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The Assessment of predictors of Patient’s satisfaction in public sector hospital Lahore, Pakistan

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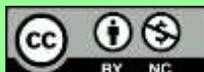
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Abstract

Purpose: Patient’s satisfaction is an area that has equal importance to both healthcare providers and the patients and as well as to the other participants in the healthcare industry. For healthcare providers warranting that patients are satisfied is a nonstop exertion. It is therefore important to them that the actual state of the mind of patient’s satisfaction is known. To attain this, healthcare providers get on research to feel the throbs of the patients and discover ways of serving them better. This paper attempts to describe what establishes satisfaction in the perspective of outpatients and what the process(s) that can be implemented by healthcare workers.

Method. The study had a regular experimental, pre and post-test approach using an in-patient at a healthcare provider. Tools included a patient satisfaction questionnaire, a patient questionnaire that audits management. After the conversant agreement was obtained, the research scholar collected post-implementation data from the patients. Descriptive statistical methods and models were used to define the sample data and data distributions. Breakdown of group differences was done using autonomous samples tests to examine the connection between HealthCare provider and Patient-Focused satisfaction.

Results. Patients were more satisfied after Predictors of patient’s satisfaction was implemented than they were before implementation. Further research is required in direction to study the supposition contributes to increased patient satisfaction. Patient satisfaction with care overall rises when they are cared for with the help of predictors of the patient’s satisfaction.

Keywords: Patient’s satisfaction, Public hospitals, Patient’s Safety.

Introduction

In the current era, only medical treatment is not sufficient for the patients, with every passing day the new inventions of methods, treatment, medicines become a multi-dimensional concept. From the current studies, it has been established that the treatment by medicines is a part and can’t be considered as a whole. A search (Shelton, 2000)

describes that patient satisfaction is the major component of quality healthcare.

It is a matter of fact that the behavior of different patients of same disease resultant is different which illustrate that the personal healthcare of patient preferences will contribute to the quality of healthcare and patient satisfaction, according



to Shelton (Shelton, 2000) the health facilities should adopt multiple methods and instruments to achieve and evaluate the patient satisfaction. As purposed (Rattue *et al.*, 2014) by questioning the patient is an effective way to determine the quality of the current healthcare and make a possibility to address the key problems linked to the quality of care and patient individual satisfaction.

According to Rattue *et al.* (2014), it seems illogical that the least satisfied patients at emergency are compared with the most pleased patient at outdoor medical facilities. In-country like Pakistan, the satisfaction level depends upon other few things also like cultural diversity, demography, educational background, and financial background. Patient satisfaction level changes concerning their background and ethics. In Pakistan, the patient satisfaction level has become a multi-dimensional, multi-task challenge to be addressed.

In the questionnaire, we have tried to identify the gap between delivered and desired, what a patient expects from the healthcare facility and what they got in return. In the questionnaire we have tried to get information of different aspects starting from top-level management behavior to financial aspects of the medical treatment including healthcare facility environment, treatment process, asked about satisfaction from staff and most importantly the patient awareness about the disease, treatment, and how they get positive effects from the treatment because the only medical treatment is not enough for the patient care and cure. According to research (Sultz & Young, 2014) asking questions regarding healthcare facilities and satisfaction is a good tool that may lead towards patient personal loyalty, patient satisfaction, and improving patient referrals. The questionnaire results come up with the area which undergoes improvements in healthcare facility (Elkins *et al.*, 2011) and helps to identify the gaps between desired and delivered.

Patient satisfaction is mainly dual facet product in which one input comes from health facility which mainly focuses on the medical skills they offered to the patients and the second input comes into the system from the patients who feel and expect the health facility to meet their needs in terms of their interpersonal feeling and experience about the health facility, are the concerned staff is actively involved to listen to them? solving the queries of the patients and most importantly the health facility is within their range and fulfills the medical needs of the patients.

The major focus is on the interpersonal satisfaction of the patients while treatment in the health facility that comes directly from the health facility to the patient himself leads towards the significant impact on the overall satisfaction because if the patient is not impersonally satisfied then the other variables (staff, treatment, etc.) may get fade.

The objective of the research is to categorize the breach between the patient satisfaction wanted and what is brought by the healthcare facility and purpose a resolution to address the outfalls comes out after this study which is held by both qualitative and quantitative study.

