी टेस्ट या प्रक्रिया के बारे में पहले से सूचित किया गया?1

13. Did the nursing staff give you medicines on time or not?
13. क्या नर्सिंग स्टाफ ने आपको दवाइयाँ समय पर दीं या नहीं?
14. Were there any errors or delays in receiving your prescribed medicines?
14. क्या आपकी निर्धारित दवाइयाँ मिलने में कोई गलती या देरी हुई?
15. Were the ward facilities (TV remote, intercom, Wi-Fi, entertainment) functioning properly?
15. क्या वार्ड की सुविधाएँ (टीवी रिमोट, इंटरकॉम, वाई-फाई, मनोरंजन) सही से काम कर रही थीं?
16. Did you face any delay in response to patient calls/alarms or GDA (General Duty Attendant) services?
16. क्या आपको मरीज कॉल/अलार्म या जीडीए (जनरल ड्यूटी अटेंडेंट) सेवाओं में देरी का सामना करना पड़ा?

#### Post-discharge (डिस्चार्ज के बाद)

17. Did you get clear information about test reports, scans, or lab results?
17. क्या आपको टेस्ट रिपोर्ट, स्कैन या लैब परिणामों के बारे में स्पष्ट जानकारी मिली?
18. Did you face any delay in the preparation of your discharge summary?
18. क्या आपको डिस्चार्ज सारांश तैयार करने में देरी हुई?
19. Did you notice any errors or improper reporting in your medical test reports?
19. क्या आपने अपनी मेडिकल टेस्ट रिपोर्ट में कोई गलती या गलत जानकारी देखी?
20. If you faced delays, can you share which staff or department was responsible?
20. यदि आपको देरी हुई, तो क्या आप बता सकते हैं कि कौन-सा स्टाफ या विभाग ज़िम्मेदार था?
21. How has your overall experience in the hospital?
21. अस्पताल में आपका समग्र अनुभव कैसा रहा?

#### Description

In this questionnaire, we have identified the key aspects of patient experience during pre-admission, hospitalization, and post-discharge stages. These questions help in assessing patient satisfaction levels and determining the areas where improvements are required. The responses collected from patients will be analyzed to understand service quality gaps and trends in patient care.

The data obtained through this questionnaire will also be used for reviewing existing literature and comparing findings with previously published studies. Therefore, the information collected is essential for conducting the research study and developing evidence-based conclusions and recommendations for enhancing hospital services.

The portion in italics corresponds to the themes/sub-themes/quotes that were used for qualitative content analysis and their frequency counts to determine the level of importance.