

Impact of Doctors' Competence & Behavior on Satisfaction of Patients – A Case Study of Hepatitis Patients in Public Sector Hospitals of Punjab.

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ABSTRACT

Patient satisfaction is an important indicator of the quality of physician's care giving behavior in public sector healthcare institutions. Ranking of Pakistan in having number of hepatitis patients is 6th in the world statistics. In spite of having such a large number of liver patients in Pakistan, little importance has been given to evaluate the satisfaction level of such patients with regard to competence and behavioral implications of their doctors during their treatment. This study has been conducted in order to understand the level of patient's satisfaction in terms of doctor's level of technical competence and expertise as well as their attitude and behavior while dealing with their patients in outdoor departments of public sector hospitals of the Punjab, Pakistan. Moreover, evaluation of demographic characteristics of patients in social context is the secondary objective of this study. A cross sectional survey has been conducted among 720 patients suffering from hepatitis disease. Face to face interviews were carried out using structured Questionnaire. The findings revealed that out of 720 patients interviewed during the study, majority were married, male members, illiterate and were belonging to the nuclear family system. Regression technique has been applied and the data has been analyzed by using SPSS version 26. The results indicated that technical competence and behavioral implications of physician significantly affect the general satisfaction level of hepatitis patients in public sector hospitals of the Punjab. The results were also found to be significant at t-value of 5.458 and 8.212 respectively.

Keywords: Healthcare System, Patient Communication, Behavior, Competence

INTRODUCTION

Behavior of physicians or consultants with their patients during their treatment both in public as well as private clinics has been given significant importance as an indicator of patient satisfaction. In order to evaluate drawbacks of health care delivery system and its process, satisfaction of patients has been given an importance of significant outcome (Lis, et. al. 2009). Level of patients' satisfaction determines the level of success of health care delivery system (Prakash 2010). While, satisfaction of patients can be defined as current or past experience of receiving medical care by a patient in comparison with level of his expectations with regard to clinical setting of health care service delivery system (Palmer et. al.1991). Patient satisfaction has been discussed in literature from multiple perspectives like care given by doctor, their supporting staff, the environment of clinics and treatment given to patients. The present study is aimed at analyzing the patients' care with regard to behavior of doctors.

Ineffective communication of doctors with their patients has also been empirically examined and recognized as cause of failure of the service provided or rendered (Asmui,2012). Interpersonal skill of doctors is so important that success or failure of technical aspects of patient care largely depends on it. Parakash (2010) has examined that technical errors by doctors in treatment may be forgotten by patients, but their rude behavior is most often not forgotten by them. So, communication skill of doctors is as important as their technical skill and expertise.

Hepatitis is the seventh highest cause of death in the world. A large number of people are chronically affected by Hepatitis B and C in the world. These numbers are 325 million and 71 million respectively. It has been estimated that during the years 2015-2030, this disease will become the cause of about 20 million deaths. In Pakistan, 150,000 new cases of the Hepatitis B & C are reported every year and presently more than 13 million people are suffering from this disease. (WHO 2019). Lack of awareness about the disease is the main cause of catching its infection. This disease is called the silent killer, as most of the patients remain undiagnosed and ultimately are not treated for many years until the start of complications and then death.

Structure of health care system in Pakistan has undergone through structural changes at federal and provincial level. In order to improve the quality of health care institutions, some structural changes in the governing system of these institutions have also been introduced in Punjab. This study has been planned keeping in view the havoc of this disease for the Pakistani nation.

In a particular clinical environment, the satisfaction of a patient will be determined by the extent of comparing his experience of receiving medical care with his expectations from that health care service providing institution (Palmer *et al.* 1991). In order to evaluate and examine the strengths and weaknesses in the construct and system of the health care service providing institutions, satisfaction level of the patients is widely used as an outcome.

