

Original Research Article

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Satisfaction level of patients admitted in medical wards of a tertiary care hospital regarding medical care provided by doctors and nurses: a cross-sectional study

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ABSTRACT

Background: Patient satisfaction in medical wards is influenced by various factors, such as hospital environment, length of stay, previous admissions, treatment cost, and discharge process. These aspects, including privacy, communication, and explanations provided to patients, significantly impact their overall care experience.

Methods: A cross-sectional study was carried out at Nishtar Hospital, Multan, from April 15, 2025, to July 15, 2025. Using non-random convenient sampling, approximately 184 patients admitted to medical wards were studied. The focus was on evaluating the care provided by doctors and nurses.

Results: A survey of 184 patients revealed varying satisfaction levels with doctors and nurses. Using a Likert scale, patients rated care aspects, with doctors generally receiving higher satisfaction scores than nurses.

Conclusions: Patients expressed greater satisfaction with doctors' services than nurses. Key areas for improvement in nursing care include communication and responsiveness.

Keywords: Doctors, Healthcare quality, Medical care, Nurses, Patient satisfaction

INTRODUCTION

Patient satisfaction is considered one of the most important indicators of health care quality and has evolved as a prominent concern in healthcare systems worldwide, including those practicing in Pakistan. Several studies have been conducted on patient satisfaction in public and private hospitals worldwide that seek to determine the important factors which contribute or detract from the quality of care. The basis of healthcare research in Europe is the satisfaction of patients. In earlier work in France, field studies demonstrated radical differences between hospitals in the degree of satisfaction, with the quality of relationships and presence/absence of doctors featured prominently.¹ The main drivers of patient satisfaction in the United States are quality of doctor-patient communication and physical

infrastructure of the hospital. Previous studies demonstrated that better communication enhances patient-related outcomes and satisfaction, mainly in specialty care settings such as oncology and cardiology wards.² Studies in some states suggested that highly satisfied staff hospitals more likely to have positive patient outcomes as well, further highlighting the role of corporate culture in quality.³ The results demonstrated that the patients in general were satisfied with technical competencies of medical staff but cleanliness of facilities and emotional support provided during the treatment raised more concerns.⁴ While in India, patient satisfaction was significantly attributed to communication with healthcare professionals and quality of personalized care.⁵ Indeed other studies from Nepal and Bangladesh identified factors such as waiting times, hospital cleanliness, and physician availability to be strong

determinants of overall patient satisfaction.⁶ 95.2% of patients were satisfied with inpatient services in selected wards of Yazd Shahid Sadoughi University of Medical Sciences hospitals in 2016.⁷ Patients' satisfaction with nursing care in medical wards is moderate, with majority being males and 36% aged 41-60 years.⁸ In a Karachi tertiary care hospitals based study it was found that patients were highly satisfied with the services but there was a pronounced dissatisfaction in lack of emotional support and domination of physician over decision making.⁹ And that in most number of cases, patients in Wah Cantt were satisfied with the standard of care however struggles such as holes and bottlenecks between various stakeholders remained alert and had increased anxiety 13 during treatment.¹⁰ Patients in a Karachi tertiary care hospital were highly satisfied with doctors' knowledge and attitudes, but dissatisfied with ward cleanliness, food, and communication from physicians.¹¹ Public hospitals in Pakistan need to improve patient safety and error reporting systems to address concerns from nurses.¹² In addition to that, findings from Lahore reported that private hospitals are usually rated more satisfactory than public sector hospitals in responsiveness and patient involvement.¹³ Outside Pakistan, similar conclusions have emerged from studies across Asia. A study in Iran also revealed a strong association between patient satisfaction and hospital-wide infrastructure and nursing care. Study from Pakistan shows that, patients are highly satisfied with the services of hospital on dimensions like staff behavior and available facilities except at Multan. However, a few gaps were found specifically in communication and privacy while treatment.¹⁴

In conclusion, even though the determinants of patient satisfaction differ from region to region, communication, hospital cleanliness, waiting times and emotional support are core drivers of satisfied patients in healthcare systems.

