



DOCTORS' PERSPECTIVES ON PATIENT SATISFACTION: QUALITATIVE SURVEY IN A TERTIARY HEALTH CARE FACILITY IN CHANDIGARH, INDIA

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ABSTRACT

Background: Patient satisfaction is an important indicator of healthcare quality and system performance. While patient perspectives are commonly assessed, healthcare providers' perspectives have received comparatively limited attention in India. Understanding doctors' perceptions is important for developing effective quality-improvement strategies. **Objective:** To explore doctors' perspectives regarding patient satisfaction, perceived quality of healthcare services, challenges encountered in providing patient care, and strategies for improving patient satisfaction in a tertiary-care government hospital in Chandigarh, India. **Methods:** An exploratory qualitative survey was conducted among doctors providing patient-care services in different outpatient departments of a tertiary-care government hospital in Chandigarh from April to December 2025. Convenience sampling was used, and 41 doctors were included. Data were collected through semi-structured personal interviews and a focus group discussion on strategies for improving patient care services was also conducted. Qualitative responses were analyzed using thematic coding, while proportions and percentages were used to describe quantitative findings. **Results:** Among all doctors surveyed, 87.8% considered patient satisfaction very important in evaluating quality of care, while 12.2% considered it important. Patient satisfaction surveys were considered accurate by 48.8%, very accurate by 14.6%, and somewhat accurate by 34.1% of doctors. Regular feedback was preferred directly from patients by 58.5% and through anonymized reports by 26.8%. Five major domains emerged: human resource strengthening and workload management; infrastructure and resource availability; patient communication and education; system and process reforms; and governance and policy strengthening. Human-resource shortages, excessive workload, overcrowding, inadequate infrastructure, inefficient processes, and administrative constraints were major perceived contributors to patient dissatisfaction. **Conclusion:** Doctors recognize patient satisfaction as an important component of healthcare quality. However, improving satisfaction requires a systems-oriented approach addressing staffing, workload, infrastructure, communication, digital processes, feedback mechanisms, and governance. Improving doctors' working conditions and satisfaction should be considered integral to improving patient satisfaction and overall hospital performance.

KEYWORDS: Patient satisfaction; Doctors' perspectives; Healthcare quality; Tertiary care; Physician satisfaction; Patient feedback; Patient-centred care.

INTRODUCTION

Assessment of patient satisfaction is essential for evaluating the quality of inpatient care in tertiary health-care settings. Patient satisfaction is a multidimensional construct that reflects both technical and interpersonal aspects of healthcare delivery and is widely accepted as a proxy indicator of healthcare quality and system

performance. It highlights strengths and deficiencies in clinical care, staff communication, accessibility, waiting time, infrastructure, and basic amenities.^[1,3] In outpatient settings; it encompasses not only technical expertise but also interpersonal care, communication, accessibility, and organizational efficiency. In outpatient departments, factors such as waiting time, accessibility, guidance

within hospital premises, staff behavior, and treatment cost significantly affect patient experience and utilization of services.^[6,7] Regular measurement of patient experiences across different care domains supports evidence-based improvements, enhances patient-centered care, and contributes to overall quality enhancement in government health facilities.^[4] In addition to patient perspectives, provider satisfaction also plays a crucial role in health system performance.

Healthcare worker satisfaction is increasingly recognized as an important determinant of health service quality and patient satisfaction. Understanding how elements of staff satisfaction influence patient experiences can help improve care delivery. Evaluating the relationship between healthcare worker satisfaction and patient satisfaction provides valuable evidence for managerial decision-making and policy development aimed at strengthening health system performance.

Findings from earlier studies suggest that improving key aspects of staff working conditions can enhance patient satisfaction and inform management and policy strategies to improve healthcare service quality. Among satisfaction elements, healthcare workers' satisfaction with the time available to complete tasks had the strongest impact on patient satisfaction.^[5] Physician job satisfaction affects quality of care, efficiency, and workforce retention, making systematic evaluation of both patient and provider satisfactions essential for strengthening health systems.^[6] A large scale Italian study examined factors influencing job satisfaction among public healthcare employees and found that work environment, management practices, and team coordination strongly correlate with satisfaction.^[7] A cross-sectional study assessed job satisfaction among 255 doctors in a tertiary care hospital in eastern India, observed overall job satisfaction 59.6%, with working space as the most important factor.^[8] Physicians recognize patient experience as an important aspect of healthcare quality, although their views regarding formal patient-satisfaction measurement are mixed. While satisfaction surveys can help identify deficiencies in communication, service delivery, and organizational processes, clinicians often question their validity because of low response rates, inadequate clinical context, and the difficulty of distinguishing patient experience from clinical outcomes.^[9,10,11] Studies have also highlighted the importance of communication and interpersonal skills, physician time and attentiveness, continuity of care, trust, organizational constraints, and broader healthcare-system factors in shaping patient satisfaction.^[12,19]

