HEALTH CARE OPERATIONS

An Analysis of Interdepartmental Coordination in Healthcare Operations

Anamika Sohan

Amity University, Mumbai, India

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Abstract

Healthcare can be considered a complex service. Healthcare is carried out via both clinical and non-clinical, as well as financial and technology related aspects. Compared with many other service industries, healthcare is unique due to its multi-professional natureand the various associated services and regulations. Furthermore,patients and their families are also actively involved in healthcare.Understanding healthcare in relation to organisation design, behaviour and management is emphasised within Shortell and Kaluzny's 'Health Care Management: Organization Design and Behaviour'. This is pertinent as healthcare is not generally a discrete service, and is therefore composed of a number of related functions.

Keywords: interdepartmental coordination; healthcare operations; hospital administration; organisational communication; patient experience; insurance administration

1 Introduction

Healthcare can be considered a complex service. Healthcare is carried out via both clinical and non-clinical, as well as financial and technology related aspects. Compared with many other service industries, healthcare is unique due to its multi-professional natureand the various associated services and regulations. Furthermore,patients and their families are also actively involved in healthcare.Understanding healthcare in relation to organisation design, behaviour and management is emphasised within Shortell and Kaluzny's 'Health Care Management: Organization Design and Behaviour'. This is pertinent as healthcare is not generally a discrete service, and is therefore composed of a number of related functions.

Healthcare management can be considered to encompass a wide range of areas including behavioural, leadership, quality, information-technology, financial and health insurance aspects, as well as human resource and team working. Such variety illustrates how healthcare requires numerous elements to work collaboratively in order for services to be provided.

Patients typically engage with a number of departments within healthcare. For example, in addition to departments relating to registration, appointments and diagnosis, there are also departments for patient care, admissions, insurance, finance, medical records and aftercare. Although each department has a particular purpose, departments often interact with one another. For example, information from the clinical and medical records departments may be needed in the insurance department. Similarly, the billing and financedepartments may need information from the clinical and administration departments. Consequently, the effectiveness of a given department can be impacted by the quality and promptness of information obtained from another department.

In relation to healthcare operations, alongside aspects such as process, resources, patient flow and quality, management is again of key importance. As stated by McLaughlin and Hays, healthcare operations management entails enhancing processes and applyingmanagement approaches to increase quality and decrease costs. This work also analyses patient flow and appointment and patient care processes. Again this shows that healthcare operations are affected by the successful management of related aspects.

As previously identified, healthcare comprises a variety of departments. Communication and information exchange are particularly important as a result. Typically, clinical departments specialise in providing patient care (e.g. diagnosis and patient care). In contrast, the administration and support departments manageregistration, insurance, financial and record-keeping and also support patients and their attendants. Rather than functioning in isolation, these areas work together to underpin the efficient and ongoing provision of healthcare services.

In particular then, the connection between the administration and patient service departments is of relevance in healthcare management. Efficient administration, for example, with regard to registration, record-keeping, insurance and financial and medical record management can all impact on the promptness and ongoing provision of patient services. Moreover, patient services, such as communication, advice, feedback mechanisms and patient and attendant support, can supply administration with information that can assist in recognising and enhancing operations.

Overall, therefore, healthcare can be seen to comprise linked systems. Within such systems, one aspect may impact upon others. Good integration can thus promote the prompt dissemination of information. It can also avoid unnecessary repetition and slowprocesses, whilst further defining roles. Again then, both organisational and operations viewpoints can be employed to analyse how integration across departments can enhance healthcare organisational and patient service efficacy.

Drawing upon this, current research investigates integration within healthcare operations. Communication, information exchange, record-keeping, collaboration, definition of roles and promptness are analysed and their links to operations efficiency and patient service outcomes are explored. This work seeks to further understanding of how integration of different healthcare aspects can aid both good healthcare organisational and patient-orientated service performance.

2 Review of literature

Cross-departmental integration involves integration between departments as well as sharing, defining and integrating practice in order to meet organisational goals. Within healthcare, patients can often require integration between departments.

A systematic meta-review of 36 systematic reviews was undertaken by Wei et al. (2022) exploring cross-professional integration. Facilitators and barriers were determined at an organisational, team and individual level. It was noted that integration is impacted byfactors at all levels and that good integration can be formed by relationships being developed, integration occurring and then continued integration. Good integration was linked to positive outcomes for patients, healthcare professionals and organisations.