The sense of patients' wellbeing or satisfaction has many dimensions like atmosphere of the health care providing institution, the way of treating a patient in a professional context and behavioral aspects of the doctors and their supporting staff. The proposed study will explore the extent to which the Hepatitis patients are satisfied with regard to behavioral aspects and professional competence level of their doctors in the outdoor clinical setting of public sector health providing institutions in Punjab, because during the medical treatment of disease, patients have to face various issues relevant to the behavioral aspect and level of professional skill of the medical service providers.

The process of providing health care to the patients has a wider scope of applying various sociological theories in the process of this system in order to improve the level of health care providing facilities to the patients. Keeping in view the importance and need of this concept, the Clinical Sociology has emerged as a discipline about ninety years ago.

According to (Khattak *et.al* 2012), patients in Pakistan are not satisfied from the intervals of meeting with their doctors in public sector health providing institutions. It has been found in studies that doctors- patient relationship is not based on equality with regard to interaction in public service providing institutions. Behavior of doctors in their private clinics is very courteous and they after open the door for becoming more professional before their patients. This discrimination in dealing patients differently has marked their professional integrity and spirits (Borgstrom *et.al.* 2010).

Khattak, *et. al* (2012) have also examined this difference in interaction of doctors with their patients in public and private sector institutions in Pakistan. From the side of medical professionals, their services are not being recognized by the government and are being ignored, while from the patients' perspective, professional dignity and spirit of humanity service is declining in the doctors. There is need for holistic approach for restricting the medical service providing structure of the community in order to improve the service delivery level to the patients seeking medical treatment in public sector clinics. Due to very low doctor patient's ratio, very rare specialists are available for dealing patients in outdoors of public sector clinics/ hospitals. In order to increase the quality of medical service to the public in government hospitals, it is necessary that all the departments should necessarily be supervised by the senior doctors (Saeed & Ibrahim, 2005).

Studies have shown that in spite of continuous hard work, doctors are not paid properly (Abbasi, 2014). The young doctors are often seen on protest for better pay structure, working conditions and jobs security related issues (Khan et.al, 2012). Due to non-resolving the problems of doctors, quality level of medical service is deteriorating and highly qualified doctors are moving outside from the country. These things are ultimately affecting the satisfaction of patients adversely and patients are also found on strikes due to poor delivery of medical care to them in outdoors of public health providing institutions. An intentional or unintentional delay in resolving the issues of doctors in Pakistan is causing a decrease in quality of health care service being provided to public in government hospitals.

There are various dimensions of health care medical service. This study will cover the scope of satisfaction from the perspective of hepatitis patients with regard to behavioral and professional aspects of doctors dealing or treating them in outdoors of public sector health care providing institutions.

Keeping in view the importance of Hepatitis spreading in Pakistan, this study has been planned, so that a comprehensive system of improvements in health service delivery process may be introduced as part of health initiative policy in the country.

The main focus of the sociologists is to study the behaviors of individuals and groups through social interaction with the concerned in a society in various societal layers and settings. Evolution of clinical / medical sociology has emphasized on the need for studying the problems of hepatitis patients in the contextual framework of public health care service providing institutions in Pakistan, as the numbers of patients suffering from this disease in Pakistan are drastically increasing to about 10 % of the population of the country. The proposed study will cover the aspect of discrimination of doctors in dealing their patients i.e., behavioral aspect and quality of healthcare service being provided to patients i.e., professional competence level of the doctors.

Policy makers seek assistance from the surveys which are conducted to judge the behavior and professional competence level of the doctors in order to remove flaws in implementation of healthcare policies which are designed from time to time in the best interests of general public. Although, government in Pakistan is striving to increase the level and quality of health service facility being provided to the public, but its assessment through survey regarding satisfaction level of patients is very rare in Pakistan. Further, there is no comprehensive study undertaken in Pakistan which covers the evaluation of hepatologist with regard to their interaction with the patients as well as equality of their healthcare professional competency.

