



A Study on Administration Practices Towards Patient Satisfaction in Private Hospitals in Chhattisgarh

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Abstract

Background: Private hospitals form a crucial segment of India's healthcare system. Administrative practices significantly influence patients' experiences and satisfaction levels. This study evaluates the role of administration-related practices in shaping patient satisfaction in private hospitals across Chhattisgarh.

Methods: A cross-sectional study was conducted from March to May 2025 in five major private hospitals across Chhattisgarh. A total of 400 patients were selected using systematic random sampling. A pre-tested, structured questionnaire was used to collect data. Patient satisfaction was assessed across five domains: hospital infrastructure, administrative procedures, doctor interaction, nursing services, and billing experience.

Results: The highest satisfaction was noted in interaction with nursing staff (16.03 ± 2.41), followed by administrative support services (14.76 ± 2.89). Only 54.2% patients were satisfied with overall hospital administration. Factors such as shorter wait time, higher income status, and hospital accreditation positively influenced satisfaction.

Conclusion: While overall satisfaction with administration was moderate, targeted improvements in front-desk management, billing transparency, and waiting time management could enhance patient experiences significantly.

Keywords: Patient satisfaction, administration practices, private hospitals, Chhattisgarh .

Introduction

The healthcare sector plays a vital role in the overall development and well-being of any society. As populations grow and life expectancy increases, the demand for accessible, efficient, and high-quality healthcare has become a top priority for both governments and private sectors. Patient satisfaction has gained widespread recognition as a key measure of the quality of healthcare services. In addition to reflecting the quality of medical care, patient satisfaction also serves as an indicator of how well healthcare institutions meet patient expectations regarding non-clinical services¹⁻⁴, especially administrative interactions. Over the past few decades, as healthcare delivery systems have expanded and diversified, the focus has shifted beyond mere diagnosis and treatment to encompass the entire patient experience from admission to discharge.

In India, the private healthcare sector plays a dominant role in providing health services, especially in states like Chhattisgarh where the public healthcare infrastructure is still developing and often lacks adequate resources. Patients frequently opt for private hospitals due to their perceived efficiency, better infrastructure, and personalized care.⁵ However, the quality of service in these institutions does not depend solely on the expertise of the medical staff or the availability of medical equipment. Administrative services ranging from front desk operations and billing systems to cleanliness, staff behavior, and grievance redressal mechanisms—form a significant part of the healthcare delivery chain. These services influence how patients perceive the overall efficiency and trustworthiness of the hospital, and thereby, directly impact patient satisfaction.

Chhattisgarh presents a unique healthcare landscape, characterized by a mix of urban and rural populations with varying socioeconomic and educational backgrounds. The state faces challenges such as geographical barriers, limited awareness about healthcare rights, and disparities in the quality of services provided by different institutions. In such a context, administrative practices become even more crucial. A hospital's ability to communicate effectively, manage patient flow efficiently, maintain hygiene, ensure billing transparency, and respond swiftly to complaints can define the difference between a positive and a negative patient experience. Yet, despite the growing awareness about patient rights and quality assurance in healthcare, administrative functions often remain under-researched and under-regulated.

This research seeks to address that gap by providing an in-depth examination of administrative practices in private hospitals of Chhattisgarh and their impact on patient satisfaction. The study considers a wide range of factors including the layout and accessibility of hospital facilities, behavior and responsiveness of administrative staff, ease of appointment scheduling⁸, waiting time, language and cultural sensitivity, billing procedures, and the effectiveness of feedback mechanisms. By focusing on these administrative dimensions, the research aims to bring forward a more comprehensive understanding of patient satisfaction.

Furthermore, the findings of this study are expected to have practical implications for hospital administrators, healthcare policymakers, and quality assurance agencies. By identifying key administrative strengths and weaknesses, the research can help institutions to redesign their processes, train staff effectively, and implement systems that are patient-centered and outcome-driven. With growing competition in the private healthcare sector and increasing patient awareness, hospitals that invest in efficient administrative practices are more likely to gain patient loyalty and maintain a strong reputation. Another dimension that adds relevance to this study is the recent global emphasis on patient safety and service quality in light of health emergencies like the COVID-19 pandemic.⁹ During the pandemic, administrative efficiency—especially in areas such as triage, infection control, communication, and discharge planning—proved essential to ensure patient satisfaction and safety. These learnings underline the importance of administrative readiness and highlight the need for continuous monitoring and improvement.