Objectives

This study aimed to assess patient satisfaction with the medical care provided by doctors and nurses in Nishtar Hospital. It evaluated communication, professionalism, responsiveness, and other factors influencing satisfaction, such as waiting times and treatment outcomes. The findings will guide recommendations to improve hospital care quality.

METHODS

A cross-sectional study was conducted in tertiary care hospital in hospital in south Punjab from 15 April 2025 to 15 July 2025. Random convenient sampling technique was used over the course of three months, and data was collected from 184 different patients. The primary focus was to assess the overall medical care provided by doctors and nurses to patients admitted in the medical wards of Nishtar Hospital. Ethical clearance was obtained in accordance with Human Rights Declaration, ensuring

that every participant's consent was fully informed, conscious and voluntary prior to data collection Ref. No. 6074/NMU, Dated:11-04-2025.

Inclusion criteria

All the admitted patients of the medical wards of Nishtar Hospital Multan who gave consent became part of the study.

Exclusion criteria

Those patients who have not given the consent, unconscious and were not able to respond.

Data was collected using a structured questionnaire that focused on different aspects of patients' care.

RESULTS

This cross-sectional study surveyed 184 patients to assess their satisfaction with the medical care and services provided by doctors and nurses in a tertiary care hospital. The results are based on a Likert scale where patients rated various aspects of care, ranging from "strongly satisfied" to "strongly dissatisfied". The data revealed varying levels of satisfaction between doctors and nurses, with doctors generally receiving higher satisfaction ratings than nurses as deciphered in the Table 1.

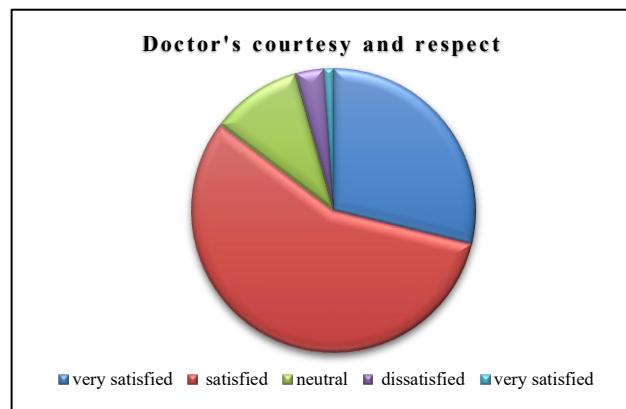


Figure 1: Doctor's courtesy and respect.

The highest satisfaction among patients was recorded for doctors' courtesy and respect with 85.3% of respondents expressing satisfaction given in Figure 1.

Similarly, doctors' attention to symptoms/complaints was highly rated, with 84.8% of respondents being satisfied. Given in Figure 2.

However, lower satisfaction was observed in areas like doctors' explanation of medication side effects, where 29.9% of patients were dissatisfied or, indicating a communication gap in explaining potential treatment risks as given in Figure 3.

Table 1: Levels of satisfaction.