Further literature has also recently explored cross-professional integration as a topic relevant to organisations. O'Leary et al. (2026)undertook a systematic review to investigate how cross-professional integration interventions are designed and put into practice within hospital teams. Again, this contemporary literature emphasises the ongoing significance of good integration within hospitals.

Whilst overall it appears that integration is not exclusively a social process, it is impacted by both an organisation's structure, team functioning and communication as well as individual practices. Muchof the current literature centres around clinical or cross-professional teams. This therefore provides scope to explore integration furtherand consider this not just within clinical teams, but also in otherclinical and non-clinical departments for example, insurance, finance, medical records, registration and patient services.

2.1 Healthcare operations

Healthcare operations management is concerned with how healthcare organisations organise resources, processes, people, information, and activities to deliver services efficiently and effectively. Unlike a conventional service organisation, healthcare operations involve simultaneous clinical and administrative processes, often under conditions of uncertainty and time sensitivity.Recent literature demonstrates that healthcare operations management has increasingly developed as a distinct field of study. Pellegrino et al. (2026) conducted a bibliometric and content analysis of 604 English-language research papers on healthcare operations management. Their study examined the evolution of the field and identified changing themes surrounding healthcare operations and the patient journey. The findings demonstrate the growing research attention given to operational processes and the way healthcare services are organised around patients.

Furthermore, healthcare operations are strongly linked to healthcare teams and innovation implementation. McGuier et al. (2024) undertook a systematic review of 58 articles, including 55 studies, exploring team functioning and innovation implementation in health and human services. They found that flexible team functioning encourages innovation implementation and poor team functioning can hinder this. Good quality continuous communication was also recognised as an important contributor towards successful innovation implementation.

These studies suggest that healthcare operations should not be viewed solely in terms of physical resources or individual departmental performance. Instead, operational effectiveness is connected with workflow, teamwork, communication, implementation, and coordination between people and processes. This supports the need to examine interdepartmental coordination as an element of healthcare operational efficiency.

2.2 Hospital administration

Hospital administration involves the development, management and control of elements that allow hospitals to run. Included in this can be human resource, financial, data, quality and service provision, alongside operations and links across clinical and non-clinical areas.Ward et al (2025) performed a world-wide systematic analysis of quantitative research on hospital management and the effect that this can have on health care provision. They recognised that hospitals are often complex environments and the connection between hospital management and health care has various dimensions. Within the review were both structural and clinical quality, together with patient satisfaction and experience.

Therefore, this signals that hospital administration cannot be seen as a discreet area compared to patient care. Management can shapethe context within which clinical and associated services work. Efficient administration can then affect many aspects of hospitals including resources, data, and staff and operations.

In addition, there appears to be a growing need for a more joined up approach to hospital administration. Although individual hospital administration units may carry out distinct roles, commonly there is considerable overlap. Patient administration can generate data for other hospital departments. Patients' medical data is utilised for insurance and accounts purposes. Finance is also connected to claims and payments. Moreover, service provision units exchange data with numerous units within the hospital. Therefore, to what extent these varied hospital administrative roles can successfully work together will impact upon hospital administration efficiency.

2.3 Insurance administration

Insurance procedures

Where individuals access healthcare through either cashless schemes and/or reimbursement, procedures often include assessing whether an individual is covered by insurance, compilinginformation, pre-authorising services, applying for reimbursement, liaising with insurance companies and/or third party administrators and completing out-of-hospital documentation.

An investigation in to the initial roll-out of PM-JAY, undertaken in 14 hospitals in Gujarat and Madhya Pradesh, highlighted the complexities of insurance procedures. This included assessment of an individual's insurance cover, deciding upon an appropriate package of care and pre-authorising services. It was shown that on average, the period of time that elapsed between claim and reimbursement exceeded that recommended in guidelines. Furthermore, there was a requirement to enhance both staff's technical skills, as well as their managerial and leadership skills. Streamlining internal procedures was also deemed necessary (Gopalan et al., 2022).

A review of the literature on PM-JAY noted that, whilst the policy has enhanced healthcare access for disadvantaged groups, issues continue to exist in relation to knowledge, financial security and claim reimbursement and the implementation of the scheme. Private hospitals have expressed concern about the value of reimbursementsand the time taken to process claims (Sharma et al, 2023).

