

Original Research Article

Patient perspectives and satisfaction with outpatient healthcare services at a tertiary-care public hospital in Chandigarh, India: a cross-sectional study

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ABSTRACT

Background: Patient satisfaction is an important indicator of the quality, effectiveness, and patient-centeredness of healthcare services. Assessing patients' perspectives can help identify service gaps and guide quality improvement. Objective was to assess patients' perspectives and satisfaction with outpatient department (OPD) healthcare services and to explore their suggestions for improving patient care at a tertiary-care public hospital in Chandigarh, India.

Methods: A cross-sectional study was conducted among patients attending OPDs of a tertiary-care government hospital in Chandigarh from April to December 2025. Patients who consented to participate or their attendants were interviewed using a self-designed semi-structured interview schedule to collect information on socio-demographic characteristics, waiting time, patient experiences, satisfaction, problems encountered, staff behaviour, and suggestions.

Results: A total of 1069 respondents including 53.6% females and 46.4% males were interviewed. Overall, 70.9% respondents were satisfied with OPD healthcare services, 16.6% were less satisfied, and 12.5% were not satisfied. Overcrowding (53.8%) and long waiting time (49.0%) were the most frequently reported problems. Overall, 72.8% reported at least one undesired experience, whereas 80.4% reported positive experiences. Good behaviour of doctors was the most commonly reported positive experience (29.8%), followed by quality patient care (14.4%). Importantly, 85.8% respondents reported that they would recommend the hospital's services to others.

Conclusions: System-level limitations continue to be significant obstacles to a better OPD experience, despite the fact that overall patient satisfaction was encouraging. To maintain patient satisfaction, it is important to prioritize reducing crowding and waiting times, enhancing waiting places, parking, medicine availability, diagnostic services, and organizational management.

Keywords: Healthcare quality, Outpatient department, Overcrowding, Patient perspectives, Patient satisfaction, Public hospital, Tertiary-care hospital

INTRODUCTION

Patient satisfaction is commonly used as a surrogate measure of the quality of health-care delivery and the effectiveness of doctors and health institutions. It is an important measure of the quality of health-care services and a major concern for service providers for identifying gaps in hospital services. In an era of increasing scrutiny of healthcare services, patient satisfaction is valued

alongside clinical outcomes. Patient satisfaction is a multidimensional construct that reflects both technical and interpersonal aspects of healthcare delivery and is widely accepted as a proxy indicator of healthcare quality and system performance.^{1,2} With growing oversight of healthcare services, patient satisfaction is increasingly regarded as equally important as clinical outcomes.³ In outpatient settings, it encompasses not only technical

expertise but also interpersonal care, communication, accessibility, and organizational efficiency.

With increasing emphasis on patient-centered care, assessing satisfaction from the patient's perspective has become essential for identifying systemic weaknesses and guides targeted improvements for quality control, especially in public tertiary care hospitals. Routine assessment of patient feedback supports hospital quality assurance and patient-centered care by highlighting strengths and deficiencies in clinical care, staff communication, accessibility, waiting time, infrastructure, and basic amenities.^{1,3}

Over the last decade, patient satisfaction surveys have gained increasing attention as meaningful and essential sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare organizations. However, there are very few studies on perspectives of patients for assessing quality of care and their satisfaction levels.

Government Medical College and Hospital (GMCH) Chandigarh and other health facilities in Chandigarh are catering health care services not only to patients from Chandigarh but also from far off places of several states. Patients attending health facilities in Chandigarh have high expectations concerning quality care. A long term strategy and coordinated efforts for optimum use of health infrastructure are required to cope up patient load and for better satisfaction levels of patients. Chandigarh Administration has adopted several steps in GMCH to cope up with increasing patient load and for better satisfaction levels of patients including decentralization of registration, opening of more service counters, giving priority/opening separate counters for serious patients and pregnant women seeking antenatal care, specialty clinics, display of services and waiting positions, and online appointments. The present study attempted to assess patients' perspectives and satisfaction with outpatient department (OPD) healthcare services and to explore their suggestions for improving patient care at a tertiary-care public hospital in Chandigarh, India.