Variables	Strongly satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Strongly dissatisfied (%)	Mean	SD	Decision
Doctor's explanation of your condition/treatment	35 (19.0)	110 (59.8)	27 (14.7)	10 (5.4)	2 (1.1)	3.90	0.804	Satisfied
Time spent by doctors during visits	48 (26.1)	98 (53.3)	28 (15.2)	10 (5.4)	0 (0)	4.00	0.796	Satisfied
Doctor's responsiveness to your questions/concerns	44 (23.9)	97 (52.71)	26 (14.13)	13 (7.06)	4 (2.1)	3.89	0.923	Satisfied
Doctor's courtesy and respect	53 (28.8)	104 (56.5)	19 (10.3)	6 (3.3)	2 (1.1)	4.09	0.784	Satisfied
Frequency of doctors' round	41 (22.3)	100 (54.3)	31 (16.8)	12 (6.5)	0 (0)	3.93	0.806	Satisfied
Doctors' availability when needed	55 (29.9)	91 (49.5)	19 (10.3)	16 (8.7)	3 (1.6)	3.97	0.949	Satisfied
Clarity of doctors' instructions for your care	45 (24.5)	107 (58.2)	20 (10.9)	9 (4.9)	3 (1.6)	3.99	0.836	Satisfied
Doctors' attention to your symptoms/complaints	55 (27.7)	105 (57.1)	22 (12.0)	6 (3.3)	0 (0)	4.09	0.722	Satisfied
Doctors involvement of you in decision making	39 (21.2)	78 (42.4)	35 (19)	31 (16.8)	1 (0.5)	3.67	1.010	Satisfied
Doctors explanation of medication side effects	22 (12)	74 (40.2)	33 (17.9)	38 (20.7)	17 (9.2)	3.25	1.184	Dissatisfied
Consistency of information provided by different doctors	33 (17.9)	96 (52.2)	31 (16.8)	23 (12.5)	1 (0.5)	3.74	0.914	Satisfied
How responsive were nurses to your needs and request	23 (12.5)	94 (51.1)	32 (17.4)	21 (11.4)	14 (7.6)	3.49	1.091	Dissatisfied
How well did the nurses keep you informed about your care plan and any changes to it	27 (14.7)	60 (32.6)	44 (23.9)	41 (22.3)	12 (6.5)	3.27	1.155	Dissatisfied
Did you feel nurses listened to your concerns and addressed them properly?	21 (11.4)	82 (44.6)	32 (17.4)	35 (19)	14 (7.6)	3.33	1.137	Dissatisfied
How would you rate nurses bedside manner and compassion?	29 (15.8)	87 (47.3)	35 (19)	27 (14.7)	6 (3.3)	3.58	1.027	Dissatisfied
How satisfied you were with the frequency of nurses round/checks?	31 (16.8)	88 (47.8)	37 (20.1)	21 (11.4)	7 (3.8)	3.63	1.017	Satisfied
Did the nurses involve you in decision about your care when appropriate?	24 (13)	46 (25)	49 (26.6)	54 (29.3)	11 (6)	3.10	1.141	Dissatisfied
How would you rate the nurses efforts to educate you about your condition and care?	20 (10.9)	57 (31)	49 (26.6)	45 (24.5)	13 (7.1)	3.14	1.122	Dissatisfied
how well did the nurses communicate with your family members/caregivers?	21 (11.4)	83 (45.1)	42 (22.8)	28 (15.2)	10 (5.4)	3.420	1.053	Dissatisfied

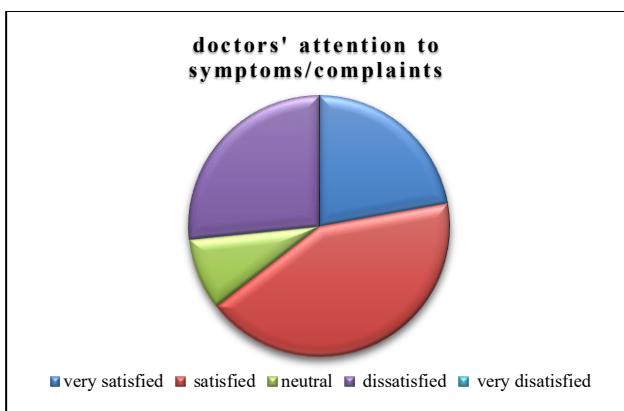


Figure 2: Doctors' attention to symptoms/complaints.

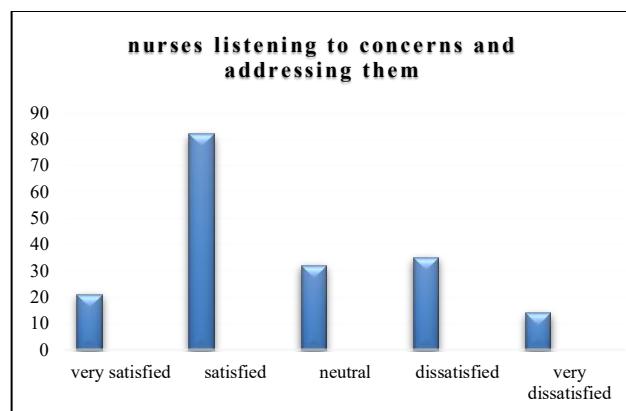


Figure 5: Nurses listening to concerns and addressing them.

