ORIGINAL ARTICLE

A Descriptive Cross-Sectional Study on Patient Satisfaction with Healthcare Services Provided in the Outpatient Department of a Tertiary Care Hospital, Lahore

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ABSTRACT

Objective: To assess patient satisfaction with key aspects of outpatient healthcare services, including patient-physician interaction, communication, service availability, treatment explanation, waiting time, cost of care, and to identify factors influencing patients' satisfaction levels at a tertiary care hospital.

Study Design: Descriptive cross-sectional study.

Place and Duration of Study: The study was conducted at the Medical Outpatient Department (OPD) of Ghurki Trust Teaching Hospital, Lahore, Pakistan from August 2024 to January 2025.

Methods: A total of 125 patients were selected through non-probability convenience sampling. Data were collected using the modified Short Assessment of Patient Satisfaction (SAPS) questionnaire, comprising demographic information and seven satisfaction domains measured on a 5-point Likert scale. Statistical analysis was performed using SPSS version 22, and independent-samples t-tests were used to assess associations between demographic factors and patient satisfaction levels, with significance set at $P \leq 0.05$.

Results: Among 125 participants, 80 (64%) were female. The mean age of participants was 42.03±15.93 years. Overall, patients expressed a high level of satisfaction with outpatient services, with a mean total satisfaction score of 28.93 ± 2.67 out of 35. The highest satisfaction was reported in physician communication and thoroughness of examination, with 96 (77%) patients stating they were highly satisfied. The employed participants displayed a higher level of satisfaction with treatment (P=0.048) and healthcare provided (P=0.018) as compared to the unemployed respondents.

Conclusion: Patients were generally satisfied with the outpatient services provided, in terms of physician-patient interaction and respectful treatment. Continued focus on maintaining quality standards and addressing operational challenges can further enhance service delivery.

Keywords: *Cross-Sectional Studies, Hospital, Outpatient Clinics, Patient Satisfaction, Physician-Patient Relations, Quality of Health Care, Time Factors.*

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Introduction

Patient satisfaction represents a fundamental metric for evaluating healthcare service quality and constitutes an essential component of healthcare performance assessment frameworks worldwide.[1] This multidimensional construct encompasses various aspects of the healthcare experience, including technical competence, interpersonal communication, accessibility, continuity of care, and the overall healthcare environment. Beyond serving as a quality indicator, patient satisfaction directly influences treatment adherence, health outcomes, patient retention, and institutional reputation.[1]

The conceptual framework of patient satisfaction has evolved significantly over the past decades, transitioning from a simple measure of patient contentment to a complex evaluation encompassing

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clinical effectiveness, safety, patient-centeredness, consultation time, efficiency, and equity. This evolution reflects the growing recognition that healthcare quality extends beyond clinical outcomes to include the entire patient experience journey. Contemporary healthcare systems increasingly prioritize patient satisfaction as a strategic objective, recognizing its role in driving organizational improvements and informing policy development.[1]

Outpatient departments serve as the primary interface between healthcare institutions and patients, representing the initial point of contact for most healthcare seekers. The quality of services delivered in these settings significantly shapes patients' overall perceptions of healthcare institutions and influences their future healthcare-seeking behaviors.[2] Given the high volume of patients served in outpatient settings and their role as gateways to healthcare systems, understanding patient satisfaction in these environments becomes particularly crucial for healthcare administrators and policymakers.[3]

The measurement of patient satisfaction in outpatient settings presents unique challenges compared to inpatient care. Outpatient encounters are typically brief, involve multiple service touchpoints, and occur in environments with high patient turnover.[4] These characteristics necessitate specialized assessment tools and methodologies that can capture the fine details of outpatient care delivery while accounting for the diverse patient populations served.[4]

International literature demonstrates considerable variation in patient satisfaction levels across different healthcare systems and cultural contexts. Studies from developed healthcare systems consistently report higher satisfaction rates, with research from North America and Europe showing satisfaction levels ranging from 80-95%.[5] In contrast, developing healthcare systems often report more variable satisfaction rates, influenced by resource constraints, infrastructure limitations, and organizational factors.[6]

