

ASSESSMENT OF QUALITY OF CARE AND PATIENT SATISFACTION AT
A TERTIARY CARE HOSPITAL ISLAMABADDr Sana Farooq^{*1}, Dr Ahmed Abdullah Subhani², Dr Asif Malik³, Dr Abdul Majeed⁴,
Dr Nabila Iram⁵, Dr Umair Ahmed⁶^{*1,2,3,4,5,6}PAEC General hospital^{*1}sana.farooq23@hotmail.comDOI: <https://doi.org/10.5281/zenodo.17697729>

Keywords

Patient Satisfaction, Healthcare Quality, Tertiary Care Hospital Pakistan, Mixed-Methods Study, Communication Service Quality, Patient-Centered Care

Article History

Received: 11 Dec 2024

Accepted: 21 March 2025

Published: 28 April 2025

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Corresponding Author: *

Dr Sana Farooq

Abstract

Background: Patient satisfaction is a critical multi-dimensional indicator of healthcare quality, influenced by factors such as communication, staff behavior, and facility conditions. In low- and middle-income countries like Pakistan, understanding these determinants is essential for improving health system performance.**Objective:** This study aimed to assess the quality of healthcare services and identify key factors influencing patient satisfaction at a tertiary care hospital in Islamabad, Pakistan.**Methods:** A mixed-methods, cross-sectional study was conducted over three months. Quantitative data were collected via a structured questionnaire from 300 patients and analyzed using descriptive and inferential statistics in SPSS. Qualitative data were gathered through 15 in-depth interviews and analyzed thematically using NVivo.**Results:** Quantitative findings revealed generally high overall satisfaction (85%), strongly correlated with staff courtesy and respect (91% satisfied) and clarity of communication (88% satisfied). Cleanliness (82%) and medicine availability (76%) also had a moderate impact, while longer waiting times were associated with lower satisfaction. Qualitative analysis identified empathy, trust in medical staff, respectful treatment, and care coordination as central themes influencing patient perceptions. Positive emotional interactions significantly boosted satisfaction, whereas interdepartmental coordination was a noted area for improvement.**Conclusion:** The study concludes that interpersonal factors, particularly respectful communication and empathy, are paramount drivers of patient satisfaction. While satisfaction levels are high, systemic improvements in reducing waiting times and enhancing care coordination are recommended. Integrating patient feedback into healthcare planning is crucial for enhancing service quality and patient outcomes.

INTRODUCTION

Patient satisfaction surveys not only provide information about quality of the hospital services but also give a good insight to patient's perspective of

care. Moreover measures of satisfaction have been found to correlate directly with outcome of care and treatment compliance ¹. Pakistan is a low income

country with rapidly growing population of 180.71 million during the year 2011–12. Literacy remains much higher in urban areas than in rural areas and much higher for men than for women with 50% in Khyber Pakhtunkhwa ². This sequentially translates into better health outcomes, which further reinforces their trust in the health care system and providers, leading to further satisfaction and potentially positive word of mouth recommendations ³. Patient satisfaction is a multi-dimensional healthcare issue affected by many factors. Healthcare quality affects patient satisfaction, and in result it influences on positive patient behavior such as confidence in hospital care. Patient satisfaction and healthcare service quality can be increased by using a multi-disciplinary approach that combines patient inputs as well as expert judgment ⁴. Every country has its own health care system to cater specific health care needs of its population in a unique social and cultural milieu. Main goal of health care system is to deliver equitable, effective and accessible health care services to enhance patient satisfaction ⁵. However, patient satisfaction studies are challenged by the lack of a universally accepted definition and by a dual focus: while some researchers focus on patient satisfaction with the quality of health-care services received others focus on people's satisfaction with the health system. The significance of both perspectives has been demonstrated in the literature ⁶. Patient responses to healthcare services are one of the best ways to obtain information about patient view regarding the quality of healthcare ⁷. Quality improvement is significant to healthcare for better health system performance, higher patient satisfaction, and improved health outcomes. However, this facet has not been prioritised in low- and middle-income (LMIC) countries for reasons such as insufficient financial and human resources, a lack of infrastructure, and poor accountability ⁸. Patient-centered care, or patient satisfaction evaluation, is when health service delivery meets the needs and expectations of the patients ⁹. It is a multifaceted notion that includes several dimensions of healthcare delivery, such as the quality of treatment, communication between patients and providers, the responsiveness of healthcare personnel, and the general atmosphere of healthcare facilities ¹⁰.