Literature Review

The term patient satisfaction is a highly welcomed output that came out from the health facility to the patient. Patient satisfaction is the level of fulfillment or discontent is a conclusion on the quality of healthcare facility in all its phases. Whatever its merits and demerits, patient satisfaction is a tool that should be important to be an evaluation of the quality of care in healthcare facilities (Donabedian, 1988). The word hospital is derived from the Latin word which means “Host” and the “Guest” (Zaleski, 1990) which indicates the relationship between the patient and the healthcare facility, and the services provided. From ancient history, the mission of healthcare facility was to function as dynasties of compassion, asylum, and peoples on its last legs for at the time of the late Christian time immemorial (Risse, 1999) Patient’s view can have healthcare facility awesome and neutral places. Regarding the dimension of the patient's satisfaction service, the technical aspects of quality care are differing. Numerous patients report about a very few issues related to the technical aspects of care in healthcare facility and apart from being able to decide technical standards and therefore understand the technical potential (Kenagy *et al.*, 1999). There are unusual issues of patient satisfaction associated with the involvement in respect and treatment, which are important issues for patients. In-country like Pakistan, the satisfaction level depends upon other few things also like cultural diversity, demography, educational background, and financial background. Patient satisfaction level changes concerning their background and ethics. In Pakistan, the patient satisfaction level has become a multi-dimensional, multi-task challenge to be addressed.

To address the question, how we can measure the level of satisfaction of patients in healthcare facilities, we need a tool or method to determine the level of satisfaction that is intangible. Therefore, it is purposed (Maister, 1984) that patient’s observation of the healthcare facility’s experience encounters or beats the probability, there will be an analogous degree of satisfaction. If the discernment does not meet the expectancy, there will be resulting dissatisfaction. Satisfaction of the patient’s care can be computed directly from patients' satisfaction surveys, focus groups, and telephony surveillance. According to research (Sultz & Young, 2014), asking questions regarding healthcare facilities and satisfaction is a good tool that may lead towards patient personal loyalty, patient satisfaction, and improving patient referrals. The questionnaire results come up with the area which undergoes improvements in



healthcare facility (Elkins *et al.*, 2011) and helps to identify the gaps between desired and delivered. It is exhibited that the characteristics falling under satisfaction from treatment process like waiting period, discussion period, and confidentiality, the endurance of care, medicines, and inquiries should be taken up. Similarly, the attributes falling under satisfaction from the environment like comfortable environment, facilities, and services, building, convenient location of the healthcare facility and cleanliness should also be taken up (Ahmad *et al.*, 2011).

The different traits of satisfaction from the environment are relaxed environment, hygiene, amenities & services, building, and suitable location of the hospital. According to a few studies, the patients were satisfied with the hygiene condition of the hospital. The different traits of satisfaction derived from management are restraint, the cost-effectiveness of treatment, the convenience of doctors, extent of provision time, and location of the wards. According to some studies, the patients had virtuous experience from the accessibility of doctors inwards and good availability from the extent of provision periods (Danish *et al.*, 2008).

The different attributes of the variable patient awareness are prior experiences of the hospitals, knowledge regarding diseases, and responsiveness about the rights as a patient. According to some studies, there was a linkage between previous experiences and satisfaction (Mandokhail *et al.*, 2007). Variables or attributes for Satisfaction from staff, patient awareness, and satisfaction from stakeholders are the predictors of patient satisfaction. The role of satisfaction from treatment procedure and satisfaction from the environment is either below nominal performance or missing from all the models of regression. These are the points that emerge during the study as the points to ponder or can be considered as problem statements.

From literature the patient satisfaction is divisible into two factors or elements. The first one is the medical treatment factor and the second is the human interaction factor. In medical treatment factor, covers the financial cost, access, availability of the medicines and medical treatments, waiting time, etc. While in human interaction factors like fully focused, sidestep diversions, smile, and sit on the same level as the patient all convey an important message of caring, listening, and empathy (Mitike *et al.*, 2002).

A complete model of the healthcare facility come across delivered by hospitalists has an initial and an ultimate stage. In between, there is a numerous series of steps and kraurotic moments that can potentially be saturated with attentiveness, self-worth and respect, effective information transfer, and shared decision making. The opening is a moment that will set the stage for the remainder of the encounter. Greeting patients by name and maintaining eye contact will help in establishing the early perception of

being a caring and concerned clinician. It is important to close hospital encounters with a sense of hope and optimism, making sure that all the patient's issues have been addressed, as well as planning for the next steps.