Within the South Asian healthcare context, patient satisfaction studies have revealed diverse findings that reflect the heterogeneity of healthcare delivery systems across the region. A comprehensive survey conducted in North India reported remarkably high satisfaction rates of 97% among medical outpatient department attendees, suggesting effective service delivery mechanisms in specific institutional settings.[7] However, contrasting findings from Ethiopia showed that only 56% of patients expressed satisfaction with outpatient department services, highlighting the significant disparities that exist within similar healthcare contexts.[8]

The Middle Eastern healthcare landscape presents another interesting perspective, with a study conducted in Jeddah demonstrating 94% patient satisfaction with ongoing treatment protocols.[9] These findings suggest that cultural factors, healthcare infrastructure, and service delivery models significantly influence patient satisfaction outcomes across different geographical regions.

Pakistani healthcare system presents a unique context for patient satisfaction research, characterized by a mixed healthcare delivery model comprising public, private, and non-governmental organization-operated facilities. The literature from Pakistan reveals substantial variation in patient satisfaction levels across different healthcare settings and geographical regions. A study conducted in Larkana reported 84% satisfaction with cleanliness standards and 81% satisfaction with paramedical staff performance, indicating relatively positive patient experiences in specific domains.[10] However, contrasting findings from a tertiary hospital in Quetta showed only 39% overall satisfaction rates, suggesting significant challenges in service delivery and patient experience management.[11]

The private healthcare sector in Pakistan has experienced significant growth in recent decades, driven by increasing healthcare demands, economic development, and changing patient expectations. Private healthcare institutions often possess greater flexibility in resource allocation, service delivery models, and quality improvement initiatives compared to their public sector counterparts.[12] However, limited research has been conducted to evaluate patient satisfaction levels within private healthcare settings, creating a knowledge gap that hampers evidence-based decision-making and quality improvement efforts.

The theoretical foundations of patient satisfaction research draw from various disciplinary perspectives, including healthcare quality management, consumer behavior, and service marketing. Contemporary patient satisfaction research increasingly emphasizes the importance of patient-centered care principles, which prioritize patient preferences, values, and individual needs in healthcare delivery.[13] This paradigm shift recognizes patients as active participants in their care rather than passive recipients of services, emphasizing the importance of shared decision-making, effective communication, and cultural sensitivity in healthcare encounters.

Measurement of patient satisfaction requires carefully designed instruments that can capture the multidimensional nature of patient experiences while remaining practical for routine use in clinical settings. The Short Assessment of Patient Satisfaction (SAPS) scale represents one such instrument, designed to provide a concise yet comprehensive evaluation of key satisfaction domains.[14]

Given the limited research on patient satisfaction within Pakistan's private healthcare sector and the growing importance of patient experience in healthcare quality assessment, this study aims to address the existing knowledge gap by conducting a comprehensive evaluation of patient satisfaction in a private tertiary care hospital setting. The findings of this research will contribute to the existing literature on healthcare quality in developing countries and provide valuable insights for healthcare administrators, policymakers, and quality improvement specialists working to enhance patient experience and healthcare service delivery.

To assess patient satisfaction with key aspects of outpatient healthcare services, including patients and physician interaction, communication, service availability, treatment explanation, waiting time, cost of care and to identify factors influencing patients' satisfaction levels at a tertiary care hospital.

Methods

This descriptive cross-sectional study was conducted in the Medical Outpatient Department of Ghurki Trust Teaching Hospital (GTTH), Lahore, Pakistan over a six-month period from August 2024 to January 2025. Ethical approval was obtained from the Institutional Review Board of Lahore Medical and Dental College, Ghurki Trust Teaching Hospital, prior to study commencement vide IRB letter no: LMDC/8854/22, dated: 15th June 2022, and informed consent was obtained from all participants before enrollment. The study adhered to the principles outlined in the Declaration of Helsinki for medical research involving human subjects.