Health care services in a high-volume tertiary care public hospital of Chandigarh catering services to patients approaching from several Northern States are facing challenges which are largely organizational and structural in nature and reflect the increasing burden on tertiary care institutions due to rising patient load, inter-

state referrals, and limited capacity expansion. The mismatch between patient demand and available resources adversely affects service efficiency and patient comfort, even when the quality of medical care remains high. Overall, patient-satisfaction studies can provide valuable information for identifying gaps in healthcare delivery and developing targeted quality-improvement strategies. However, the literature on patient satisfaction incorporating perspectives of health care providers have received comparatively little attention in the Indian healthcare setting, particularly in Chandigarh. Therefore, assessing clinicians' perspectives is important for developing effective strategies to improve the quality of patient care and better address patients' expectations and needs. The present study explores opinions of doctors concerning patient satisfaction, problems faced by them in providing health care and their perceived needs highlighting the strengths and challenges of healthcare delivery.

MATERIALS AND METHODS

Study Design and Setting

Present study is a part of a detailed project sponsored by Department of Science and Technology (DST), Chandigarh, conducted at OPDs of a tertiary-care government hospital in Chandigarh India, from April 2025 to December 2025. The original survey included 1069 patients and 41 doctors, however, findings of 41 doctors only is the subject matter of present explorative study.

Inclusion/Exclusion Criterion

Doctors providing patient care services at different OPDs of the health care institution who provided consent, were eligible irrespective of age, gender, qualifications and specialties and other characteristics.

Sampling Design and Sample Size

Convenience sampling technique was used for selection of doctors for exploring their opinions for patient satisfaction and studying health care quality indicators through in depth interviews and focused group discussions (FGDs). The study included only 41 doctors and further inclusion was stopped as responses were somewhat saturated. FGD on “**Strategies for Improving Patient Care Service**” was conducted on October 1, 2025.

Survey and Data Collection Tools

Qualitative survey on personal characteristics like age, gender, educational status, waiting time distributions at different service channels, satisfaction levels, problems faced and reasons of dissatisfaction with services, communication of doctors with staff members and patients, cleanliness, privacy related issues, perceived expectations and their fulfillment, suggestions for improvements through in depth exit interviews using self-designed semi structured interview schedule based on contents of literature available.

Information was collected by conducting personal interviews in privacy using semi structured /interview schedules. Content analysis of qualitative responses using thematic coding was performed. Qualitative findings were obtained through a structured survey of doctors to understand their perspectives on patient satisfaction and system-level challenges affecting quality of care. The analysis revealed five major thematic domains considered critical for improving patient satisfaction and overall hospital performance. Proportions and percentages were used for describing data findings. Statistical analysis was performed using SPSS version 26.0.

Ethical Approval

Study was conducted with prior approval by Institutional Ethics Committee (IEC) of GMCH Chandigarh vide extended approval no GMCH/IEC/2018/133 Dated 7th April 2025. Study was conducted with prior permission/approval of Hospital Authorities.

RESULTS

Among the 41 doctors surveyed, 36 (87.8%) considered patient satisfaction very important in evaluating the quality of care, while 5 (12.2%) considered it important. No respondents selected neutral, less important, or not important. Regarding the perceived accuracy of patient satisfaction surveys in reflecting the quality of medical care, 20 doctors (48.8%) considered them accurate, 14 (34.1%) considered them somewhat accurate, and 6 (14.6%) considered them very accurate. Only 1 doctor (2.4%) considered the surveys very poorly reflective of quality of care, while none selected “poorly.” When asked whether patient satisfaction surveys influence clinical decision-making, 21 doctors (51.2%) reported that they sometimes influence decisions, while 10 (24.4%) reported that they do so often. Five doctors (12.2%) reported that such influence occurs rarely, and another 5 (12.2%) reported no influence.