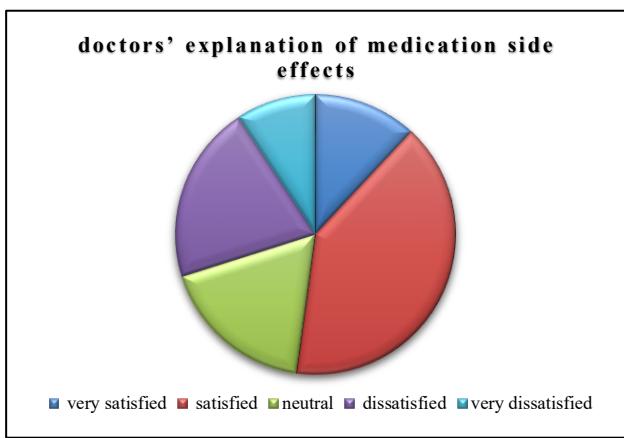


Figure 3: Doctors' explanation of medication side effects.

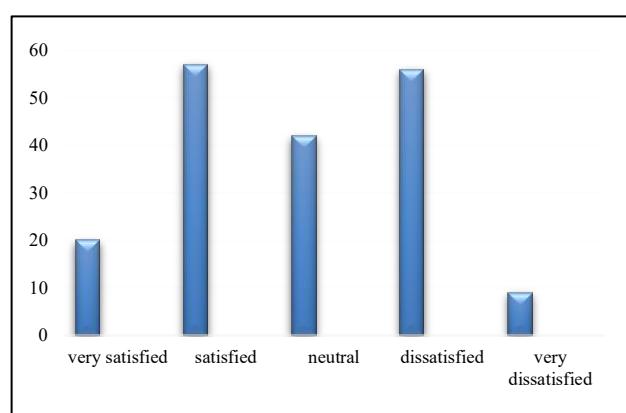


Figure 6: The nurses' explanation of procedures and treatments.

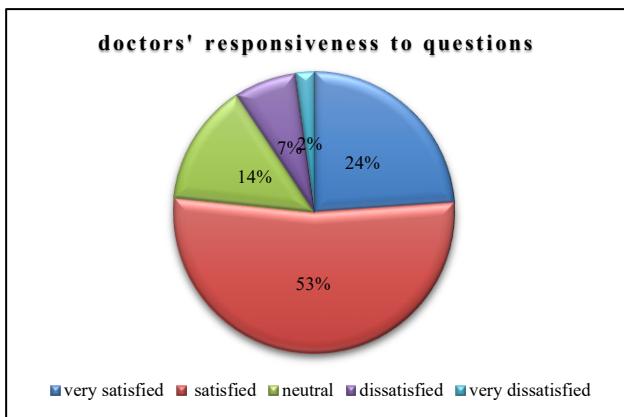


Figure 4: Doctors' responsiveness to questions.

Despite this, most aspects of doctor-patient interaction, including responsiveness to questions and clarity of instructions were rated positively as given in Figure 4.

Satisfaction levels were lower for nurses, with some areas showing significant dissatisfaction. For example, the item on nurses listening to concerns and addressing them revealed that 26.6% of patients were dissatisfied (Figure 5).

Similarly, the nurses' explanation of procedures and treatments was poorly rated, with 35.3% of patients expressing dissatisfaction (Figure 6).