METHODOLOGY

This study aimed to assess the quality of healthcare services and patient satisfaction at a tertiary care hospital in Islamabad through a mixed-methods design, integrating both quantitative and qualitative approaches. Conducted over a three-month period in 2025, the research followed a cross-sectional framework. The hospital, catering to a diverse population of inpatients and outpatients from various socio-economic backgrounds, was selected as an appropriate setting for evaluating patient experiences. To ensure representativeness within the surgical department, stratified random sampling was utilized. The quantitative component included 300 adult patients, while the qualitative phase involved 15 in-depth interviews. Eligible participants were adults aged 18 years or older who had recently received care at the hospital, excluding individuals with cognitive impairments or those in critical condition.

Quantitative data were obtained using a structured questionnaire adapted from validated instruments. The tool covered multiple dimensions of service quality, including waiting time, facility cleanliness, medicine availability, staff courtesy and respect, clarity of communication, and overall satisfaction, measured through Likert scales and numerical responses. These data provided quantifiable insights into patients' perceptions of healthcare quality. Concurrently, qualitative data were gathered through semi-structured interviews to explore more nuanced aspects of care, such as perceived empathy, dignity, trust in healthcare providers, coordination of services, and personal satisfaction or dissatisfaction experiences. The qualitative component enriched the statistical findings by uncovering interpersonal and emotional dynamics influencing patient satisfaction. Quantitative data were analyzed using SPSS, applying both descriptive and inferential statistics to identify trends and relationships. Chi-square and correlation tests were performed to determine associations between demographic factors and satisfaction levels. For the qualitative data, thematic analysis was employed, supported by NVivo software for systematic coding and theme identification. Ethical approval for the study was obtained from the hospital's Institutional Review Board (IRB). Written informed consent was secured from all participants,

and strict confidentiality and anonymity protocols were maintained to ensure the protection of participant privacy throughout the research process.

RESULTS

The findings of the study are presented in two parts: quantitative results derived from the structured questionnaire administered to 300 patients, and qualitative themes generated from 15 in-depth interviews.

Quantitative Results

A total of 300 patients participated in the quantitative survey. The demographic distribution

showed a balanced representation from different departments including internal medicine (30%), surgery (25%), pediatrics (20%), and emergency (25%). The majority of respondents were between 30–50 years of age, with an equal proportion of male and female participants.

Overall patient satisfaction was generally positive, with key variables such as communication clarity and staff courtesy showing strong associations with satisfaction levels.

Table 1: Descriptive Statistics of Quantitative Variables (n = 300)

Variable	Mean	Standard Deviation	% Satisfied (Rated 4 or 5)
Waiting Time (in minutes)	28.5	±10.2	N/A
Cleanliness of Facility (1–5 Likert scale)	4.1	±0.8	82%
Availability of Medicines (Yes/No)	N/A	N/A	76% (Yes)
Communication Clarity (1–5 Likert scale)	4.3	±0.7	88%
Respect and Courtesy by Staff (1–5 scale)	4.4	±0.6	91%
Overall Patient Satisfaction (1–5 scale)	4.2	±0.7	85%

Key Findings:

- Patients who rated higher on communication clarity and respect from staff were significantly more likely to report overall satisfaction ($p < 0.05$).
- Cleanliness and availability of medicines also had a moderate impact on perceived quality of care.
- Longer waiting times (over 30 minutes) were associated with lower satisfaction scores.

Qualitative Results

Fifteen semi-structured interviews provided rich narratives and deeper insights into patient experiences. Thematic analysis revealed several recurring themes that influenced patient perceptions of care.