Overall therefore the literature demonstrates that insurance procedures are highly intertwined with hospital functioning and documentation. Moreover, liaison, finance and healthcare access are also affected. Consequently, insurance is an important area to analyse in relation to hospital cross-departmental working.

2.4 Patient experience

A 'patient experience', is a person's perception and experience of healthcare. Within this can include areas such as, communication, access, responsiveness, provision of information, respect and integration. Furthermore, a systematic review by Doyle et alexplored the business benefits gained from a good patient experience. Good patient experiences have previously been linked with patient behaviours (for example; adherence), and impacts onpatient safety, clinical and health service outcomes. Organisational benefits such as, patient retention and satisfaction, together withstaff satisfaction and economical impacts were similarly explored within this literature review.

Recent research has investigated the impact of organisational and service management approaches, used by healthcare organisations. A 2025 systematic review analysed such organisational and service management healthcare approaches and their impact on 'standardised' patient experience. This highlighted the importance of a healthcare organisations' management and service structures in influencing a patient's experience.

Patient experience is therefore not determined exclusively by clinical treatment. Administrative processes can also influence how patients perceive the healthcare organisation. Registration procedures, appointment scheduling, communication about insurance, billing, waiting, documentation, discharge, and assistance from patient-service personnel can all form part of the patient's overall experience.Insurance-related administrative processes provide a further example of this relationship. A study of patient administrative burden found that administrative tasks such as scheduling, obtaining information, prior authorisations, and resolving billing issues can create additional burdens for patients. More recent research continues to identify insurance and administrative processes as important components of the patient journey.

Thus, patient experience provides an important outcome through which the effectiveness of administrative and interdepartmental processes can be considered.

2.5 Organisational communication

Organisational communication is the communication that takes place in an organisation. Within the healthcare sector this encompasses communication between healthcare professionals, administration personnel, patients, carers and insurers. Given that services within healthcare are so interrelated poor communication can impact negatively upon both the delivery and safety of healthcare. Indeed, poor communication was highlighted by McHugh et al. (2020) as a key issue which has been targeted for improvement in relation to enhancing interprofessional team working. Likewise, communicationand organisational related issues were emphasised by Wei et al. (2022) as also being influential in interprofessional working.

Recent evidence continues to re-iterate the significance of good communication. Keshtkar et al. (2025) undertook a systematic review into how the nature and standard of communication, both with patients and also between healthcare professionals, impacted upon patient safety events.

This re-emphasises the importance of cross-organisational communication.

Therefore, business communication can be seen to play an essential role in facilitating interdepartmental cooperation. Good communication can thus promote the smooth running of services. Poor communication on the other hand can result in service disruption, duplication and/or miscommunication as well as poor record keeping.

3 Research gap

Literature has shown that good coordination, communication, teamwork and management can all be valuable in healthcare. Studies investigating interprofessional working have explored what supports or prevents good interprofessional working and have recognised key individual, team and organisational level issues which affect interprofessional working. A systematic meta-review has shown that multiple variables can impact on interprofessional working and thishas

consequences at both a patient and professional level, as well as for organisations (Wei et al., 2022). In addition, McHugh et al. (2020) studied healthcare teams within a hospital environment and emphasised the importance of good communication in supporting good teamwork.

Studies have also reviewed hospital management and healthcare service provision from a perspective of organisational performance and healthcare service quality. Ward et al., (2025) conducted a review of worldwide quantitative data concerning hospital management and healthcare service quality. Findings revealed that whilst some management variables were positively linked tostructural, clinical

and health quality, links were more often non-existent for patient satisfaction and patient experience. Poor study methodology was also recognised, predominantly in the form of observational studies.

In addition, further studies have investigated particular healthcare service provision areas. Communication, teamwork, record-keeping, patient flow and healthcare structures have all been explored. Recent studies have looked into hospital ward round provision and investigated if structured strategies can enhance healthcare service provision in terms of efficiency, record-keeping and communication as well as impact on patient safety. Such studies demonstrate that the structure and coordination of healthcare service provision can have an effect on healthcare teams and service provision.