Doctors are suffering from issues of low pay package, long duty hours, poor working conditions and by job security etc. They are being charged for giving more attention to their patients in private clinical setting as compared to their duty in

public sector institutions. During the start of 19th century, the doctors in Europe were also involved in such practice of giving better attention to patients in private practice. (Means. 1953)

In a public sector health care providing clinic, the patients expect that their doctor should prescribe effective medicine, should do right diagnosis, minimum time in wait for doctor, deal with emotional spirit and all this should be accompanied with effective plan of managing disease (Mostafa., 2005). All these expectations should be met free of cost otherwise, they will have to move to private clinics for getting these services, even by paying for it. In order to remove weakness in the health service delivery system or process, it is necessary that patients should be provided an opportunity to rate these services after having consultation from their doctor. It has also been evaluated those patients place more trust on those organizations which provide better health care services (Tam, L. 2007).

Objective of the study is to examine whether the technical expertise and behavioral implications of doctors contribute towards patient satisfaction in the available health care infrastructure.

REVIEW OF LITERATURE

The purpose of literature review is to review the previous studies and relevant literature which support your study. Bashir et, al. (2011) studied patient satisfaction with quality of medical services in public sector hospital. He concluded that inappropriate provision of health care delivery services significantly associated with patient satisfaction. Non availability of lab facility and absence of senior Doctor frustrate the patients. Mental discomfort decrease patient recovery in public sector institutions. He has also viewed that unhygienic environment of hospitals is also a cause of rapid increase in disease ratio.

Gallop Pakistan conducted a survey which assessed doctor patient satisfaction for global communication performance in (2011). Pakistan was recorded at low score with the lowest this year. The survey demonstrated a high level of dissatisfaction among the patients with their doctor's attitude and care. The communication skills of Pakistani doctors is very weak.

Naseer, et. al. (2012) evaluated that patient satisfaction of public sector in Pakistan is relatively neglected. Mostly, the patient are dissatisfied with the physician's care giving behavior and clinical settings. Doctor take them as a medical gaze and show less interest in patient as a human.

Khan, et. al. (2012) have examined in survey that availability of doctors and their courteous attitude are highly rated area in Pakistan. They have found that 23.3% patients are satisfied from their doctors from this perspective. While, patient dissatisfaction is largely associated with improper interpersonal communication, behavior of service staff, alignment of information sharing about treatment plan, clinical hygiene and overcrowded clinical environment.

Deledda *et al.* (2013) found that caring behavior of doctors is concerned with performing their essential duties which are part of their professional responsibilities. It includes taking of history from patients, their physical examination, diagnosis of patient's problem, exchanging necessary and useful information with patients, ensuring the patient's involvement in arriving at a decision and providing interpersonal support for addressing their key concerns. In order to perform these tasks in a professional way, technical expertise of doctors, their interpersonal skill and time management in treatment of patients are essentially required. Further, interpersonal communication skill and time management are so important that effectiveness of technical expertise and skill i.e., proper diagnosis of problem, its medication and performing clinical procedure also depend largely upon these factors.

A review study was conducted by Naseer, et.al. (2012) in order to know an association between satisfaction of patients and other demographic factors. It was found that age of patients, gender, literacy rate and income level of patients are correlated with satisfaction level of patients. Moreover, they examined that improper communication, lesser involvement and interruption from external factors adversely affect the satisfaction level of patients.

(Asmui, 2012) conducted a cross sectional study on similar pattern in Malaysia in order to compare the level of satisfaction in male and female patients. They found that female patients were found to be more satisfied from their health care system as compared to the male patients. It was also found that health care facilities in Malaysia were also inadequate. This finding was similar in the context of Pakistan (Pompey, 2008). Bakar, et. al. (2016), found that more than 78 % hepatitis patients were found to be satisfied with facility of their health care system in government hospitals located in Johor State of Malaysia.

It has been observed that although publication of research on patients' satisfaction is increasing, but its evaluation in public sector health providing

institutions of Pakistan has been previously ignored, while existence of higher level of dissatisfaction has also been found in outdoor surgical departments of Pakistan (khan, et.al., 2014). Plan for managing the hepatitis of patients in Germany has been studied by (Schafer et.al. 2009), who found that decision making of doctors is influenced by the satisfaction preferences of patients with regard to treatment method and medication.