METHODS

Study design and setting

Present study was a part of a detailed cross-sectional survey sponsored by department of science and technology (DST), Chandigarh, conducted among patients attending the OPDs of a tertiary-care government hospital in Chandigarh India, from April 2025 to December 2025.

Inclusion/exclusion criteria

Patients attending different OPDs, who provided consent, were eligible irrespective of age, gender, or social characteristics. Where patients were unable to respond,

attendants were interviewed. For children, parents or legal guardians were interviewed. Critically ill patients, patients with prior online appointments for OPD consultation, patients availing emergency or inpatient services, and those unwilling to participate were excluded.

Sampling design

Systematic random sampling technique was used for selection of patients for conducting exit interviews for patient satisfaction and studying health care quality indicators.

Sample size

An earlier study conducted in Punjab reported 64% overall satisfaction rate of patients observed in.⁴ On the basis of anticipated 64% satisfaction rate, assuming 95% confidence coefficient and 5 % relative precision, sample size of patients for exist interview came out to be 865. Covering a target of minimum 50 patients in of 21 OPDs, final sample size attained was 1069 patients for exist interviews. Systematic random sampling was used for selection of participants.

Data variables

Information was collected on personal characteristics like age gender, educational status, occupation, social background/place of living, modes of transport, health facility nearest to their locality, waiting time distributions at different service channels, satisfaction levels, problems faced and reasons of dissatisfaction with services, behavior of doctors and staff members, suggestions for improvements through in depth exit interviews using self-designed semi structured interview schedule based on contents of literature available. Proportions and percentages were used for describing data findings. Statistical analysis was performed using SPSS version 26.0.

Ethical approval

Study was conducted with prior approval of institutional ethics committee (IEC) of GMCH Chandigarh vide IEC Committee ECR/658/Inst/PB/RR-20 approval number GMCH/IEC/2018/133 dated 7th April 2025. Study was conducted with prior permission/approval from director principal/hospital authorities.

RESULTS

The study included 1,069 patients from 21 OPDs with nearly uniform representation of approximately 50 patients per OPD. There was female dominance on selected patients, representing more females 573 (53.6%) compared to 496 (46.4) males. About 32% patients were from tri-city and 68% from other states. Elderly patients aged above 60 years accounted for 237 respondents

(22.2%). Urban residents including slum populations numbered 576 (53.8%), while 493 respondents (46.2%)

were from rural areas. Exit interviews were conducted with 783 patients (73.2%) and 286 attendants (26.8%).

Table 1: Opinion of respondents about undesired experiences in seeking services.*

Undesired experience	Number	%
No proper parking	13	1.2
Improvement of parking area	363	34.0
Over crowded	62	5.8
Waiting area not comfortable	41	3.8
Less satisfactory token system	2	0.2
Have to wait long in queue	4	0.4
registration/payment counter in the OPD not available	2	0.2
OPD hours are limited	9	0.8
Need for a canteen in the OPD area	3	0.3
Problems transferring patients from one OPD to another	1	0.1
Behaviour of doctor and staff is good	5	0.5
Doctors rudely behavior	16	1.5
The liftman's rude behaviour	3	0.3
Rude behavior of staff	35	3.3
Non availability senior doctors	5	0.5
Overall good patient care service	1	0.1
Washrooms are not clean	9	0.8
No waiting area for CT scan, Ultrasound for patient	1	0.1
Highly equipped diagnosis facilities	1	0.1
Everything is fine	18	1.7
Dietary services not available in OPD area	3	0.3
Collection of lab reports, sometimes take more time	16	1.5
Reports get missing	5	0.5
The patient get a long date for ultrasound/TMT/ECHO	1	0.1
Test charges are high	5	0.5
Medicine are expensive	3	0.3
Medicine should be available in GMCH only not from outside	5	0.5
Affordable health facilities	3	0.3
The ration in the basket given to TB patient is poor quality	3	0.3
Treatment is expensive	6	0.6
The patient does not get a stretcher and wheelchair	4	0.4
Patients health is still not improved	3	0.3
Better management	6	0.6
Satisfied with treatment	3	0.3
Satisfied with treatment and diagnostic facilities	1	0.1
Quality patient care by doctors	1	0.1
Non availability of medicine from hospital	34	3.2
Some diagnostic facilities not available in 48 campus	5	0.5
Better services of GMCH-32	2	0.2
Everything is fine	29	2.7
Bed management	9	0.8
There is no proper management of the staff	1	0.1
Free medicines	5	0.5
Drinking water and toilet facilities in OPD	3	0.3
Awareness about the health facilities	17	1.6
Senior doctors do not sit in OPD every day	4	0.4
Extended waiting time	2	0.2
Not affordable health facilities	3	0.3
Total	778	72.8
No response	293	27.4