The sample size was calculated using the formula for cross-sectional studies, based on an anticipated satisfaction rate of 91% derived from a previous study conducted in Northern India, with a 95% confidence level and 5% margin of error.[15] A total of 125 patients were included using a non-probability convenience sampling technique, which was selected due to practical considerations including time constraints, resource limitations, and the need to ensure adequate representation across different clinic sessions and patient demographics.

The study population comprised patients attending the Medical Outpatient Department, Ghurki Trust Teaching Hospital, Lahore, for consultation services during the study period. Inclusion criteria encompassed patients aged 18 years and above who were seeking medical consultation services and provided informed consent for participation. Patients were approached after completing their consultation to ensure that their responses reflected their complete outpatient experience. Exclusion criteria included patients unwilling to participate in the study, those who were critically ill or unable to respond coherently to questionnaire items, patients attending for follow-up appointments within 24 hours of their initial consultation, and those who had participated in the study previously during the data collection period.

Data collection was conducted using a structured questionnaire administered through face-to-face interviews conducted by trained research assistants. The research team underwent comprehensive training on questionnaire administration, ethical considerations, and standardized data collection procedures to ensure consistency and reliability across all interviews. The questionnaire was available in both English and Urdu to accommodate patients' linguistic preferences and ensure accurate

understanding of questionnaire items.

The data collection comprised two distinct sections designed to capture comprehensive information about patient characteristics and satisfaction levels. The first section focused on demographic and socioeconomic information, including age, gender, educational level, occupation, monthly household income, area of residence (urban or rural), and previous healthcare experiences. The second section of the questionnaire utilized the Short Assessment of Patient Satisfaction (SAPS) scale, a validated instrument designed specifically for measuring patient satisfaction in outpatient healthcare settings. The SAPS scale comprises seven items that assess key dimensions of patient satisfaction, including the thoroughness of clinical examination, adequacy of consultation time, satisfaction with treatment received, satisfaction with physician advice, satisfaction with healthcare decision-making processes, overall satisfaction with healthcare services, and the extent to which patients felt respected during their hospital visit.[14] This instrument has been validated across various healthcare settings and cultural contexts, making it particularly suitable for cross-cultural research and comparative studies.

Each item in the SAPS scale is measured using a five-point Likert scale, with response options ranging from 0 to 4, which was modified according to our circumstances and setup, with response options ranging from "very dissatisfied" (1 point) to "very satisfied" (5 points).[16] One item, “the time spent with the doctor was too short,” was reverse scored, where lower scores indicate higher satisfaction with the time provided by the healthcare personnel. The total possible score ranges from 7 to 35 points, with higher scores indicating greater levels of patient satisfaction. The SAPS scale has demonstrated good psychometric properties in previous studies, including adequate internal consistency, test-retest reliability, and construct validity across diverse patient populations and healthcare settings.

Data collection procedures were standardized to ensure consistency and minimize potential biases. Research assistants approached eligible patients in designated waiting areas after they had completed their consultation appointments. Patients were provided with a brief explanation of the study objectives, informed about their rights as research participants, and assured of the confidentiality of their responses. Those who agreed to participate provided written informed consent before questionnaire administration began.

Data entry and analysis were performed using SPSS software version 22. Before analysis, data were cleaned and checked for missing values, outliers, and inconsistencies. Descriptive statistics were calculated for all variables, including frequencies and percentages for categorical variables, and means with standard deviations for continuous variables. For analytical purposes, the dataset was stratified according to key demographic characteristics to enable subgroup comparisons. Independent sample t-tests were performed to assess associations between demographic variables and patient satisfaction scores; the significance level was set at $P \leq 0.05$ for all statistical tests.

Results

A total of 125 patients participated in the study. The demographic breakdown showed that the majority of respondents were aged between 26 and 45 years, with 60 (48%) less than 40 years of age and 65 (52%) greater than 40 years of age, with 80 (64%) being female and 45 (36%) males. Most patients, 87 (70%), were literate, and 95 (76%) were from urban areas.