Methodology

The study was conducted to assess the satisfaction of patients among predictors (interpersonal, staff & environment) at Jinnah hospital Lahore. A quantitative and descriptive cross-sectional research design was used for this study to assess the satisfaction of patients among predictors (interpersonal, staff & environment) at Jinnah hospital Lahore.

Our target population was the patients of medical wards in Jinnah hospital Lahore. The participants were belonging to different socioeconomic levels and different demographical backgrounds; the participants were male and female. Information was collected from the members by self-administered survey form & the participants chosen by simple random sampling method; the size of the sample in the study was 133 which are calculated by the slovin's formula of sampling.

A self-administered version questionnaire was adopted from the article (Hamtamu oljira & Abeeba Ajema, 2016), used to gather information from the participants. The questionnaire was consisting of two sections (A and B). Section A composed of demographic information which consists of a name (optional), gender, organization, marital status, age group, designation, qualification, stay in the organization of the participant. Section B composed of the question regarding the satisfaction of patient which contains 20 questions adopted from (Hamtamu oljira & Abeeba Ajema, 2016).

All participants responded to these questions by nominal scale (yes/no, agree/disagree, etc.) Participants answered the questions according to the Likert scale. A data collection plan was one of the main sources to collect data. A self-administered questionnaire was used to collect data from the study participants. There were be given a free hand to complete it and return it.

Data analysis was done by SPSS version 20. Statistical computer software for data analysis.

There was a descriptive study, and all the descriptive statistics are obtained through the SPSS software.

Contents were taken from all participants and a free hand was given to the participants to take part in the study or refused to participate, participants were allowed to mention their name or not. Sufficient literature and information regarding research were given to all the participants after taking the full consent form with a questionnaire, confidentiality would also be considered essential while talking to participants.



Results

The first analysis is demographic analysis. It gives us details of 4 demographic questions. Descriptive analysis is used for three predictors of patient satisfaction. It tells us about the status of the patient's satisfaction level. Correlation analysis is used to check the relationship between environmental satisfaction, satisfaction from staff & interpersonal satisfaction among patients in public sector hospitals.

Demographic Analysis

Table 1 summarized the characteristics of respondents. Data was collected from both genders. Statistics show that 57.9% of responses were taken from male patients and 42.1% of respondents were female. Qualification, ages, and marital status are also mentioned in the Table 1.

Table 1: Demographic characteristic of respondents

	N	%
	133	100
Gender		
Male	77	57.9
Female	56	42.1
Marital Status		
Married	99	74.4
Single	34	25.6
Ages		
18-25	54	40.6
25-35	52	39.1
35-50	18	13.5
Above 50	9	6.8
Qualification		
Matric	55	41.4
FA	46	34.6
BA	20	15.0
Others	12	9.0

Satisfaction from Environment

Level of the hospital:

The first construct from the list of five chosen questions is the level of the hospital from variable satisfaction from the environment. Environment plays an important role to take an initial step for the successful execution of the quality program in any organization. This construct includes five constructs. The first question is about the level of the hospital. This survey was done in Jinnah hospital Lahore (public sector). Total respondents were 133 patients admitted in medical wards Jinnah hospital Lahore. The level of the hospital is district according to 83.5% respondents, zonal according to 6.0% respondents, and referral according to 10.5% respondents. Data is mentioned in the Table 2.

Provider made you feel at ease:

The second construct from the list of questions variable is employee environmental satisfaction. Environment satisfaction is a very crucial element of a patient's satisfaction level. The second question about the provider made you feel at ease in environmental satisfaction. The response of 88.7% of patients was good and 11.3% was poor. This survey was conducted in Jinnah hospital Lahore. Total respondents were 133 admitted to medical wards. Data can be seen in Table 3.

Cleanliness of room and equipment:

The third construct out of five is the satisfaction from the cleanliness of room and equipment. This construct is very significant to increase the satisfaction level of the patients. A clean environment provides peace to the patient in an overcrowded place. This survey was conducted in Jinnah hospital Lahore. Total respondents were 133. the response of 74.4% of patients was good about the statement cleanliness of room and equipment and 25.6% was poor. Data can be seen in below Table 4.