*Multiple responses.

Table 2: Opinion of respondents about good experiences in seeking services.*

Good experiences	Number	%
No proper parking	2	0.2
Long waiting time	7	0.7
Over crowded	11	1.0
Token system should be there	1	0.1
OPD hours are limited	1	0.1
Problems in transferring patients from one OPD to another	1	0.1
Behaviour of doctor and staff is good	319	29.8
Doctors rudely behavior	7	0.7
The liftman behaviour rudely. His way of talking is not good	1	0.1
Better experienced doctors	45	4.2
Staff rude behavior	2	0.2
Senior doctors not availability	1	0.1
Good over all patient care service	62	5.8
Washrooms are not clean	3	0.3
Good Physical environment	9	0.8
Highly equipped diagnosis facilities	74	6.9
Everything is fine	16	1.5
Better chemist shops	2	0.2
Collection of lab reports, sometimes take more time	4	0.4
Reports get missing	1	0.1
The patient get a long date for ultrasound/ TMT/ ECHO	4	0.4
Medicine Not Available	1	0.1
Medicine are expensive	2	0.2
Affordable health facilities	68	6.4
The ration in the basket given to TB patient is poor quality	4	0.4
Patients health is still not improved	1	0.1
Better management	9	0.8
Satisfied with treatment	5	0.5
Satisfied with treatment and diagnostic facilities	14	1.3
Quality patient care by doctors	154	14.4
Non availability of medicine from hospital	7	0.7
Better services of GMCH-32	3	0.3
Everything is fine	11	1.0
Bed management	1	0.1
Awareness about the health facilities	3	0.3
Senior doctors should sit in OPD every day	3	0.3
Total	860	80.4
No response	209	19.6

*Multiple responses.

Overall satisfaction was reported by 758 (70.9%) respondents, 177 (16.6%) respondents were less satisfied, while 134 (12.5%) respondents were not satisfied with health care services in OPDs. The most common problem was overcrowding reported by 575 (53.8%) followed by long waiting time reported by 524 (49.0%) respondents. Other issues included uncomfortable waiting areas, non-availability of medicines and limited OPD hours. A total of 778 (72.8%) respondents reported at least one bad experience with patient care services as shown in Table 1. The most frequently reported concern was the need for improvement in parking facilities, reported by 363 (34.0%) respondents. Other major issues

included overcrowding 62 (5.8%), uncomfortable waiting areas reported by 41 (3.8%), staff rude behavior 35 (3.3%), non-availability of medicines 34 (3.2%), long queues, cleanliness of washrooms, delayed investigations, and their affordability. Cleanliness was still an issue reported by 21% patients.

A total of 860 respondents (80.4%) reported positive experiences while availing services at the health facility as presented in Table 2. Good behavior of doctors and staff was the most commonly cited positive experience, reported by 319 (29.8%) respondents. Quality patient care by doctors was reported by 154 (14.4%), followed by

availability of highly equipped diagnostic facilities 74 (6.9%) and affordable health facilities 68 (6.4%). Overall

patient care services were appreciated by 62 (5.8%) respondents.