Sajjadi, et. al. (2015) have examined the responsiveness of health care outpatient's system for hepatitis patients in Iran and revealed in their study that 67% patients were satisfied with level of their health care system. Sajjad et. al. (2015) measured responsiveness of health care system through eight-dimensional construct and revealed that responsiveness score is associated with level of education, income and history of hepatitis.

Pouraqha& Zaire, (2016) conducted a survey-based study in order to examine the satisfaction level of outdoor patients in Tehran. In this cross-sectional data study, they found that the patients of four teaching hospitals were satisfied by the consultation provided by their doctors. It means their satisfaction level was positive. Asmui (2012) conducted a cross sectional data-based study for evaluating the sense of satisfaction in Malaysian male and female patients and concluded that female patients were more satisfied than the male counterpart patients from their physicians. He used low income and lesser educated families as respondents of this study.

Lu, et.al. (2016) explored the satisfaction level of patients on the medical facilities provided by the Chinese military head quarter and concluded that satisfaction level of patients was very low. He also found that communication skill of the physicians, severity of disease and trusted medical care were deemed to be important factors of satisfaction for patients in outdoor of the medical care institutions. Jenkinson, et.al. (2002); Houle, et.al. (2007) examined that courteous and friendly behavior of the physician was found to be important and significant factor in determining the satisfaction level among the female patients. Studies have also revealed that there is correlation between level of satisfaction of the doctors and of the patients (Zandbelt, et.al.,2004).

Jeffery (2017) conducted systematic review relationship between organizational and work place cultures and patient outcomes. Culture is much considerable component among clinicians, executives and policy makers. Productive and effective culture is preferable rather than ineffective and toxic which leads to dysfunctions. A positive patient outcome such as

reduced mortality and increased quality of life and decreased pain level. Positive and effective association between culture and patient outcomes holds in health care settings.

Linda (2018) studied that patient satisfaction with hospital care is associated with behavior of practitioner. Hepatitis patients are more sensitive and physically weak patients. They need more attention or meaningful care from their health provider uniformly. It is concluded that inadequate professional staff is contributing factor for dissatisfaction of hepatitis patient in long term treatment of their diseases. Moreover, ineffective physical contact & lack of comfort associated with mortality and lower patient satisfaction.

Huw Davis (2018) has viewed that organization culture defines the collective thoughts, feeling and behaving in medical care units shared in different ways. Health care organizations present different subculture which may be driving forces for changing and improving quality initiative for the improvement. In health care pathways, clinical practices and communication patterns are most visible in organizational life culture layer. Unspoken and often unconscious expectations of patient are over looked by clinical practitioner due to lack of shared expression. Such attitude of physician may lead to frustration and outcomes become vulnerable.

Douglas (2019) established a view that there is more need to improve relationship between patient and health provider for improving better health care. The physicians may order diagnostics studies and imaging as a substitute for face to face as it is seemed to save time and increase relative value units. As the result the medical interview abbreviated and physical environment disappearing. The lack of connection between clinician and patient creates loss of interest which patient needs for meaningful caring. The health provider has limited time to inquire relevant information, to understand the content of illness and address the patient needs. This increases the malpractice and conducted a view that patient central care improves the quality of medical outcomes.

Singh (2020) patient satisfaction is most considerable component of health care, but largely over looked aspect of management of gastrointestinal disorders. Satisfaction of patient has recovered spiral notice as more compensate model shifted to value-based care. A value-based model presented the sketch of quality care rather than quantity measured care. Higher level of satisfaction with medical care depends upon higher possibility of following medical advice and in return to the same provider

for follow up care. In chronic disease the level of satisfaction of patient is associated with improved clinical outcomes.

Susan (2021) emphasized on the requirement of patient centered care in organizations and professionals. He viewed that professional should understand what patient value clinicians often assume that they are very competent in dealing with chronic diseases but their communication is not good with their patients. They don't focus on patient's need, patient's psychology and values. That's why their patients are not fully satisfied. Health care establishes partnership among a practitioner, patients, and their families.