Table 2: Level of hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	District	111	83.5	83.5	83.5
	Zonal	8	6.0	6.0	89.5
	Referral	14	10.5	10.5	100.0
	Total	133	100.0	100.0	

Table 3: Provider made you feel at ease

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	good	118	88.7	88.7	88.7
	poor	15	11.3	11.3	
	Total	133	100.0	100.0	100.0

Table 4: Cleanliness of room and equipment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	good	99	74.4	74.4	74.4
	poor	34	25.6	25.6	100.0
	Total	133	100.0	100.0	



Provider eye contact:

The fourth construct among the five is provider eye contact that enhances the satisfaction level of the patient. If the provider listens to the patient carefully and keeps an eye contact with him/her improves the trust of the patient in the provider. It is the key component of patient satisfaction level. This study was done in Jinnah hospital Lahore among 133 patients. They were admitted to the medical ward. According to 82.7% of respondents, the provider's eye contact was good, and 17.3% of respondents say the eye contact is poor by the providers (Table 5).

Time taken to complete their services:

It is the fifth construct time taken to complete their services is a strong pillar to improve satisfaction and built interest of the patient. If emergency care is given at the main time the patient will satisfy as a whole. According to this survey 35.3% of patients' services completed in less than 2hours,41.4% of patients completed their services within 2-23hours,15.8% complete the treatment in 24-48 hours, and 7.5% of patients completed their services more than 48 hours, they admitted in medical wards for more hours (Table 6).

Satisfaction from Staff:

Privacy during the consultation:

It is the first construct out of five constructs of satisfaction from staff that is privacy during consultation. It is the priority of the staff to keep patient privacy (confidentiality).it enhances the satisfaction level among patients. This study was done in public sector hospital Lahore including 133 patients to check the satisfaction level from care providers. In 133 patients 78.2% of patients were satisfied in privacy level but 21.8 were not satisfied.

Cleanliness of room and equipment:

The third construct, out of five, is the satisfaction from the cleanliness of room and equipment. This construct is very significant to increase the satisfaction level of the patients. A clean environment provides peace to the patient in an overcrowded place. This survey was conducted in Jinnah hospital Lahore. Total respondents were 133. The response of 78.2% of patients was good about the statement cleanliness of room and equipment and 21.8% was poor. Description can be seen in Table 7.

Table 5: Provider eye contact

	Frequency	Percent	Valid Percent	Cumulative Percent
good	110	82.7	82.7	82.7
Valid poor	23	17.3	17.3	100.0
Total	133	100.0	100.0	

Table 6: Time taken to complete their services

	Frequency	Percent	Valid Percent	Cumulative Percent
less than 2hours	47	35.3	35.3	35.3
2-23 hours	55	41.4	41.4	76.7
Valid 24-48hours	21	15.8	15.8	92.5
greater than 48hours	10	7.5	7.5	100.0
Total	133	100.0	100.0	

Table 7: Cleanliness of room and equipment

	Percent	Valid Percent	Cumulative Percent
Good	104	78.2	78.2
Poor	29	21.8	21.8
Total	133	100.0	100.0



Time is taken to reach health services:

The third construct among five from satisfaction level from staff is the time taken to reach health services. It is an important component to the nearest medical facility is available. It reduces the halve of anxiety of the patients. According to this survey, 24.1% of patients reached in hospital less than 30minutes and they are satisfied.51.9% of patients reached in health setup within 30-60minutes, 21.1% of respondents reach 61-120 minutes,3.0% respondents reached in more than 120 minutes (Table 8).

Provider examines me thoroughly:

The fourth construct among five is provider examines me thoroughly is the key component of satisfaction level from staff. It enhances and builds the therapeutic relationship between staff and client.

According to this survey in Jinnah hospital, Lahore, data was collected from 133 patients in which 85.7% respondents were satisfied from examination of health care providers and 14.3% were not satisfied (Table 9).

Interpersonal Satisfaction:

Provider told you the name of your illness:

Provider told you the name of your disease or illness is an important part of treatment. The patient has the right to know about you. The patient should have knowledge in which stage he/she is suffering from? It is the first duty of the health care provider to counsel the client about the situation and condition it will improve the interpersonal relationship between the client and the health care provider. In this study, 83.5% of respondents know about their illness as the provider told them but 16.5% do not know about their disease. More description is mentioned in the Table 10.

Provider told you to return if it gets worse:

The second construct among ten questions of interpersonal satisfaction is provider told you to return if it gets worse is an important component to improve satisfaction level. This survey shows that 83.5% of respondents are satisfied and on the other hand 16.5%are not satisfied. More description shows in the Table 11.

Table 8: Time taken to reach health services.