Table 3: Suggestions of respondents for improvement in patient care services.*

Suggestions	Number	%
Proper parking area	24	3.0
Long waiting time to reduce	59	5.5
Overcrowded to tackle	23	2.2
Waiting area should be comfortable	70	6.5
Token system should be there	7	0.6
There should be registration/payment counter in the dental OPD	26	2.5
OPD hours should be increased	12	1.1
Need of a canteen in the OPD area	9	0.8
Separate line for senior citizen patient/ referred patient	2	0.2
Staff behavior to be improved	1	0.1
Senior doctors should be available	1	0.1
Washrooms should be clean	4	0.4
Providing highly equipped diagnosis facilities	1	0.1
Collection of lab reports, sometimes take more time	5	0.5
Reports to be provided easily	1	0.1
Reduce reporting time for ultrasound	22	2.0
Test charges should be reduced	7	0.6
Medicine to be inexpensive	2	0.2
Medicine should be available in GMCH only not from outside	13	1.2
Affordable health facilities	17	1.6
The ration in the basket given to TB patient should be of better quality	5	0.4
Treatment cost to be reduced	3	0.3
The patient should get a stretcher and wheelchair	11	1.0
Patients health to be improved	3	0.3
Better management	14	1.3
Satisfied with treatment	5	0.5
Satisfied with treatment and diagnostic facilities	6	0.5
Quality patient care by doctors	14	1.3
Availability of medicine from hospital	18	1.7
Some more diagnostic facilities to be available in 48 campus	12	1.1
Better services of GMCH-32	8	
Everything is fine	14	1.3
In the gynae OPD male should also allowed to go inside with females	13	1.2
Bed management	9	0.9
Others	2	0.2
Suggestions for improvement		
Proper management of the staff	21	1.9
Free medicines	21	1.9
There should be facilities to fill the forms for making cards	3	0.3
Drinking water and toilet facilities in OPD	9	0.3
Awareness about the health facilities	34	3.2
Senior doctors should sit in OPD every day	21	1.9
Extended waiting time	4	0.4
Affordable health facilities	15	1.4
Examine only the affected area without asking patients to remove all their clothes	4	0.4
Others	21	1.9

*Multiple responses.

Respondents provided multiple suggestions for improving patient care services at the health facility as provided in Table 3. The most common suggestions included making waiting areas more comfortable, suggested by 70 (6.5%), reducing long waiting times 59 (5.5%), improving awareness about health facilities 34 (3.2%), and ensuring availability of medicines 13 (1.2%) respondents. Other suggestions focused on better management, improved parking facilities, enhanced diagnostic services, and increased availability of senior doctors.

Table 4: Respondents by intended advice to others to avail GMCH facilities.

Intended advice to others	Number	%
Yes	917	85.8
No	37	3.5
Think later	17	1.6
No response	98	9.2
Overall	1069	100.0

A majority of respondents expressed willingness to recommend GMCH services to others as given in Table 4. A total of 917 (85.8%) respondents reported that they would advise others to avail GMCH facilities, while 37 (3.5%) respondents intended not to recommend the services. Whereas, 17 (1.6%) respondents were undecided, and 98 (9.2%) respondents did not respond to this question.

DISCUSSION

The present study provides comprehensive insights into patient experiences and system-level challenges in a high-load public healthcare setting covering 1069 patients from 21 outpatient department (OPDs) at a tertiary care public health facility in Chandigarh, India.

Overall patient satisfaction

The study reported patient satisfaction rate of 70.9%. Satisfaction rate was either high or very high in 61% cases and 9.9 % were only satisfied and about remaining 29.1% patients were either not satisfied or less satisfied. Overcrowding and long waiting times at various counters might have resulted in dissatisfaction among patients. This level of overall patient satisfaction is comparable with several Indian studies conducted in public tertiary care hospitals, which have reported satisfaction levels ranging from 64% to 75%.^{3,5,6} Studies from Punjab and Haryana have reported even satisfaction rates higher than 80%, particularly among socioeconomically weaker sections with lower expectations from government facilities.^{7,8} Conversely, lower satisfaction levels have been documented in overcrowded OPD settings where waiting time and organizational inefficiencies predominate.^{6,9}