Data & Methodology

This study was based on the primary data of patients which was collected from various public sector hospitals of the Punjab. The province of Punjab was divided in three regions Central, South and North. From each region, one division in each of these regions was selected through purposive sampling technique. Further, two districts were selected from each division. Thus, it included six (DHQs) District Head Quarter hospitals namely, Sheikupura, Nankana, Multan, Lodharan, Jehlum & Chakwal. The data of hepatitis patients was collected from various public sector hospitals of the Punjab. Hepatitis patients visiting outdoor of these hospitals for treatment of their hepatitis disease were randomly selected for this survey. In most of these hospitals, hepatitis centers have been developed under the supervision of PKLI Lahore for treatment of hepatitis patients. A questionnaire was distributed to each of the patients to answer the questions. SPSS 16 has been used in order to analyze the data of this study. For data collection, a structured questionnaire was developed in the light of research objectives. Its reliability was tested with the help of Variance Inflation Factor (VIF), the value of which was 75%.

Survey method (personal interview technique) was used/adopted to collect information accordingly from the purposively selected 720 hepatitis patients (120 from each DHQ) who were visiting public hospitals for their treatment. All respondents answered and response rate is 100%. The questionnaire of this study was consisted of ten questions. First seven questions were relating to collection of social and demographic information about respondents like their age, gender, education level, marital status, income level, family structure and family size and the remaining three questions were related to other domain of variables classified as dependent variable and independent variables. 3-point Likert scale was used to collect response from the respondents of this study. So far as the variables are concerned, Task Performed By Doctors (TPBD) and Doctor Patient Interaction (DPI) were used as Independent variables and General Satisfaction (GSAT) of patients was used as dependent variable of the study. In order to examine the

relationship between independent variables and dependent variable, regression analysis technique was used. While, Data analysis was done by using SPSS (version 26).

Hypothesis

The following hypothesis has been developed and proposed for the purpose of testing it on the basis of above review of literature:

H₀: Better the Task Performed by Doctors as well as Behavior and Time given by doctors to their patients, greater will be the level of General Satisfaction among the hepatitis patients.

Moreover, the above hypothesis has been tested with the help of the following regression equation:

$$GSAT_i = \beta_0 + \beta_1 (TPBD_i) + \beta_2 (BAT_i) + \varepsilon_i$$

Whereby,

- GSAT : General Satisfaction of patients
- β_0 : Intercept
- β_1, β_2 : Slope of coefficients
- TPBD : Task Performed By Doctors
- BAT : Behavior and Time
- ε_i : Error Term

Results and Discussion

This section presents the results of frequency distribution and regression equation in order to examine the relationship among the variables of this study as under:

Table 1: Frequency Distribution

Task Performed By Doctors	Disagree	Neutral	Agree	Total
a. Doctor are careful to check everything when treating and examining me	239 33.2%	99 13.8%	382 53.1%	720 100%
b. Doctor who treats me has latest knowledge about medical developments	97 13.5%	136 18.9%	487 67.6%	720 100%
c. My doctor is very competent and well trained	270 37.5%	118 16.4%	332 46.1%	720 100%
d. Doctor explain very well about the reason of medical tests	185 25.7%	107 14.9%	425 59%	720 100%
e. I think my doctor has enough expertise to provide me medical care	86 11.9%	72 10%	562 78.1%	720 100%

f. Doctor maintain medical record during my checkup	210 29.2%	43 6%	467 64.9%	720 100%
g. Doctor give me advice about ways to avoid illness and stay healthy	164 22.8%	94 13.1%	462 64.2%	720 100%

This question is very much part of the measures or constructs designed for evaluation of technical competency of the doctors. Table 1(a) depicts the care level on the part of doctors required during examination of hepatitis patients in public sector hospitals. It is very obvious that 53.1% of the respondents were found satisfied or agreed upon the reasonable care level expected from doctors. While, 33.2% of the patients were disagreed from this aspect, which means that they were not satisfied from the care extended by the doctors to their patients. It is also worth mentioning that 13.8% of the patients were indifferent with regard to the care level of the doctors for their patients.