Detailed analysis of satisfaction scores across demographic subgroups revealed no statistically significant differences in any of the satisfaction domains when stratified by gender, age groups, literacy status, or monthly household income. (Table 1).

The *P*-values for all comparisons exceeded 0.05, indicating that demographic characteristics did not significantly influence patient satisfaction levels in this study population.

However, employment status showed some interesting patterns, with employed participants demonstrating slightly higher satisfaction scores in several domains compared to unemployed participants. Specifically, employed participants reported significantly higher satisfaction with treatment (4.73 ± 0.49 vs. 4.52 ± 0.65, $P = 0.048$) and overall healthcare services (4.71 ± 0.53 vs. 4.45 ± 0.67, $P = 0.018$). (Table 1).

The consistency of satisfaction scores across different demographic groups suggests that the healthcare services provided at the facility maintained uniform quality standards regardless of patients' background characteristics. This finding indicates an equitable approach to healthcare delivery that did not discriminate based on demographic factors.

Table 1: Association between sociodemographic variables and mean scores of sub-domains of Patient Satisfaction (N = 125)

Socio-demographic Variables	Doctor/ Healthcare Professional Provided Care	Doctor/ Health Professional Gave Too Short a Time	Satisfied with Treatment	Satisfied with the Doctor's Advice	Satisfied with Decisions Affecting Health Care	Satisfied with Health Care	Felt Respected During Hospital Visit
Gender							
Male	4.78 ± 0.42	1.20 ± 0.54	4.69 ± 0.51	4.60 ± 0.53	4.42 ± 0.69	4.67 ± 0.5	4.91 ± 0.28
Female	4.71 ± 0.57	1.13 ± 0.48	4.58 ± 0.63	4.56 ± 0.65	4.38 ± 0.80	4.51 ± 0.6	4.88 ± 0.36
Age Group							
< 40 years	4.77 ± 0.56	1.18 ± 0.59	4.63 ± 0.58	4.62 ± 0.58	4.47 ± 0.72	4.62 ± 0.6	4.88 ± 0.32
≥ 40 years	4.71 ± 0.49	1.12 ± 0.41	4.60 ± 0.60	4.54 ± 0.63	4.32 ± 0.79	4.52 ± 0.6	4.89 ± 0.35
Literacy Status							
Illiterate	4.68 ± 0.57	1.05 ± 0.22	4.61 ± 0.67	4.55 ± 0.64	4.47 ± 0.72	4.58 ± 0.72	4.97 ± 1.60
Literate	4.76 ± 0.50	1.20 ± 0.58	4.62 ± 0.55	4.59 ± 0.60	4.36 ± 0.77	4.56 ± 0.58	4.85 ± 0.39
Employment Status							
Unemployed	4.70 ± 0.60	1.12 ± 0.47	4.52 ± 0.65	4.51 ± 0.67	4.30 ± 0.82	4.45 ± 0.67	4.86 ± 0.39
Employed	4.79 ± 0.41	1.20 ± 0.55	4.73 ± 0.49	4.66 ± 0.51	4.50 ± 0.66	4.71 ± 0.53	4.93 ± 0.26
Family Income							
< 50,000	4.72 ± 0.50	1.13 ± 0.47	4.61 ± 0.63	4.53 ± 0.66	4.40 ± 0.80	4.55 ± 0.66	4.85 ± 0.39
≥ 50,000	4.76 ± 0.55	1.18 ± 0.56	4.62 ± 0.53	4.64 ± 0.52	4.38 ± 0.69	4.60 ± 0.57	4.94 ± 0.24

Values presented as mean ± SD

As shown in Table 2, the analysis revealed no statistically significant differences in patient satisfaction scores across gender, age, literacy status, or family income groups ($P > 0.05$). However, an important difference was observed by employment status ($P = 0.025$), with employed patients reporting higher satisfaction (29.52 ± 2.14) than unemployed patients (28.45 ± 2.94). This suggests that employment status may influence patients' perceptions and expectations of healthcare services. In this study, 77% of the respondents reported being satisfied or very satisfied with the overall services