International studies similarly report moderate to high satisfaction in public hospitals, with communication and provider behaviour being the strongest determinants of patient experience.^{10,11}

The study reported 92.0% satisfaction rate with doctors but relatively less satisfaction with staff and infrastructure. Despite high satisfaction with doctors and also from diagnostic services, the most common problem was overcrowding (53.8%) followed by long waiting time (49.0%). Investigation related issues mainly delay in appointments and delayed reporting were faced by 17.5% patients. These findings are consistent with extensive literature identifying waiting time as a critical determinant of dissatisfaction in OPD services.^{9,12,13} Studies from India and other low- and middle-income countries consistently report that prolonged waiting times reduce trust, compliance, and future utilization of services.^{12,14}

Doctors and healthcare staff emerged as the primary motivating factor for attending services at the health facility reinforcing the central role of provider competence and behaviour in patient trust and service utilization.^{1,10} Notably, 85% of respondents reported that their expectations were fulfilled, and 86.9% identified doctor behaviour as the best aspect of GMCH health care services. These findings corroborate evidence that respectful communication, empathy, and professional conduct strongly influence patient satisfaction across settings.^{10,15,16} Chandigarh's role as a referral hub for neighbouring states further exacerbates overcrowding and strains existing infrastructure, a challenge noted in earlier studies from health care institutions in Chandigarh.¹⁷

Bad experiences, good experiences, and patient recommendations

Although, patients approached the health facility to be evaluated with less expectations but they got more than they expected. While 72.8% of respondents reported at least one bad experience, 80.4% also reported positive experiences, primarily related to doctor behaviour and quality of care. Patients appreciated the online steps taken by GMCH. However, there were more expectations from IT department of the institution including enabling of online facilities for payment and reducing waiting, display of queue positions. This coexistence of positive and negative experiences reflects the complex nature of patient satisfaction, where strong interpersonal care can partially offset system-level deficiencies.^{18,19} Importantly, 85.8% of respondents were willing to recommend GMCH services, indicating overall goodwill and trust in the institution. Willingness to recommend has been identified as a robust indicator of patient loyalty and perceived care quality.^{8,20} This finding suggests that despite infrastructural and organizational constraints, GMCH continues to be perceived as a reliable provider of affordable tertiary care.

Suggestions for improvement in services

Findings of the present study reaffirm the central role of healthcare providers in shaping patient experience and maintaining public trust in government health institutions. However, despite favorable perceptions of clinical care, the study clearly demonstrates that system-level constraints continue to be major contributors to patient dissatisfaction. Overcrowding, prolonged waiting times, inadequately designed waiting areas, limited parking facilities, and infrastructure constraints emerged as the most frequently reported concerns. These issues, while not directly related to clinical care, significantly influence patient experience and constitute the primary sources of dissatisfaction. The present study reinforces that while clinical care is well regarded, organizational inefficiencies and high patient load substantially undermine patient experience.

The strengths of the study include a large sample size, representation across multiple specialties, and inclusion of opinion of patients in assessing satisfaction. Despite these strengths, the qualitative aspects of the study clearly identify persistent system-level and organizational challenges that threaten the sustainability of patient satisfaction in the context of increasing patient load and service demand. Moreover, being a cross-sectional study, causal relationships cannot be established. Social desirability bias and unmet expectations among higher SES groups may have influenced responses. Future longitudinal studies incorporating intervention assessments would provide stronger evidence for policy action. Present study was confined to OPD patients only. Indoor patients may be study subjects of future studies, owing to different parameters of satisfaction levels quality care.

CONCLUSION

The study demonstrates that overall patient satisfaction with OPD services was favorable with doctor behaviour and quality of patient care being important strengths of the hospital. However, overcrowding and prolonged waiting time remained the major concerns affecting patients' experiences. Improvement in waiting-area facilities, patient-flow and queue management, parking, availability of medicines, diagnostic services, and overall administrative coordination is recommended. Greater use of digital services for registration, payment and queue monitoring may help reduce waiting time and improve convenience. Regular assessment of patient feedback should be incorporated into quality-improvement activities to identify emerging service gaps and strengthen patient-centred care.