	Frequency	Percent	Valid Percent	Percent
less than 30 min	32	24.1	24.1	24.1
30-60 min	69	51.9	51.9	75.9
Valid 61-120min	28	21.1	21.1	97.0
more than 120 min	4	3.0	3.0	100.0
Total	133	100.0	100.0	

Table 9: Providers examine me thoroughly

	Frequency	Percent	Valid Percent	Cumulative Percent
good	114	85.7	85.7	85.7
Valid poor	19	14.3	14.3	100.0
Total	133	100.0	100.0	

Table 10: Provider told you the name of your illness

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	111	83.5	83.5	83.5
Valid No	22	16.5	16.5	100.0
Total	133	100.0	100.0	

Table 11: Provider told you to return if it gets worse

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	111	83.5	83.5	83.5
Valid No	22	16.5	16.5	100.0
Total	133	100.0	100.0	



Provider told you the cause of illness:

This is the third construct of interpersonal satisfaction is the provider told you the cause of illness. It is the first duty of the health care provider to inform you of the cause of illness and protect you from more complications. This survey is conducted in Jinnah hospital Lahore medical wards to assess the satisfaction level of patients among staff and other health care providers. There were 133 respondents in which 87.2% were satisfied and other 12.8% were not satisfied for the provider (Table 12).

Provider talked enough about your treatment:

This is the fourth construct in ten questions about interpersonal satisfaction in the health care system. It is ethically a duty of health care providers to inform the client enough about their treatment. It will satisfy the patient and build a constructive therapeutic relationship between the client and staff members. The below table shows that 83.5% of respondents know about their treatment regimen and

16.5% don't know about their treatment. The data can be seen in the Table 13.

Provider told you ways of preventing future recurrence:

This is the fifth construct out of ten questions about interpersonal satisfaction. It is the right of the client to know future recurrence from preventing disease. In Jinnah hospital, Lahore 85.0% of respondents informed about it but 15% did not inform or guide. Detail can be seen in Table 14.

Nurses' knowledge and quick response:

The knowledge of nurses and other paramedical staffs is necessary to improve the quality and satisfaction level of clients. If the nurses are illegible, they will guide the patients properly. Although in this survey the patients are satisfied with the response of nurses and knowledge.89.5% were agreeing with the knowledge of nurses and on the other hand, 10.5% disagrees. Statically data can be seen in Table 15.

Table 12: Provider told you the cause of illness

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	116	87.2	87.2	87.2
Valid No	17	12.8	12.8	100.0
Total	133	100.0	100.0	

Table 13: Provider talked enough about your treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	111	83.5	83.5	83.5
Valid No	22	16.5	16.5	100.0
Total	133	100.0	100.0	

Table 14: Provider told you ways of preventing future recurrence

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	113	85.0	85.0	85.0
Valid No	20	15.0	15.0	100.0
Total	133	100.0	100.0	

Table 15: Nurses' knowledge and quick response

	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	119	89.5	89.5	89.5
Valid Disagree	14	10.5	10.5	100.0
Total	133	100.0	100.0	



Doctors' knowledge and quick response:

The knowledge of doctors and other paramedical staff is necessary to improve the quality and satisfaction level of clients. If the nurses are illegible, they will guide the patients properly. Although in this survey the patients are satisfied with the response of doctors and knowledge.85.0% were agreeing with the knowledge of nurses and on the other hand, 15.0% disagrees. Statically data can be seen in Table 16.

Privacy during consultation:

It is the eighth construct out of ten constructs of satisfaction from staff that is privacy during consultation. It is the priority of the staff to keep patient privacy (confidentiality).it will enhance the satisfaction level among patients. This study is done in public sector hospital Lahore including 133 patients to check the satisfaction level from care providers. In 133 patients 74.4% of patients were

satisfied in privacy level but 25.6 were not satisfied (Table 17).

Duration to stay with the provider:

This is the ninth construct of interpersonal satisfaction level is the duration of stay with the provider. In this survey 15.0%respondents say very long stay with the provider,29.3% of respondents say long stay,39.8% of respondents' response about duration with a stay of provider is fair,10.5% is short and 5.3% of respondents say the duration of stay with the provider is very short. Statistical data can be seen in Table 18.

Involvement of others in decision making

This is the tenth construct of interpersonal satisfaction among patients and staff that is the involvement of others in decision making. According to this survey, 85.7% of respondents are agreed with to involvement of others and 14.3% are disagreeing with this statement. Statistical data can be seen in the Table 19.