Table 2: Association between Sociodemographic Variables and Mean Total Patient Satisfaction Scores (N = 125)

Sociodemographic Variable	Group	Total Satisfaction Score (Mean ± SD)	*t*-value	*P*-value
Gender	Male	29.27 ± 2.25	1.07	0.288
	Female	28.74 ± 2.86		
Age Group	<40 years	29.17 ± 2.51	0.96	0.338
	≥40 years	28.71 ± 2.79		
Literacy Status	Illiterate	28.92 ± 3.09	0.02	0.985
	Literate	28.93 ± 2.47		
Employment Status	Unemployed	28.45 ± 2.94	2.27	0.025
	Employed	29.52 ± 2.14		
Family Income	<50,000	28.80 ± 2.95	0.66	0.513
	≥50,000	29.91 ± 2.16		

Note: Independent samples t-test used; P < 0.05 considered statistically significant, Significant at P < 0.05

provided in the outpatient department. A total of 15% expressed neutral responses, while 7% reported dissatisfaction. This study assessed patient satisfaction in the OPD at GTTH and found a high overall satisfaction level, with a mean total satisfaction score of 28.93 ± 2.67 out of a possible 35. The results of this study show that 85% of patients expressed satisfaction with the treatment and healthcare provided, and the communication of the consulting physicians. Furthermore, 80% of the respondents stated that the doctors clearly explained their diagnosis and treatment. Satisfaction with the behavior and respectfulness of the nursing and administrative staff was reported by 72% of participants. The mean satisfaction scores related to various aspects of OPD services are presented in the accompanying graph. (Figure.1).

Figure.1 presents a visual representation of the proportion of satisfaction domains rated highly (mean score > 4.5), illustrating the areas where patient satisfaction emerged as a significant strength of the healthcare facility. The figure clearly shows that interpersonal respect, thoroughness of examination, and treatment satisfaction were the highest-rated domains. In contrast, satisfaction with healthcare decision-making processes represented an area for potential improvement. The assessment of consultation time adequacy revealed interesting findings, with a mean score of 1.15 ± 0.51 for the statement "time with doctor was too short." Since this item was reverse scored, the low score indicates that patients generally disagreed with the statement, suggesting that they felt the consultation time was adequate for their needs. This finding is particularly noteworthy given that time constraints are often identified as a significant source of patient dissatisfaction in outpatient settings.

Overall satisfaction with healthcare services achieved a mean score of 4.59 ± 0.62, confirming the generally positive patient experience across multiple service dimensions. This comprehensive satisfaction measure encompasses various aspects of the healthcare encounter and provides a holistic assessment of patient perceptions. (Figure.1).

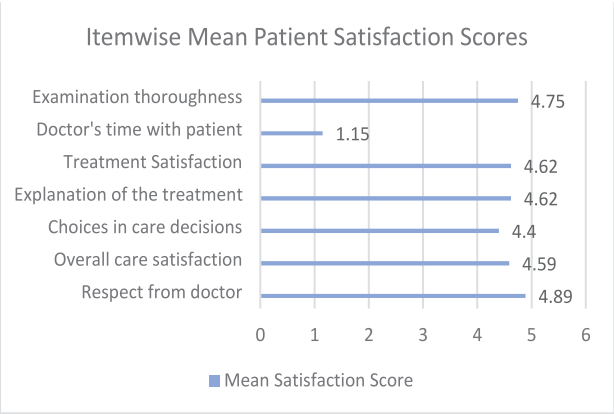

Fig.1: Item-wise Mean Patient Satisfaction Scores (N=125)

Figure.2 below shows the proportion of aspects rated highly (mean score > 4.4) satisfied, while only 14.3% were less satisfied:

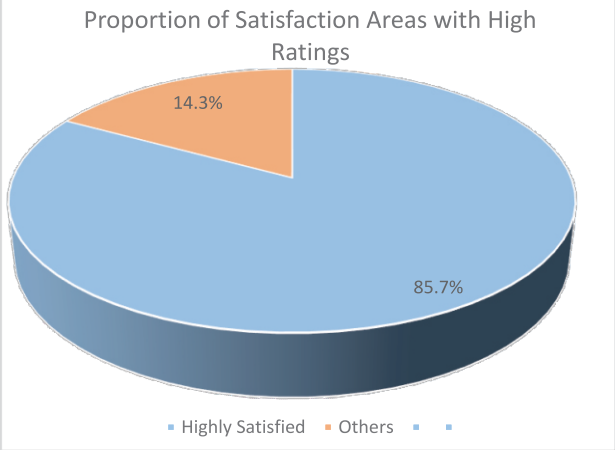

Fig.2: Proportion of Satisfaction Areas with High Ratings

Figure.2 illustrates the distribution of satisfaction across various service domains evaluated in the outpatient department. A significant majority (85.7%) of the assessed areas received high satisfaction ratings from patients, indicating consistent quality in service delivery across most dimensions of care. Only 14.3% of the regions were rated less favorably, indicating a limited need for improvement. This high proportion of "Highly Satisfied" responses reflects positively on the hospital's ability to meet patient expectations and maintain a patient-centered approach to outpatient care.

The high satisfaction levels observed across multiple domains suggest that the facility has implemented effective patient-centered care practices and maintained high standards of clinical service delivery. The consistency of positive results across different patient subgroups indicates that these quality standards are applied uniformly across diverse patient populations.

Discussion

This comprehensive assessment of patient satisfaction within the Medical Outpatient Department of Ghurki Trust Teaching Hospital reveals exceptionally positive patient experiences across multiple dimensions of healthcare service delivery. The overall satisfaction score of 28.93 ± 2.67 out of a possible 35 points represents an overall satisfaction rate of approximately 83%, which compares favorably with international benchmarks.[17]

The highest satisfaction levels were observed in domains directly related to interpersonal interactions and clinical care quality. The exceptional performance in interpersonal respect (mean score: 4.89 ± 0.34) observed at Ghurki Trust Teaching Hospital (GTTH), Lahore, aligns with extensive literature emphasizing the fundamental importance of respectful, dignified treatment in healthcare settings. For comparison, a study conducted at a tertiary public hospital in Nepal reported a significantly lower mean score of 3.72 ± 0.91 in a similar domain.[17] These findings underscore the importance of fostering respectful patient-provider interactions, particularly in cultural contexts like Pakistan, where concerns about communication and provider attitudes are common.[18] This finding is particularly significant given the cultural context of healthcare delivery in Pakistan, where patients often express concerns about healthcare providers' attitudes and communication styles. These findings underscore the critical role of respectful patient-provider interactions and comprehensive clinical assessments in shaping positive patient experiences and overall satisfaction, in line with previous research emphasizing the value of patient-centered communication and individualized care approaches.[19,20]

The thoroughness of clinical examination received the second-highest satisfaction rating (4.75 ± 0.53), indicating that patients perceived their clinical assessments as comprehensive and adequate. This finding contrasts with common patient complaints in many healthcare settings about rushed consultations and inadequate clinical evaluations.[20]

International literature consistently identifies effective physician-patient communication as a primary determinant of patient satisfaction and clinical outcomes.[20] The high satisfaction levels observed in treatment explanation (mean score: 4.65 ± 0.60) and physician advice (mean score: 4.67 ± 0.57) domains in this study are consistent with findings from other countries. For instance, a study conducted in Delhi, India, reported that 82% of patients were satisfied with the clarity of treatment explanations provided by physicians, and 79%

expressed satisfaction with the advice they received during consultations.[21] Similarly, research from Ghana found that over 75% of respondents were satisfied with physician communication, particularly regarding the clarity and completeness of treatment-related information.[19] These parallels suggest that clear and empathetic communication is a universally valued component of healthcare, strongly influencing patient satisfaction across diverse health systems.This communication effectiveness is particularly important in the context of healthcare delivery in developing countries, where patients may have limited health literacy and require clear, culturally appropriate explanations of their health conditions and treatment options.[20,21]