Table 1(b) clearly describes the technical competency of doctors with regard to their latest or up to date knowledge of medical developments in their field of expertise. It can be examined that 67.6% of the respondents were found satisfied from knowledge level to be expected from their doctors. While, 13.5% of the patient disagreed from this aspect, which means that they were not satisfied from the knowledge of the doctors expected from them as patients. It is also worth mentioning that 18.9% of the patients were indifferent with regard to knowledge level of the doctors for their patients.

Table 1(c) shows information about technical competency of the doctors and their ability to handle hepatitis patients in the context of public sector hospitals of the Punjab. It is clear that 46.1% of the respondents were found satisfied from competency level of their doctors. While, 37.5% of the patient were not satisfied from this aspect. It is also worth mentioning that 16.4% of the patients were found to be indifferent with regard to technical competency of their doctors. Sometimes Doctors are cautioned to avoid information overload by focusing on “need to know” but it will be possible they explain medical terms to patient if he can understand (Coleman et al 2017)

Table 1(e) provides information about technical expertise of doctors with regard to their knowledge about developments in the field of relevant medical sciences. It is evident that 78.1% of the respondents were found satisfied from technical expertise of their doctors. While, 11.9% of the patient disagreed or were not satisfied from their expertise. Moreover, it is also worth mentioning that there were also 10% of the patients who were indifferent with regard to expertise of their doctors.

Information about maintenance of patient’s history in proper record and documentary form has been tabulated in Table 1(f), which shows that 64.9% of the patients were agreed that proper record of their medical treatment is being maintained properly in public hospitals, while 29.2% of the patients disagreed from

it. However, 6% of the respondents were indifferent. They were neither satisfied nor dissatisfied from their doctors regarding maintenance of medical record of their patients.

Table 1(g) provides information about competency of doctors with regard to giving of technical advice to the patients and suggesting precautions or ways of avoiding illness and remain healthy. It is worth noting that 64.2% of the respondent were satisfied from their doctors and 22.8% respondents were not satisfied. While, 13.1% of the patients were found to be indifferent or neutral.

This study concluded that healthcare professionals' knowledge, attitude scores were satisfactory but healthcare professionals' attitude was somehow lower than their professional competence. Study concluded by Ahmed et al (2020) has supported the results revealed by the variable in this study.

Table: 2 **Frequency Distribution**

Behavior and Time	Disagree	Neutral	Agree	Total
a. Doctor spend plenty of time with me	350	55	315	720
	48.6%	7.6%	43.8%	100%
b. Doctor always checked me patiently	152	84	484	720
	21.1%	11.7%	67.2%	100%
c. During my medical visit I am always allowed to ask everything about my disease	138	84	498	720
	19.2%	11.7%	69.2%	100%
d. Doctor listen carefully to what I have to say	142	73	505	720
	19.7%	10.1%	70.1%	100%

The patients in public sector hospitals usually complain that doctors don't give proper time to them for medical checkup. In order to check this behavioral aspect of the doctors, the patients were asked to express their opinion. Table 2(a) expressed that out of 720 patients, 315 were agreed that their doctors give them proper time for medical examination or checkup and they were 43.8% of the entire sample. Likewise, 350 patients did not agree to it and expressed their dissatisfaction on this aspect of doctors' behavior. While, 55 respondents were found to be neutral i.e., they were neither agreed nor disagreed with the statement. It can thus be examined that majority of patients were not agreed upon statement of the question that their doctors spend proper time for medical checkup.

In order to check patience related behavioral aspect of the doctors, table 2(b) has revealed that out of 720 patients, 484 were agreed that their doctors deal them with patience during

medical examination or checkup and these numbers were 67.2% of the entire sample. Likewise, 152 patients did not agree to it and expressed their dissatisfaction on this aspect of doctors' behavior. It means that they were satisfied from the patience level expressed by their doctors. Whereas, 84 respondents were found to be neutral i.e., they were neither agreed nor disagreed with it. It can thus be observed that majority of patients were satisfied from the patience level of their doctors.