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REFERENCES

1. Verma N, Kamble N, Bhawnani D, Makade K, Dengani M, Kaushik T. Evaluation of level of satisfaction among indoor patients attending in a tertiary care hospital of Rajnandgaon (Chhattisgarh), India. *Int J Community Med Public Health*. 2018;5:1428-33.
2. Ahmed I, Siraj-ud-din. Patient satisfaction from the health care services. *Gomel J Med Sci*. 2010;8(1).
3. Baruah M, Dawka K, Kataki AC. Patient satisfaction: a tool for quality control. *Int J Community Med Public Health*. 2016;3:1215-8.
4. Rajkumari B, Nula P. Patient's satisfaction with care in a government health facility in north east India: a cross-sectional study. *J Med Soc*. 2017;31:94-8.
5. Agarwal P, Biswas R. Satisfaction of patients attending a rural hospital of Darjeeling district in West Bengal, India. *Int J Community Med Public Health*. 2017; 4:1932-7.
6. Agarwal MK, Mishra S. Patient satisfaction in urban primary health centres: case of Lucknow and Prayagraj districts in Uttar Pradesh, India. *Int J Community Med Public Health*. 2022;9:2954-60.
7. Singh S, Kaur P, Rochwani R. Patient satisfaction levels in a tertiary care medical college in Punjab, North India. *Int J Res Dev. Health*. 2013;1(4):172-82.
8. Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An assessment of patient satisfaction with services obtained from a tertiary care hospital in rural Haryana. *Int J Collab Res Intern Med Public Health*. 2012;4(8):1523-37.
9. Kshatri JS, Karmee N, Patro SK, Tripathy RM. Patient satisfaction and out-patient services assessment in a tertiary hospital of south Odisha, India. *Int J Adv Med*. 2017;4(2):497-501.
10. Liang H, Xue Y, Zhang Z. Patient satisfaction in China: a national survey of inpatients and outpatients. *BMJ Open*. 2021;11:e049570.
11. Ziaei H, Katibeh M, Eskandari A, Mirzadeh M, Rabbanikhah Z, Javadi MA. Determinants of patient satisfaction with ophthalmic services. *BMC Res Notes*. 2011;4:7.
12. Sriram S, Noochpoung R. Determinants of hospital waiting time for outpatient care in India: how demographic characteristics, hospital ownership,

- and ambulance arrival affect waiting time. *Int J Community Med Public Health*. 2018;5:2692-8.
13. Kumar S, Jaiswal K, Jain PK, Srivastava DK, Kaushik A, Dixit AM. Client satisfaction and quality of health care in a rural medical institute of central Uttar Pradesh. *Ind J Comm Health*. 2014;26(1):88-91.
 14. Venkatashiva RB, Gupta A, Semwal V, Singh AK. Patient satisfaction in health care facility in hilly areas of Uttarakhand. *Int J Community Med Public Health*. 2018;5:1024-9.
 15. Jena S, Gupta M. A survey of patient satisfaction of patients attending a psychiatry outpatient clinic at a tertiary care centre. *Int J Community Med Public Health*. 2018;5:2026-30.
 16. Venkatashiva RB, Gupta A, Semwal V, Singh AK. Patient satisfaction in health care facility in hilly areas of Uttarakhand. *Int J Community Med Public Health*. 2018;5:1024-9.
 17. Crow R, Gage H, Hampson S, Hart J, Kimber A, Storey L, et al. The measurement of satisfaction with healthcare: Implications for practice from a systematic review of the literature. *Health Tech Asses*. 2002;6:1-244.
 18. Crow R, Gage H, Hampson S, Hart J, Kimber A, Storey L, et al. The measurement of satisfaction with healthcare: Implications for practice from a systematic review of the literature. *Health Tech Asses*. 2002;6:1-244.
 19. Rama M, Kanagaluru SK. A study on the satisfaction of patients with reference to hospital services. *Int J Business Econ Manage Res*. 2011;1:3
 20. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. *Oman Med J*. 2014;29(1):3-7.

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