The relatively low dissatisfaction concerning consultation time (mean score: 1.15 ± 0.51, where a lower score reflects disagreement with the statement "time was too short") indicates that patients felt adequately heard and attended to. This observation corresponds with existing literature suggesting that sufficient consultation time enhances trust, facilitates open communication, and positively influences patient satisfaction levels.[22] Quality time spent during consultations has been associated not only with higher patient satisfaction but also with improved adherence to treatment and better health outcomes.[22]

The absence of significant demographic variations in satisfaction scores represents an important finding that warrants detailed discussion. Previous research has often identified demographic factors as significant predictors of patient satisfaction, with variations commonly observed based on age, gender, education level, and socioeconomic status. For example, Hoque F et al. reported that older patients, females, individuals with higher education levels, and those from higher socioeconomic backgrounds tended to express greater satisfaction with healthcare services.[23] These findings suggest that perceptions of care quality may vary based on patients' background characteristics, likely due to differing expectations, health literacy, and communication preferences.[23] However, in this study, no statistically significant differences were observed in satisfaction scores across these demographic categories. Male and female patients reported comparable satisfaction levels (29.27 ± 2.25 vs. 28.74 ± 2.86; $P = 0.288$), and similar patterns were noted across age groups (<40 years: 28.98 ± 2.80; ≥40 years: 28.89 ± 2.56; $P = 0.878$), literacy status (literate: 28.96 ± 2.59; illiterate: 28.80 ± 3.06; $P = 0.827$), and family income levels (<50,000 PKR: 28.91 ± 2.71; ≥50,000 PKR: 28.97 ± 2.63; $P = 0.930$). These results suggest that patients across different demographic backgrounds reported uniformly high satisfaction, reflecting equitable service quality. The uniform satisfaction levels across different demographic groups in this study suggest that the healthcare facility maintains consistent service quality standards regardless of patients' background characteristics, indicating an equitable approach to healthcare delivery.

This demographic consistency may reflect the facility's commitment to standardized care protocols and patient service standards that are applied uniformly across all patient encounters. Such standardization is particularly important in diverse healthcare settings where patients from different cultural, educational, and socioeconomic backgrounds seek care.[24] While overall satisfaction scores did not differ significantly across most demographic groups, some domains revealed notable differences between employed and unemployed patients. Specifically, employed patients reported slightly higher satisfaction in areas related to physician communication and perceived respect during consultations. This finding aligns with previous studies that suggest employed individuals may have higher expectations regarding time efficiency, communication, and involvement in decision-making, possibly due to their greater exposure to professional environments and structured settings.[22,23] These domain-specific differences highlight the importance of tailoring communication styles and care strategies to accommodate the varying expectations and preferences of diverse socioeconomic groups, while still maintaining equitable standards of care.

When contextualizing these findings within the broader landscape of patient satisfaction research in Pakistan, the results from this study appear markedly superior to those reported in many previous investigations. The satisfaction levels observed at

GTTH contrast favorably with findings from public sector facilities, where studies have often identified significant challenges in patient satisfaction. For example, the 39% satisfaction rate reported in a tertiary hospital in Quetta.[11]

The high satisfaction levels in physician communication and clinical care domains observed in this study are consistent with international research identifying these factors as primary determinants of patient satisfaction.[25] Studies from various countries have consistently demonstrated that patients prioritize respectful treatment, effective communication, and thorough clinical assessments over other healthcare service attributes.[25] The alignment of findings from this study with international literature suggests that fundamental patient satisfaction drivers remain consistent across different cultural and healthcare system contexts.[26]

However, the study also identified areas for potential improvement, particularly in the domain of patient involvement in healthcare decision-making processes. The relatively lower satisfaction score in this domain (4.39 ± 0.76) suggests opportunities for enhancing shared decision-making practices and patient engagement in treatment planning.[22] Contemporary healthcare quality frameworks increasingly emphasize the importance of patient involvement in healthcare decisions, recognizing patients as partners in their care rather than passive recipients of medical services.[27]