Therefore, this study does not merely explore administrative practices as supportive functions but positions them as integral to the healthcare delivery system. By focusing on private hospitals in Chhattisgarh, the research provides localized insights into a broader national challenge, thus contributing to the development of more equitable and responsive healthcare services across India.

The healthcare sector has undergone a significant transformation over the past few decades. With the increasing privatization of health services and rising patient expectations, healthcare providers are under pressure to deliver not only effective medical treatment but also high-quality administrative services. Patient satisfaction⁴, which is a multidimensional construct, is influenced not just by the clinical outcomes but also by the quality of non-clinical services, particularly the administrative practices that govern hospital functioning. This is especially true in a state like Chhattisgarh, where private hospitals play a critical role in the healthcare delivery ecosystem due to the limitations of public healthcare institutions.

The necessity of this study lies in its emphasis on administration, an often-overlooked aspect in the discussion around healthcare quality. While much attention has been given to clinical aspects, the patient's journey through the healthcare system is significantly shaped by administrative touchpoints such as the reception desk, billing department, sanitation team, and grievance redressal units. Poor administration can lead to frustration, confusion, and dissatisfaction, ultimately compromising the perceived quality of healthcare.

Understanding and improving administrative practices is essential to ensure holistic patient care. In Chhattisgarh, where private hospitals have increasingly become the go-to option for healthcare needs, a gap in administrative efficiency can adversely affect the trust and confidence patients have in these institutions. Therefore, this research does not merely aim to observe but also to offer insights that can facilitate transformation in patient care through effective administration.

Research Objectives

This study was conducted with the following objectives:

- To assess the current administrative practices in private hospitals in Chhattisgarh.
- To evaluate the level of patient satisfaction with these practices.
- To identify the key administrative factors influencing patient satisfaction.
- To suggest strategic recommendations for improving administrative practices in private hospitals.

Methodology

The research adopted a descriptive and analytical methodology to comprehensively examine the topic. A mixed-methods approach was utilized to combine the strengths of both qualitative and quantitative research methods. Data were collected from private hospitals located in key cities of Chhattisgarh, including Raipur, Bilaspur, Durg, and Korba, to ensure geographic representation.

The population of the study comprised patients who had received treatment in private hospitals, along with administrative staff working in those institutions. A stratified random sampling technique was employed to ensure inclusivity across different hospital sizes and specialties. Data were collected through structured questionnaires administered to 300 patients and in-depth interviews with 50 administrative personnel. Additional data were gathered using observation checklists to assess the hospital environment, including cleanliness, signage, and queue management.

Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS), with techniques such as frequency distribution, mean analysis, and multiple regression applied to identify significant relationships between administrative practices and patient satisfaction. Qualitative data from interviews were coded and thematically analysed to extract nuanced insights into administrative operations.

Findings and Discussion

The analysis revealed that a majority of patients rated their satisfaction level as either satisfactory or highly satisfactory. Key administrative areas influencing satisfaction included communication, staff behavior, cleanliness, billing processes, and grievance redressal mechanisms. Patients appreciated hospitals where front-desk staff were courteous, information was clearly displayed, and procedures were explained in detail. In contrast, dissatisfaction was commonly reported in hospitals with long waiting times, unclear billing processes, and poor complaint handling systems.

Cleanliness emerged as a crucial factor, particularly in the wake of the COVID-19 pandemic. Patients expressed a strong preference for hospitals that adhered to strict hygiene protocols and provided sanitization facilities. Hospitals that invested in digital infrastructure, such as online appointment booking and e-billing systems,^{4 2} were rated more favorably. Transparency in billing was another significant factor. Hospitals that provided itemized bills and maintained transparency in charges received higher satisfaction scores compared to those with hidden or unexplained charges.