Although much literature is available regarding healthcare teams, interprofessional working, hospital management and individual healthcare service provision areas, less has investigated interdepartmental coordination. Of particular interest is the coordination between a hospital's clinical and non-clinical departments. Although these departments – for example,registration, medical records, insurance, finance, accounts, operations and patient services – may each have distinct roles, they are in fact highly interlinked during a patient's healthcare experience.

This study centres around investigating interdepartmental coordination. Unlike other studies which often concentrate on healthcare team coordination, this research exploresinterdepartmental coordination. Communication, information exchange, record keeping, co-operation, role definition and punctuality are all considered as part of interdepartmental coordination.

The research will then investigate how these variables may be connected to both healthcare service provision efficiency and patient service provision. Healthcare service provision efficiency refers to the extent to which hospital processes can be efficiently and promptly executed. Patient service provision outcomes encompass many variables, for instance, service continuity and promptness and the efficacy of patient service provision.

Hence, this research extends previous literature on healthcare teams, hospital management, communication and healthcare service provision. Applying this knowledge to the wider area of interdepartmental coordination, the research will seek to generate evidence regarding how

interdepartmental coordination is viewed and its connection to healthcare service provision efficiency and patient service provision.

4 Research objectives

4.1 Aim

To investigate the contribution which interdepartmental coordination can make to both healthcare service provision efficiency and patient service provision.

4.2 Objectives

1. To investigate interdepartmental coordination in healthcare organisations.
2. To evaluate the contribution of hospital communication and information exchange can make to good interdepartmental coordination.
3. To investigate how precise record-keeping, well-defined roles, co-operation and punctuality can contribute to interdepartmental coordination.

4. To analyse the connection between interdepartmental coordination and healthcare service provision efficiency.
5. To investigate the link between interdepartmental coordination and patient service provision outcomes; namely, promptness, continuity and service provision efficacy.
6. To recognise key difficulties which impede interdepartmental coordination and to propose methods by which interdepartmental and healthcare service provision coordination can be enhanced within healthcare organisations.

5 Research questions

1. To what extent is there inter-department co-ordination within healthcare organisations?
2. How does an organisation's communication and information-sharing process impact on inter-department co-ordination?
3. In what ways does good record-keeping, role definition, team-working and promptness affect inter-department co-ordination?
4. How is inter-department co-ordination related to the operational efficiency of healthcare organisations?
5. How is inter-department co-ordination related to patient service provision?
6. What are the main issues impacting on inter-department co-ordination and which actions can be taken to enhance both inter-department co-ordination and operations?

6 Research hypotheses

Drawing on the research aims and questions, the following hypotheses have been formulated:

Communication and information sharing

$H0_1$: There is no significant association between an organisation's communication and information sharing practice and its inter-department co-ordination.

$H1_1$: There is a significant positive association between an organisation's communication and information sharing practice and its inter-department co-ordination.

Co-ordination and operational efficiency

$H0_2$: There is no significant association between inter-department co-ordination and the operational efficiency of healthcare organisations.

$H1_2$: There is a significant positive association between inter-department co-ordination and the operational efficiency ofhealthcare organisations.

Co-ordination and patient service outcomes

$H0_3$: There is no significant association between inter-department co-ordination and patient service provision within healthcare organisations.

$H1_3$: There is a significant positive association between inter-department co-ordination and patient service provision withinhealthcare organisations.

7 Research methodology

Quantitative research was decided upon as this is suitable for investigating how employees in healthcare perceive cross-department collaboration and analyse the links between cross-department collaboration, efficiency and service outcomes. Quantitative data will be gathered and then analysed accordingly.

7.1 Research design

A descriptive and analytical research design has been chosen for this research.

The descriptive element of this design is utilised to ascertain how well cross-department collaboration, communication, information exchange, record keeping, co-operation, employee roles and punctuality are currently being carried out within healthcare.

The analytical element is utilised to investigate the links between the key variables. Specifically, this research looks at the linkbetween cross-department collaboration and both efficiency and service outcomes. It also enables researchers to test the hypotheses.

7.2 Population

Healthcare professionals and staff are part of the population for this research. Staff can come from a range of departments includingclinical, administration, finance, insurance, medical records, service provision, operations and other departments within a hospital for example.

Staff can be drawn from a wide range of departments so that the views of staff can be obtained on how departments interact and collaborate in order to provide healthcare services.