The implementation of shared decision-making practices has been associated with improved patient satisfaction, better treatment adherence, and enhanced clinical outcomes in numerous studies.[28] Healthcare providers can enhance patient involvement through structured communication techniques, decision support tools, and explicit invitation for patient participation in treatment planning processes.[22] Training programs focused on shared decision-making skills can help healthcare providers develop competencies in collaborative care approaches.[28]

The findings of this study have several important implications for healthcare quality improvement initiatives. The high satisfaction levels observed across multiple domains suggest that the facility has successfully implemented effective patient-centered care practices that can serve as models for other healthcare institutions. The specific areas of strength identified in this study, particularly interpersonal respect and clinical care quality, can inform best practice guidelines for healthcare service delivery in similar settings.

The consistency of satisfaction levels across different demographic groups suggests that standardized care protocols and patient service standards can effectively ensure equitable healthcare delivery. This finding supports the implementation of systematic quality improvement approaches that focus on standardizing care processes while maintaining flexibility to meet individual patient needs.[29]

From a healthcare management perspective, the results of this study demonstrate the feasibility of achieving high patient satisfaction levels in resource-constrained settings through focused attention on key satisfaction drivers. The emphasis on interpersonal respect and clinical care quality may represent cost-effective approaches to improving patient experience, as these improvements primarily require investments in staff training and organizational culture rather than expensive infrastructure or technology upgrades.[28,29]

The study also highlights the importance of continuous patient satisfaction monitoring as a component of comprehensive quality improvement programs. Regular assessment of patient satisfaction can provide early indicators of service quality issues and help healthcare managers identify areas requiring targeted interventions.[30] The implementation of systematic feedback mechanisms can create opportunities for continuous improvement and help maintain high satisfaction levels over time.

While the results are highly positive, opportunities for improvement exist, particularly in enhancing patient involvement in healthcare decision-making processes. The implementation of shared decision-making practices and enhanced patient engagement strategies could further improve satisfaction levels and align with contemporary patient-centered care principles.

The study contributes to the limited literature on patient satisfaction in Pakistan's private healthcare sector and provides evidence-based insights for healthcare administrators, policymakers, and quality

improvement specialists. The findings support the implementation of systematic patient satisfaction monitoring as a component of comprehensive quality improvement programs and highlight the importance of continuous feedback mechanisms in maintaining high satisfaction levels.

This study provides valuable insights into patient satisfaction in private tertiary care settings; however, several limitations should be acknowledged. The study was conducted at a single institution, which may limit the generalizability of findings to other healthcare settings. The convenience sampling approach may have introduced selection bias, potentially over-representing specific patient populations or satisfaction levels. Additionally, the study was conducted only during morning hours and focused exclusively on medical outpatients, which may not capture the full spectrum of patient experiences across different periods and clinical specialties.

Conclusion

This comprehensive assessment of patient satisfaction in the Medical Outpatient Department of Ghurki Trust Teaching Hospital demonstrates exceptionally high levels of patient satisfaction across multiple dimensions of healthcare service delivery. The overall satisfaction rate of 83% reflects the facility's successful implementation of patient-centered care practices and commitment to quality service delivery. The highest satisfaction levels were observed in domains directly related to interpersonal interactions and clinical care quality, particularly interpersonal respect, thoroughness of clinical examination, and treatment satisfaction.

This study highlights that high patient satisfaction can be achieved in resource-limited private tertiary care settings by focusing on interpersonal respect and clinical care quality. It underscores the need to enhance patient involvement in healthcare decisions to further align with patient-centered care. These findings provide evidence-based guidance for healthcare administrators and policymakers to implement ongoing satisfaction monitoring and continuous quality improvement initiatives.

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Author Contributions

HA: Conception and design of the work, manuscript writing for methodology design and investigation, validation of data, interpretation, and write-up of results, revising, editing, and supervising for intellectual content, writing the original draft, proofreading, and approval for final submission

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