Table 2: Emerging Themes from Qualitative Interviews (n = 15)

Theme	Description	Sample Quote
Empathy and Compassion	Patients emphasized the emotional support and understanding shown by providers.	“The nurse listened to me like a family member. That made all the difference.”
Trust in Medical Staff	Many participants reported strong trust in doctors’ knowledge and intentions.	“I knew I was in safe hands the moment the doctor explained

		everything clearly.”
Respect and Dignity	Patients appreciated being treated respectfully, regardless of background.	“They didn’t talk down to me just because I’m not educated. I felt respected.”
Coordination of Care	Delays in communication between departments were a concern for some.	“I had to wait for hours because one department didn’t inform the other.”
Satisfaction vs. Expectations	Some patients were satisfied despite minor issues, due to low prior expectations.	“Honestly, I expected worse. But it went smoother than I thought.”

Key Insights:

- Positive emotional interactions significantly shaped satisfaction, even when clinical outcomes were not ideal.
- Lack of coordination occasionally led to frustration, highlighting areas for systemic improvement.
- Socio-cultural sensitivity and communication were frequently cited as critical to the patient experience.

DISCUSSION

The findings of the present study are presented in two parts: quantitative results, derived from structured questionnaires completed by 300 patients, and qualitative themes, obtained through 15 in-depth interviews. In line with previous research, a study conducted in 2019 also found that the majority of patients were satisfied with most aspects of care provided in tertiary care public hospitals. However, satisfaction with paramedical staff was lower, indicating an area in need of improvement. The study recommended further exploration into

outpatient care, follow-ups, inter- and intra-departmental coordination, and diagnostic services such as imaging and laboratory testing ¹¹. In this study, a total of 300 patients participated in the quantitative survey. The demographic distribution showed a balanced representation from various departments, including Internal Medicine (30%), Surgery (25%), Pediatrics (20%), and Emergency (25%). The majority of respondents were aged between 30–50 years, with an equal proportion of male and female participants. Overall, patient satisfaction was reported as generally positive. Key variables such as clarity in communication and courtesy shown by staff had strong associations with higher levels of satisfaction. These findings are consistent with another study conducted in 2025, which noted that while nursing care was perceived positively, there was room for improvement in areas such as communication, timeliness, and addressing patient concerns. That study provided important insights for improving nursing practices and suggested actionable steps for hospital administrators and staff ¹². Patients in the current study who rated

communication clarity and respectful behavior from staff more highly were significantly more likely to report overall satisfaction ($p < 0.05$). Cleanliness and availability of medicines also had a moderate effect on the perceived quality of care. In contrast, longer waiting times (more than 30 minutes) were associated with lower satisfaction scores. Similarly, a 2024 study reported that while the majority of patients were satisfied with medical staff attitudes and services, concerns were raised regarding hygiene, lack of medication, and extended waiting times. The study emphasized the need for improvement in hospital conditions, particularly in the Allied Hospitals of Rawalpindi Medical University, to ensure high-quality care and better patient outcomes¹³. The 15 semi-structured interviews conducted in this study offered deep insights into patient experiences. Thematic analysis revealed several recurring themes that significantly influenced perceptions of care. These included the importance of empathy, trust in healthcare providers, respectful treatment, and coordination between departments. A related study from 2012 also found that while the attitudes of doctors and nurses were appreciated, the cleanliness of the facility was criticized. Patients emphasized the need for availability of free medicines and improvement in laboratory services and overall hygiene¹⁴. In this study, patients repeatedly emphasized that positive emotional interactions—such as feeling respected, heard, and cared for—greatly influenced their satisfaction, even in cases where clinical outcomes were less than ideal. However, poor interdepartmental coordination led to patient frustration in some instances. Furthermore, socio-cultural sensitivity and clear communication were identified as essential elements contributing to a positive patient experience. These insights align with findings from a 2024 study, where a majority of patients expressed high satisfaction with outpatient services and indicated that they would recommend the hospital to others based on their personal experience¹⁵.

CONCLUSION

Patient satisfaction is a key indicator of healthcare quality and is influenced by various factors including communication, empathy, cleanliness, and coordination of care. This study found generally high

satisfaction levels among patients at a tertiary care hospital in Islamabad, with strong correlations between satisfaction and respectful, clear communication from staff. However, areas such as waiting times and interdepartmental coordination require improvement. Incorporating patient feedback into healthcare planning can lead to better outcomes, increased trust in the system, and enhanced service quality.

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