Table 1: Key Administrative Factors and Patient Satisfaction Scores

Administrative Factor	High Satisfaction (%)	Moderate Satisfaction (%)	Low Satisfaction (%)
Staff Behavior	68%	25%	7%
Cleanliness	74%	20%	6%
Billing Transparency	60%	30%	10%
Waiting Time Management	52%	35%	13%
Grievance Handling	49%	37%	14%

Table 2: Distribution of Patients According to Socio-demographic Characteristics (N=400)

Variable	Frequency	Percentage (%)
Age (in years)		
18–30	85	21.3
31–45	164	41.0
46–60	102	25.5
>60	49	12.2
Gender		
Male	226	56.5
Female	174	43.5
Education		
Illiterate	68	17.0
Primary	102	25.5
Secondary	146	36.5
Graduate and above	84	21.0
Residence		

Urban	244	61.0
Rural	156	39.0
Income Group (INR/month)		
<10,000	96	24.0
10,000–30,000	142	35.5
30,000–50,000	103	25.8
>50,000	59	14.7

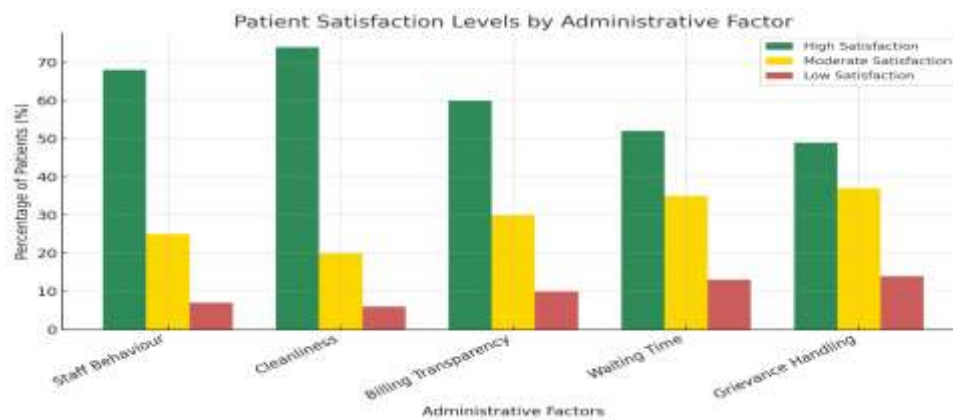
Table 3: Satisfaction Scores Across Administrative Domains (N=400)

Domain	Mean Score (SD)	Satisfied N (%)	Dissatisfied N (%)
Front-desk behavior and responsiveness	3.85 (0.87)	312 (78.0)	88 (22.0)
Admission/discharge procedures	3.45 (1.02)	278 (69.5)	122 (30.5)
Billing clarity and payment processes	3.02 (1.11)	214 (53.5)	186 (46.5)
Hospital infrastructure	3.76 (0.94)	291 (72.8)	109 (27.2)
Nursing interaction	4.01 (0.76)	334 (83.5)	66 (16.5)
Medical care satisfaction	3.89 (0.81)	306 (76.5)	94 (23.5)
Administrative support (overall)	14.76 (2.89)	216 (54.2)	184 (45.8)
Overall hospital experience score (/100)	73.12 (11.38)	218 (54.5)	182 (45.5)

Table 4: Factors Associated with Patient Satisfaction (N=400)

Factor	Satisfied N (%)	Dissatisfied N (%)	Odds Ratio (95% CI)	P-value
Age ≤45	176 (58.3)	126 (41.7)	1.59 (1.04–2.44)	0.032
Urban residence	156 (63.9)	88 (36.1)	1.73 (1.12–2.68)	0.014
Higher education (graduate above)	66 (78.6)	18 (21.4)	2.48 (1.30–4.73)	0.006
Hospital accredited (NABH)	144 (66.7)	72 (33.3)	2.15 (1.42–3.25)	0.001
Waiting time ≤30 mins	172 (65.2)	92 (34.8)	2.31 (1.48–3.60)	0.000
Clear billing explanation	198 (69.7)	86 (30.3)	2.73 (1.75–4.28)	0.000

Patient Satisfaction Levels Based on Administrative Services



The bar chart showing **Patient Satisfaction Levels by Administrative Factor**. It illustrates how patients rated different aspects of hospital administration staff behavior, cleanliness, billing transparency, waiting time, and grievance handling. Regression analysis confirmed a positive and statistically significant relationship between administrative^{6 9} practices and patient satisfaction. Variables such as staff courtesy, clarity of communication, efficiency in handling complaints, and transparency in billing were found to have a strong positive correlation with overall satisfaction.