Table 16: Doctors' knowledge and quick response

	Frequency	Percent	Valid Percent	Cumulative Percent
Agree	113	85.0	85.0	85.0
Valid Disagree	20	15.0	15.0	100.0
Total	133	100.0	100.0	

Table 17: Privacy during consultation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	99	74.4	74.4	74.4
No	34	25.6	25.6	100.0
Total	133	100.0	100.0	

Table 18: Duration to stay with the provider

	Frequency	Percent	Valid Percent	Cumulative Percent
very long	20	15.0	15.0	15.0
Long	39	29.3	29.3	44.4
Valid Fair	53	39.8	39.8	84.2
Short	14	10.5	10.5	94.7
very short	7	5.3	5.3	100.0
Total	133	100.0	100.0	

Table 19: Involvement of others in decision making

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	114	85.7	85.7	85.7
Valid No	19	14.3	14.3	100.0
Total	133	100.0	100.0	



Discussion

In the current era, the only medical treatment is not sufficient enough for the patients with every passing day the new inventions of methods, treatment, medicines it becomes a multi-dimensional concept. From the current studies, it has been established that the treatment by medicine is a part and can't be considered as a whole. A search (Shelton, 2000) describes that patient satisfaction is the major component of quality healthcare.

In-country like Pakistan the satisfaction level depends upon other few things also like cultural diversity, demography, educational background, and financial background. Patient satisfaction level changes concerning their background and ethics. In Pakistan, the patient satisfaction level becomes multi-dimensional, multi-task challenges to be addressed. The term patient satisfaction is a highly welcomed output that came out from the health facility to the patient. Patient satisfaction is the level of fulfillment or discontent is a conclusion on the quality of healthcare facility in all its phases. Whatever its merits and demerits, patient satisfaction is a tool that should be vital to the valuation of the quality of care in healthcare facilities (Donabedian, 1988).

It is considered that the attributes falling under satisfaction from the treatment process like waiting time, discussion time, confidentiality, eye contact, medicines, and inquiries should be addressed. Similarly, the attributes falling under satisfaction from the environment, facilities, and services, building of health care facility and cleanliness also be addressed (Iftikhar *et al.*, 2011).

The primary result of the study is including the descriptive statistics on research variables and re-suits of multiple data analysis. The predictors explored in our research are as followed: satisfaction from staff, interpersonal satisfaction, and environmental satisfaction. The results of our study showed that satisfaction from the staff was the most significant determinant of overall satisfaction according to some studies (Iftikhar *et al.*, 2011). Many patients were satisfied with the attitude and communication of staff as well as healthcare. Stepwise statistical analysis has produced twenty questions by adopted questionnaire (Hamtam olijira, Abeba Ajema, 2016) in which most of them shows the satisfaction of patients e.g., provider made you feel at ease 88.72% and the variations is only 11.28%. cleanliness of room and equipment the good response is 74.44%, Respondents are satisfied from providers eye contact 82.71% and 78.20% were satisfied with privacy during consultation. Privacy is the first right of patients. The different attributes of satisfaction from management are restraining cost-effectiveness of treatment, accessibility of doctors, and extent of provision hours and location of

wards. According to some studies the patients had good experience provision periods (Danish KF, Khan UA, Chaudire T. Patient's satisfaction; an experience at IIMC-T.2008). So, the results showed that patients are satisfied with all three predictors in Jinnah hospital medical departments, Lahore.

The different attributes of the variables patient's awareness are the previous experience of the hospitals. Information about disease and awareness about the right as a patient. The result of the research supports the former view as a patient's awareness has emerged as the predictor. Overall satisfaction was high in the study, a result which is in line with studies conducted by different authors who show a higher level of overall patient satisfaction.

Conclusion

Satisfaction from staff, interpersonal satisfaction, and environmental satisfaction are the predictors of patient satisfaction. The role of satisfaction from the treatment process and environment is either below nominal performance or missing from all the models of regression. Hence both are the problem point.

The objective of the study is to identify the gap between the patient satisfaction desired and what is delivered by the healthcare facility and a purpose of resolution to address the outfalls comes out after this study which is held by both qualitative and quantitative study. Overall satisfaction level higher in the study, a result which is in line with studies conducted by different authors who show a higher level of overall patient satisfaction.

It is recommended that the attributes falling under satisfaction like treatment process and environment should be addressed. Privacy during the consultation is compulsory. The respective hospital should give attention to improve the cleanliness of rooms and equipment's should put an effort to improve the waiting time of patients. The respective hospitals should give attention to improve communication skills and empathy by providing continuous training. To sustain current patient's satisfaction level and further improve patient's satisfaction level.

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