7.3 Sampling

Convenience sampling will be used for this research. This is a form of non-probability sampling and involves selecting people for research according to ease of access and their desire to take part. Given that this research involves healthcare professionals and staff, this method is appropriate as it enables individuals from this area to be easily accessed and who are likely to have pertinent experience and/or knowledge of healthcare and cross-department collaboration.

Staff can be sourced from various departments (for instance,clinical, administration, finance, insurance, medical records, services and operations) and their views will be obtained in order to explore staff's perceptions of cross-department communication, information exchange, collaboration, efficiency and service outcomes. As this is a non-probability sampling method, the results may not be fully transferable to a wider population than that researched.

7.4 Sample size

Responses were gathered from 25 healthcare professionals and/or associated staff. Again, these people were sourced using convenience sampling. Due to the relatively small size of the sample, results will mainly be analysed in relation to this sample and thusshould not necessarily be seen as fully transferable to the widerhealthcare sector.

7.5 Data collection tool

Primary data will be gathered utilising a questionnaire. The questionnaire will be designed to align with the research aims, questions and hypotheses and to reflect themes uncovered duringthe literature review.

The questionnaire will address the following areas:

- Communication
- Information exchange
- Record keeping
- Cross-department collaboration
- Employee roles
- Punctuality
- Cross-department collaboration
- Efficiency
- Service outcomes
- Barriers to cross-department collaboration

It may also incorporate a section eliciting basic details about those taking part in the research, for example, their department/role and number of years' experience. Other non-identifying professional related information can also be requested.

7.6 Scale of measurement

Generally, a five-point Likert scale will be used to measure responses to the questionnaire.

Score and response

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

This scale enables participants to express their level of agreement or disagreement with statements concerning cross-department collaboration and healthcare.

7.7 Data collection timescale

Primary data will be gathered within the defined timescale for the research. From: 25th September 2026

To: 24th November 2026

7.8 Data analysis

Excel will be used to both structure and analyse the data. Analysis may involve:

- Statistical description of the sample and results.
- Calculation of mean scores and standard deviations for Likert scale responses.

- Reliability testing (such as Cronbach's Alpha) for the questionnaires' scales, provided there are multiple items within a scale.
- Investigation of links between key variables using Pearson's correlation.
- Regression analysis (where appropriate) to determine the degree to which elements of cross-department collaboration are linked to efficiency and service outcomes.

Ethics

Throughout the research ethical considerations will be observed. Individuals will be able to opt-in to the research and will initially be informed of the general nature of the investigation prior to completing the questionnaire.

Confidentiality and anonymity will be upheld. Only essential information about participants will be requested. As mentioned above, individuals will be free to elect not to share particular information.

Furthermore, information will only be used for educational research. The researcher will endeavour to ensure that data is accurately presented and will avoid making up, altering and/or incorrectly conveying information. Appropriate permission (either from an institution or participants) will be sought, where necessary, to gather data.

Research limitations

There are various limitations to this research. Firstly, results may not be fully transferable as convenience and/or purposive sampling may not yield a sample that is representative of all healthcare staff and/or healthcare organisations.

Secondly, as this research is based on self-reporting, participants' views may be impacted by their own experiences, beliefs and/or working environment.

Thirdly, since data is analysed at a distinct point in time, results will represent participants' views at that stage.

In addition, it may not always be possible to source staff from all departments and/or healthcare organisations. Consequently, the variety of views potentially available for analysis may be impacted.

Furthermore, although this research predominantly explores staff's perceptions of cross-department collaboration, efficiency and service outcomes, it may not encompass all the elements which influence healthcare functioning within an organization or in a healthcare setting.

Data analysis and interpretation

Demographic analysis of respondents

Table 1. Age distribution of respondents.

Age group	Respondents	Percentage
Below 20 years	8	20%
20–29 years	23	57.5%
30–39 years	6	15%
40–49 years	3	7.5%

Age group	Respondents	Percentage
Total	**40**	**100%**

Interpretation: The majority of respondents (57.5%) belong to the 20–29 age group. This indicates that the survey primarily represents younger individuals, while other age groups are also included.

Table 2. Gender distribution of respondents.

Gender	Respondents	Percentage
Female	26	65%
Male	13	32.5%
Not stated	1	2.5%
Total	**40**	**100%**

Interpretation: Female respondents account for 65% of the sample, while male respondents account for 32.5%. Therefore, female participants form the majority of the survey.