Table 2(c) provides information about doctors' attitude for giving liberty to their patients or providing them congenial environment during medical checkup in which they should feel free for asking all questions about their disease in a familiar way. It has been found that 69.2% of the respondents were agreed to the statement, which means that they were satisfied from their doctors and were used to ask disease related everything from their doctors during medical \checkup in public sector hospitals of the Punjab. Whereas, 19.2% of the respondents were not satisfied from this behavioral aspect of their doctors, because they were found disagreed from the statement. Moreover, 11.7% of the patients were also found to be neutral.

In order to check, whether doctors pay due attention on their patients and listen to what they want to express in a careful way, information in table 2(d) has been collected from patients. It revealed that out of 720 patients, 505 were agreed that their doctors listen to them carefully with patience during medical examination or checkup and these numbers were 70.1% of the entire sample. Likewise, 142 patients (19.7%) did not agree to it and expressed their dissatisfaction on this aspect of doctors' behavior. It means that they were not satisfied from this aspect of their doctors. Whereas, 73 respondents (10.1%) were found to be neutral i.e., they were neither agreed nor disagreed to this statement. It can thus be observed that majority of patients were satisfied from this aspect of their doctors.

Table 3 **Frequency Distribution**

General Satisfaction	Disagree	Neutral	Agree	Total
a. I am very satisfied with the consultation I received	239	106	375	720
	33.2%	14.7%	52.1%	100%
b. All things considered medical care I receive from doctor is excellent	214	131	375	720
	29.7%	18.2%	52.1%	100%
c. Medical care I receive here is just about perfect	209	91	420	720
	29%	12.6%	58.3%	100%

d. Doctor answer all question in detail	209	123	388	720
	29%	17.1%	53.9%	100%
e. I am fully satisfied with the Diagnosis Process of Doctors	112	72	536	720
	15.6%	10%	74.4%	100%
f. Schedule of appointment is very easy	25	51	644	720
	3.5%	7.1%	89.4%	100%
g. Doctor's deal patients' equality basis	26	37	657	720
	3.6%	5.1%	91.3%	100%
h. Nonverbal communication of doctor is satisfactory	75	45	600	720
	10.4%	6.3%	83.3%	100%

Table 3(a) clearly provides information about satisfaction level of patients from treatment provided by their doctors. It has been found that 52.1% of the patients were satisfied from their doctors and 33.2% were not satisfied from their doctors. While, there were also 14.7% of the patients who were neither satisfied nor dissatisfied from the consultation provided to them by their doctors.

Table 3(b) exhibits information about medical care received by the respondents from their doctors in hepatitis clinics of public sector hospitals. It has been found that 52.1% of the patients were agreed that medical care provided in public sector hospitals is at its excellent level and 29.7% of the patients were not agreed to this statement, which means that they were not satisfied from the level of medical care being provided in public sector hospitals. However, 18.2% of the patients remained neutral in expressing their opinion in this regard.

Table 3(c) exhibits information about medical care received by the respondents from their doctors in hepatitis clinics of public sector hospitals. It has been found that 58.3% of the patients were agreed that medical care provided in public sector hospitals is just perfect and 29.0% of the patients were not agreed to this statement, which means that they were not satisfied from the level of medical care being provided in public sector hospitals. However, 12.6% of the patients remained neutral in expressing their opinion in this regard.

In table 3(d), respondents have replied to the question, whether the doctors answer all the questions in detail which are asked by their patients and it has been revealed that 53.9% of the patients were agreed to the statement which indicates that they were satisfied from their doctors in this regard. However, 29% of the patients were

disagreed to the statement, which means they were not satisfied from this statement. However, 17.1% of the patients were neither satisfied nor dissatisfied from the statement of questions, which indicates that they were neutral.