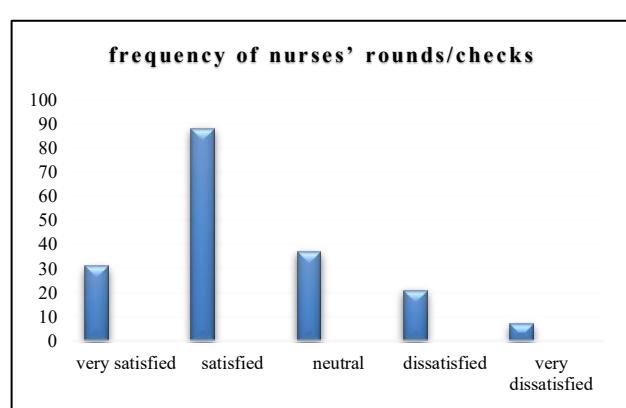


Figure 7: Frequency of nurses' rounds/checks.

While some aspects of nursing care, such as frequency of nurses' rounds/checks were moderately well-rated, Figure 7. Dissatisfaction was evident in areas like nurses' efforts to educate patients about their condition where 31.6% of respondents were dissatisfied. Additionally, 35.3% of

patients were dissatisfied with nurses involving them in decisions about their care.

DISCUSSION

Using a five-point Likert scale, the current study was carried out to gauge the patients' satisfaction levels with the healthcare providers. Regarding the sociodemographic correlations of patients' satisfaction with the services provided, the present study found no relationship between patients' satisfaction and age, monthly income, marital status, or educational attainment. This was in line with Al-Sakkak et al who discovered no discernible variation in patients' satisfaction according to their average monthly income, marital status, gender, or occupation.¹⁵ Additionally, it concurred with Goel et al regarding age group and Mohamed et al regarding gender, marital status, income, and status.^{16,17} Furthermore, it supported the findings of Mohanan et al, who claimed that there was no correlation between patient satisfaction and all demographic variations.¹⁸ According to Arhar et al and Rand's research, marital status has an impact on satisfaction, but other factors must also be considered.¹⁹ An analysis of the impact of radio-demographic traits on patient satisfaction has produced varying results. It has been shown that individuals with higher incomes exhibit higher levels of satisfaction than those with moderate incomes.²⁰ Male patients expressed greater satisfaction with the care than female patients, according to the study's findings.^{21,22} According to the study, patients generally had a very positive opinion of the quality of the care they received. Overall, patients expressed greater satisfaction when medical professionals attended to their specific needs, showed them kindness, and made them feel like they were involved in their own treatment. One of the sensitive measures of nursing care quality is patient satisfaction.

Our study found that patients generally had a very positive opinion of the quality of care they received from the physicians and nurses. In a similar vein, 94% of respondents to a local study conducted at Rawalpindi Railway Hospital expressed satisfaction. 89.6% of female patients and 95-100% of male patients in our study expressed satisfaction with the attitude of the doctors. According to a study conducted in Dera Ismail Khan, only 45% of patients expressed satisfaction with the nursing care they received. Given that the majority of patients expressed dissatisfaction with the nurses' services, this study is comparable to ours.²³ Furthermore, the current study's results align with 20 earlier research studies emphasizing the value of clear communication and patient-centered care in improving patient contentment.²⁴ However, it is important to note that 30.5% of participants reported poor satisfaction with laboratory and other health services, while a sizable portion (35.1%) expressed fair satisfaction. According to these results, there is potential for improvement in these areas to raise patient satisfaction levels generally. Similar results have been documented in earlier research,

suggesting that measures are required to address concerns about information provision, cleanliness, and convenience in healthcare settings.²⁵ Enhancing these elements can help create a more patient-centered strategy, which will ultimately result in happier patients.

Limitations: A cross-sectional study captures a snapshot in time, which may not reveal trends or changes in satisfaction over time. Patients who chose not to participate might differ significantly in satisfaction levels compared to those who do, skewing results. Patient expectations and perceptions of care can vary widely across cultures, potentially affecting overall satisfaction ratings

CONCLUSION

On average, patients were more satisfied with the services provided by doctors compared to nurses. Overall satisfaction with doctors was consistently higher across most categories, with fewer patients expressing dissatisfaction. In contrast, several key areas of nursing care, especially patient communication and responsiveness, were identified as needing improvement.

Recommendations

Communication skills should be focused particularly among nurses.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee Ref. No. 6074/NMU, Dated:11-04-2025

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