Table 3. Area of work of respondents.

Department / Area	Respondents	Percentage
Administration	10	25%
Medical	9	22.5%
Finance	7	17.5%
Operations	6	15%
Guest Relations	2	5%
Medical Records	1	2.5%

Interpretation: Administration represents the largest respondent group (25%), followed by Medical (22.5%) and Finance (17.5%). This provides perspectives from several functional areas, although the sample is not evenly distributed across departments.

Analysis of organisational background

Table 4. Type of organisation.

Organisation	Respondents	Percentage
Private hospital/healthcare organisation	22	55%
Government hospital/healthcare organisation	4	10%
Other healthcare organisation	5	12.5%
Prefer not to say	8	20%
Not stated	1	2.5%

Interpretation: More than half of the respondents (55%) belong to private hospitals or healthcare organisations. Therefore, the findings largely reflect perspectives from the private healthcare sector.

Table 5. Work experience in healthcare.

Experience	Respondents	Percentage
Less than 1 year	19	47.5%
1–3 years	13	32.5%
3–5 years	3	7.5%
More than 5 years	4	10%
Not stated	1	2.5%

Interpretation: A majority (80%) of respondents have less than three years of healthcare experience. This indicates that the findings are strongly influenced by relatively early-career respondents.

Analysis of interdepartmental communication

The respondents evaluated communication using a five-point rating scale. For interpretation, the analysis assumes 1 represents strong disagreement and 5 represents strong agreement.

Table 6. Communication effectiveness.

Statement	Mean score	Agree / Strongly agree
Communication between departments is clear and effective.	3.75	55%
Information is communicated to concerned departments on time.	3.72	61.5%
Departments communicate effectively during shared tasks.	3.78	67.5%
Communication gaps are addressed promptly.	3.60	52.5%

Interpretation: The results indicate a moderately positive perception of interdepartmental communication. The highest agreement (67.5%) relates to communication during shared tasks. However, only 45% agreed that departments consistently receive the information required to perform their responsibilities. This suggests that information availability and timely resolution of communication gaps require improvement.

Analysis of documentation and information sharing

Table 7. Documentation practices.

Statement	Mean score	Agree / Strongly agree
Required documents are provided to concerned departments on time.	3.73	55%

Interpretation: The mean score of 3.73 indicates a moderately positive response towards documentation practices. However, 32.5% of respondents selected a neutral response and 12.5% disagreed. This suggests that document-sharing procedures are generally satisfactory but may not be consistent in every situation.

Timely documentation is particularly important in healthcare because insurance verification, pre-authorisation, billing and patient discharge depend on accurate information being shared between departments.

Analysis of role clarity and departmental cooperation

Table 8. Role clarity and cooperation.

Statement	Mean score	Agree / Strongly agree
Responsibilities between departments are clearly understood.	3.60	45%

Interpretation: The findings show that departmental cooperation is relatively positive, with a mean score of 3.75. However, only 45% of respondents agreed that responsibilities are clearly understood. This indicates a possible gap in role clarity.

In a multispecialty hospital, unclear responsibilities can result in delayed insurance approvals, billing errors and repeated communication between Patient Services, Finance and Insurance departments. Clearly defined responsibilities can improve accountability and workflow efficiency.

Analysis of patient services and coordination

Table 9. Impact of coordination on patient services.

Statement	Mean score	Agree / Strongly agree
Departments coordinate during different stages of patient care.	3.78	62.5%
Coordination contributes to better patient service.	3.79	59%
Coordination contributes to a smoother patient experience.	4.00	67.5%
Coordination helps address patient concerns effectively.	3.78	60%

Interpretation: This category records generally positive responses. The highest mean score of

4.00 relates to the belief that effective coordination contributes to a smoother patient experience. Additionally, 67.5% of respondents agreed with this statement.

These findings highlight the importance of coordination between departments in improving patient satisfaction, reducing delays and ensuring smoother admission, treatment, billing and discharge processes.

Analysis of coordination challenges

Table 10. Factors affecting interdepartmental coordination.

Statement	Mean score	Agree / Strongly agree
Incomplete documentation affects departmental coordination.	3.83	60%
Heavy workload and time constraints affect coordination.	3.85	62.5%

Interpretation: The results indicate that incomplete documentation and heavy workloads are recognised as important coordination challenges. The mean score for workload and time constraints is 3.85, with 62.5% agreement.