In order to evaluate the satisfaction level of patients from the diagnosis process of doctors in the public sector hospitals, response on this statement was collected. It has been found in Table 3(e) that 77.4% of the patients were seemed to be agreed from this statement which indicated that they were satisfied from the diagnosis process of their doctors. Likewise, 15.6% of the respondents were found to be disagreed from the statement, which indicates their dissatisfaction from the working procedure of their doctors. However, 10% of the patients were neither agreed nor disagreed on it.

In order to evaluate the ease of appointment for seeking consultation provided in public sector hospitals, response on this statement was collected and revealed through table 3(f). It can be examined that 89.4% of the patients were seemed to be agreed from this statement which indicated that they were satisfied from the ease of appointment from their doctors. Likewise, 3.5% of the respondents were found to be disagreed from the statement, which indicates their dissatisfaction from ease of consultation point of view. However, 7.1% of the patients were neither agreed nor disagreed on this statement i.e., they were found to be neutral.

In order to examine whether the doctors deal all their patients on equality basis or not, response of patients on this statement was collected and presented in Table 3(g). It is evident that 91.3% of the patients were seemed to be agreed from this statement which indicated that they were satisfied from dealing of their doctors. Likewise, 3.6% of the respondents were found to be disagreed from the statement, which indicates their dissatisfaction from dealing of their doctors. However, 5.1% of the patients were neither agreed nor disagreed on this statement i.e., they were found to be neutral. It can be observed that most of the patients were satisfied from dealing of their doctors.

Table 3(h) presents results of examining the nonverbal communication of doctors with their patients during consultation. It is obvious that 83.3% of the patients were seemed to be agreed or found to be satisfied from von verbal communication of their doctors. However, 10.4% of the respondents were found to be disagreed from the statement, which indicates their dissatisfaction from nonverbal communication of their doctors. Apart from it, 6.3% of the patients were neither agreed nor disagreed on this statement i.e., they were found to be neutral. It can be observed that most of the patients were satisfied from nonverbal communication of their doctors in their dealing with patients.

Table 4: Regression Results

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.408 ^a	.166	.164	.37974

a. Predictors: (Constant), BAT, TPBD

Coefficients

Model		Unstandardized Coefficients		Standardize Coefficients	t	Sig.
		B	Std. Error	B		
1	(Constant)	1.686	.075		22.398	.000
	TPBD	.168	.031	.198	5.458	.000
	BAT	.177	.022	.298	8.212	.000

- a. Dependent Variable: GSAT
- b. F Value: 71.015

The table 4 has presented the results of regression between dependent variable and independent variables. General Satisfaction (GSAT) has been used as a dependent variable, Task Performed By Doctors (TPBD) & Behavior and Time (BAT) have been used as independent variables. It is evident that independent variables regressed the dependent variables significantly, because t values of these variables are found to be 5.458 and 8.212 respectively. Moreover, *F value* of 71.015 is found to be significant at 0.000, which indicates that the regression model is best fit. The results are found to be aligned or in conformity with the findings of a study conducted by You *et al.*, (2013), which revealed that experience of doctors and environment of the hospitals have significant impact on the satisfaction level of patients.

Social and demographic factors revealed some facts that out of 720 patients, majority i.e., 57.2% were male, 29.2% were belonging to the age group of 25-30 years, 70.6% were married, 36.9% were illiterate by themselves and guardians of 54.4% patients were also illiterate. So for as other factors are concerned, 63.9% were belonging to the nuclear family structure with family size of 5 to 6 members and 47.9% were earning more than 400,000 pak rupees per annum.

Conclusion & Recommendations

It can be concluded that technical competence as well as behavioral implications of doctors largely affect the satisfaction level of patients on available health care delivery mechanism of government hospitals in the Punjab. Therefore, government and policy makers should pay attention towards the hiring of more specialist doctors for treatment of hepatitis patients and provide them maximum opportunities of training and development for improving their behavioral and time related implications in dealing with their patients.

Due to shortage of time and resources involved, this study has been conducted in Punjab. Its scope can be further enhanced by conducting it to the level of the whole country. Moreover, scope of the study is presently limited to the hepatitis patients. It can be done in future to know its implications on patients of other diseases as well.

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