Challenges and Limitations

Despite some hospitals demonstrating best practices, several challenges were identified. These included lack of standardization in administrative procedures, inadequate training of administrative staff, language barriers in communication, and insufficient patient feedback mechanisms. Some hospitals operated under severe staff shortages, which compromised the quality of administrative interactions. Additionally, smaller hospitals in semi-urban areas often lacked digital systems, resulting in manual errors and delays.

The study was limited by its focus on select cities and hospitals, which may not be representative of the entire state. Time and resource constraints also restricted the depth of qualitative exploration in some areas. However, the findings offer valuable insights into broader trends and patterns.

Recommendations

Based on the findings, several recommendations can be made to enhance administrative efficiency and patient satisfaction in private hospitals. Firstly, hospitals should develop standard operating procedures (SOPs) for all administrative functions to ensure consistency and transparency. Secondly, staff should receive regular training in communication skills, cultural sensitivity, and patient handling to improve service interactions. Thirdly, hospitals should invest in digital tools to streamline appointment scheduling, billing, and feedback collection. Real-time feedback mechanisms can help administrators identify service gaps and respond promptly. Additionally, periodic quality audits should be conducted to assess administrative performance and implement continuous improvement.

Conclusion

This study has highlighted the pivotal role of administrative practices in determining patient satisfaction in private hospitals in Chhattisgarh. While clinical outcomes remain vital, it is the administrative processes that often shape the patient's perception of care. Effective communication, courteous staff, hygienic environments, and transparent billing are fundamental to a positive hospital experience. As healthcare becomes increasingly patient-centric, private hospitals must prioritize administrative reforms to meet evolving expectations. The findings of this research serve as

a foundation for policy formulation and institutional development aimed at enhancing service delivery in private healthcare institutions across Chhattisgarh.

Reference

- Asamrew N, Endris AA, Tadesse M. Level of patient satisfaction with inpatient services and its determinants: a study of a specialized hospital in Ethiopia. *Journal of environmental and public health*. 2020 Aug 13;2020.
- Begum F, Said J, Hossain SZ, Ali MA. Patient satisfaction level and its determinants after admission in public and private tertiary care hospitals in Bangladesh. *Frontiers in Health Services*. 2022 Sep 7;2:952221.
- Moses PM, Babu GK, Prasad KV, Jhansi N. Assessment of patient satisfaction in a tertiary and secondary hospital of east Godavari district: a comparative study. *International Journal of Community Medicine and Public Health*. 2020 Mar;7(3):1104.
- Naik JR, Anand B, Bashir I. An empirical investigation to determine patient satisfaction factors at tertiary care hospitals in India. *International Journal of Quality and Service Sciences*. 2015 Mar 16;7(1):2-16.
- Otani K, Herrmann PA, Kurz RS. Improving patient satisfaction in hospital care settings. *Health Services Management Research*. 2011 Nov;24(4):163-9.
- Qureshi FM, Bari SF, Siddiqui HJ, Tahir M, Khalid K, Rizwan S. Evaluation Of Patient Satisfaction Level With Different Outpatient Department Services: A Situational Analysis In A Tertiary Care Hospital. *Pakistan Armed Forces Medical Journal*. 2022 May 2;72(2):695-99.
- Sharma A, Kasar PK, Sharma R. Patient satisfaction about hospital services: a study from the outpatient department of tertiary care hospital, Jabalpur, Madhya Pradesh, India. *National Journal of Community Medicine*. 2014 Jun 30;5(02):199-203.
- Solanki NV, Solanki DB, Shah RR. Patient Satisfaction with Services in the Out-Patient Department at Tertiary Care Hospital of Patan District, Gujarat. *Natl J Community Med [Internet]*. 2017 Jun. 30 [cited 2024 Mar. 26];8(06):334-7. Available from: <https://njcmindia.com/index.php/file/article/view/942>.
- Verma M, Rana K, Kankaria A, Aggarwal R. Assessment of patient's satisfaction visiting a tertiary health care institute in north India. *Journal of Pharmacy and Bioallied Sciences*. 2020 Jul 1;12(3):252-61.
- Virk A, Kalia M, Gupta BP, Singh J, Patiala D. A study to evaluate patient expectation and satisfaction in a tertiary care teaching hospital. *Healthline*. 2013;4(2):64-8.