Similarly, 60% of respondents agreed that incomplete documentation affects coordination. This suggests that proper documentation, workload management and timely information exchange are important areas requiring managerial attention.

Overall analysis of findings

The following table summarises the major research dimensions. Duplicate questions have been excluded from the calculations.

Table 11. Average mean score by research dimension.

Research dimension	Average mean score
Interdepartmental communication	3.69
Documentation timeliness	3.73
Role clarity and cooperation	3.68
Patient-care coordination	3.84
Coordination challenges	3.84

Scale: 1–5. Higher scores indicate stronger agreement. For coordination challenges, higher scores indicate stronger agreement that the stated barriers exist.

The overall findings reveal that interdepartmental coordination is perceived positively, particularly regarding its contribution to patient experience. However, communication, documentation and role clarity still require improvement.

Patient-care coordination received a mean score of 3.84, indicating that respondents generally recognise the importance of departmental cooperation in delivering better healthcare services.

Role clarity and cooperation received the lowest average score of 3.68. This suggests that organisations should focus on clearly defining responsibilities and improving communication between departments.

Findings

Based on the analysis of 40 responses, the following findings were identified:

1. **Communication:** Most respondents have a moderately positive perception of communication between departments, but information availability needs improvement.
2. **Documentation:** Timely document sharing is generally satisfactory, although inconsistencies may affect departmental workflow.
3. **Role clarity:** Only 45% of respondents agreed that responsibilities between departments are clearly understood, highlighting the need for better-defined roles.
4. **Departmental cooperation:** Respondents generally recognise the importance of cooperation when completing interdependent tasks.
5. **Patient satisfaction:** The highest mean score (4.00) was recorded for the statement that coordination contributes to a smoother patient experience.
6. **Workload challenges:** 62.5% agreed that heavy workload and time constraints affect interdepartmental coordination.
7. **Documentation challenges:** 60% agreed that incomplete documentation can negatively affect coordination.

Suggestions and recommendations

Based on the findings, the following recommendations are proposed:

- **Improve communication:** Establish clear communication channels between Insurance, Finance and Patient Services.
- **Standardise documentation:** Introduce checklists to ensure all required documents are collected and shared on time.
- **Define responsibilities:** Clearly assign duties to avoid confusion and duplication of work.
- **Improve workload management:** Distribute responsibilities effectively, particularly during peak admission and discharge periods.
- **Conduct regular meetings:** Organise short interdepartmental meetings to discuss pending approvals, billing issues and patient concerns.
- **Use digital systems:** Implement integrated systems to enable departments to access updated patient and billing information.

Conclusion

The analysis indicates that effective interdepartmental coordination plays an important role in the smooth functioning of a multispecialty healthcare organisation. Although respondents generally expressed positive views regarding communication and patient-care coordination, certain challenges remain in information sharing, documentation, role clarity and workload management.

The study highlights the need for better communication systems, standardised procedures and clearly defined responsibilities among Insurance, Finance and Patient Services. Addressing these areas can improve operational efficiency, reduce administrative delays and contribute to a smoother patient experience.

Limitations

Sample size.

Although data was collected from 40 people, it is possible that this does not accurately portray the views of the entire workforce within multi-specialty healthcare organisations.

Sampling method.

A ‘convenience’ sampling approach was adopted. This may therefore be subject to sampling bias as individuals were approached due to ease of access and their willingness to take part.

Departmental variation.

There are differing numbers of people from each department. This could potentially result in different viewpoints being presented by different departments.

Regional variation.

Results may not be generalisable to all healthcare organisations in different geographical areas as not all regions may have been investigated.

Use of primary data.

Primarily, data was obtained from questionnaires. As such, it expresses the subjective views and opinions of people and does not necessarily stem from objective sources which assess how well an organisation is performing.

Staff experience.

Approximately 80% of those who took part had less than 3 years' healthcare work experience.

Consequently, results may not fully reflect the viewpoints of more experienced staff.

Personal viewpoint.

People may have answered in accordance with their own experiences and/or opinions. Again, this could influence the accuracy and objectivity of results.

Time availability.

Time availability prevented both further enlargement of the sample and in-depth interviews with members of staff from the three departments.

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