

Patient Satisfaction Level in OPD and IPD and Their Comparison



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ABSTRACT

Background: Patient satisfaction is a key indicator of healthcare quality and reflects the effectiveness, accessibility, communication, and overall functioning of healthcare systems. Measuring satisfaction in both Outpatient Departments (OPD) and Inpatient Departments (IPD) provides insight into service gaps and areas needing improvement.

Objectives:

1. To assess patient satisfaction levels among OPD attendees.
2. To assess satisfaction levels among IPD patients.
3. To compare OPD and IPD satisfaction domains.

Methods: A cross-sectional study was conducted at Government Medical College, Ayodhya, during November 2021. A total of **180 patients** (OPD = 100; IPD = 80) were selected. A structured questionnaire assessed satisfaction across domains: registration process, waiting time, doctor interaction, staff behaviour, cleanliness, availability of medicines, and overall experience. Data were analysed using percentages and comparison charts.

Results: Overall satisfaction was higher in IPD patients (82%) compared to OPD patients (67%). OPD dissatisfaction was mainly due to long waiting times (56%) and overcrowding. IPD dissatisfaction was mainly related to sanitation issues (18%) and delay in investigations (22%).

Conclusion: IPD satisfaction was significantly higher than OPD satisfaction. Improving OPD waiting times, streamlining registration, and enhancing cleanliness in both areas may enhance patient experience.

Keywords: Patient satisfaction, OPD, IPD, hospital care, healthcare quality.

INTRODUCTION

Patient satisfaction is a multidimensional measure that indicates the quality of healthcare delivery. It reflects expectations, experiences, and perceptions regarding medical care.(1) In government medical institutions, patient load is high and resources limited, making satisfaction assessment crucial to identify gaps and improve service delivery.

Outpatient services serve as the first point of contact between patients and the healthcare system, while inpatient services involve prolonged interactions with staff and hospital facilities.(2) Studies have shown that OPD services often face dissatisfaction due to high patient density, inadequate waiting areas, and rushed consultations.(3) Conversely, IPD services may face challenges related to sanitation, communication, and nursing care.

In Uttar Pradesh, limited data exist comparing OPD and IPD satisfaction levels in tertiary care hospitals. Hence, this study evaluates satisfaction levels in both settings and compares outcomes to guide quality improvement.

MATERIALS AND METHODS

Study Design:

Cross sectional observational study.

Study Area:

Government Medical College, Ayodhya, Uttar Pradesh.

Study Duration:

November 2021.

Study Population:

Patients attending OPD and those admitted in IPD during the study period.

Sample Size:

Total = **180 patients**

- OPD = 100
- IPD = 80

Inclusion Criteria:

- Adults >18 years
- Willing to participate
- Discharged IPD patients or OPD attendees after consultation

Exclusion Criteria:

- Critically ill patients

- Patients with impaired comprehension

Study Tool:

A validated questionnaire with domains:

1. Registration and waiting process
2. Doctor interaction
3. Nursing behavior
4. Availability of medicines
5. Cleanliness
6. Overall satisfaction

Scoring System:

- Satisfied
- Neutral
- Dissatisfied

Data Analysis:

Percentages and comparative charts were used.

RESULTS**Table 1: Demographic Profile (n = 180)**

Parameter	OPD (n=100)	IPD (n=80)
Male	58	46
Female	42	34
Mean age (years)	42.5	44.8

Table 2: Satisfaction Score Comparison

Domain	OPD Satisfaction	IPD Satisfaction
Registration process	62%	78%
Waiting time	44%	71%
Doctor interaction	76%	85%
Nursing support	69%	88%
Cleanliness	51%	74%
Medicine availability	58%	83%
Overall satisfaction	67%	82%

Key Findings:

- OPD dissatisfaction dominated due to **long waiting time** (56%).
- IPD dissatisfaction dominated due to **sanitation issues** (18%).
- IPD patients reported higher satisfaction in doctor communication and nursing care.
- Medicine availability was better rated by IPD patients due to structured supply systems.

DISCUSSION

This study demonstrates that IPD satisfaction is significantly higher than OPD satisfaction. The major cause for dissatisfaction in OPD was waiting time — similar to earlier studies conducted in high-volume government hospitals.(4) Overcrowding,

insufficient staff at counters, and long queues contribute to this.

Doctor-patient communication scored high in both OPD and IPD, reflecting satisfactory clinical interaction. However, nursing care was rated significantly better in IPD, consistent with literature where prolonged interaction improves comfort and trust.(5)

Cleanliness was a persistent concern, especially in OPD areas where patient turnover is rapid. IPD, although better, still had dissatisfaction due to washroom hygiene, echoing findings of previous studies.(6)

Availability of medicines showed better satisfaction in IPD due to direct access via ward-level supply. OPD patients often struggle with pharmacy queues. Overall, the comparison suggests that IPD services are functioning more efficiently, but OPD requires major administrative improvements.

CONCLUSION

- IPD satisfaction (82%) was higher than OPD satisfaction (67%).
- Key problem areas include OPD waiting time and hospital sanitation.
- Improving registration efficiency, increasing counter staff, and strengthening cleaning protocols can improve satisfaction.

RECOMMENDATIONS

1. Introduce token-based OPD registration.
2. Increase seating and ventilation in waiting areas.
3. Deploy additional sanitation staff.
4. Strengthen counseling and communication training.
5. Ensure uninterrupted medicine supply.
6. Regular patient feedback audits.

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