With respect to receiving regular patient feedback, 24 doctors (58.5%) preferred direct feedback from patients, whereas 11 (26.8%) preferred anonymized reports. Three doctors (7.3%) felt that regular feedback was not necessary, and 3 (7.3%) were unsure. Finally, regarding whether the services available at GMCH were according to their expectations, 20 doctors (48.8%) responded yes, 18 (43.9%) responded no, and 3 (7.3%) selected not applicable/not responded.

Findings of Focus Group Discussion “Strategies for Improving Patient Care Service” at Medical College& Hospital, Chandigarh on 01/10/2025

Focus Group Discussion on “Strategies for Improving Patient Care Services” with Doctors /invited consultants was conducted. This important academic event was organized by Dr Dinesh Walia, Professor/Principal Investigator, Department of Community Medicine, under DST sponsored project

titled “Increasing patient load and satisfaction levels of patients with its correlates among patients attending a tertiary care hospital”. In this project exist interviews of 1069 patients from 21 OPDs and Special Clinics were conducted during last months. Invited experts shared their valuable suggestions for improving patient care services in GMCH. Following key issues were discussed in the FGD:

- How important do you think patient satisfaction is in evaluating quality of care?
- In your opinion, how accurately do patient satisfaction surveys reflect the quality of medical care?
- Whether Doctors satisfaction should also be assessed?
- Do patient satisfaction scores influence your clinical decisions?
- How effective are the following strategies in improving patient satisfaction?
- Challenges/ barriers in increasing patient satisfaction?
- Would you like to receive regular patient feedback?
- Whether services available at GMCH, are according to your expectation?
- What did you like best about GMCH services?

Suggestions given by Doctors for improving patient care services

In FGD thrust was given to following key points for Improving Patient Satisfaction:

- Human Resource Strengthening & Workload Management
- Infrastructure & Resource Availability
- Patient Communication & Education
- System & Process Reforms
- Strengthen Governance & Policy

(a) Human Resource Strengthening & Workload Management

- Satisfaction of Doctors must also be studied
- Recruit more doctors, faculty, and paramedical staff.
- Balance Doctor-Patient Ratio.
- Reduce workload by redistributing tasks and filling vacant posts.
- Implement structured referral systems to balance patient load.
- Optimize work hours and ensure a supportive, friendly environment.
- Provide sufficient consultation time with empathetic listening.
- Promote better doctor–patient relationships through communication training.
- Establish a structured referral and electronic scheduling system.

Infrastructure & Resource Availability

- Expand hospital space and improve physical infrastructure.

- Expand beds, waiting areas, and improve overall facilities.
- Prevent overcrowding; streamline tertiary hospital referrals.
- Ensure continuous availability of essential drugs, surgical materials, and equipment.
- Maintain equipment regularly to avoid downtime.
- Strengthen hospital cleanliness and hygiene standards.
- Introduce super-specialty services and modern technology.

Patient Communication & Education

- Train healthcare providers in empathy, politeness, and patient-centred communication.
- Strengthen doctor–patient relationship through respect and trust.
- Establish counselling services within OPDs.
- Improve signage and navigation to reduce confusion.
- Use TV screens/visual aids in OPDs and registration areas for public education.

System & Process Reforms

- Reduce waiting and discharge times through digital appointment and token systems.
- Introduce electronic referral and scheduling for smooth patient flow.
- Enable cashless transactions with QR codes and card-based payments.
- Conduct regular clinical audits of services and teaching quality.
- Integrate super-specialty services with advanced technology.
- Institutionalize patient feedback and satisfaction audits.
- Provide non-technical skills training (empathy, communication, teamwork) to residents and staff.

Strengthen Governance & Policy

- Expedite administrative approvals for staffing/equipment.
- Align UG/PG seats with available faculty strength.
- Introduce private OPDs with performance-linked benefits.
- Adopt advanced medical technology to improve efficiency.

Doctors felt need of such surveys on routine basis to get feedback of services and also for assessing satisfaction of doctors. Regular timely appointment of doctors and staff and improvement in procurement services reducing barriers were other suggestions put forwarded by invited expert.

1. Human Resource Strengthening and Workload Management

Doctors consistently emphasized that doctor satisfaction is intrinsically linked to patient satisfaction and should

be studied systematically. A major concern highlighted was inadequate human resources across clinical and support services. Respondents stressed the urgent need to recruit additional doctors, faculty members, and paramedical staff to address workforce shortages.

Imbalance in the doctor–patient ratio was identified as a key contributor to excessive workload, reduced consultation time, and compromised quality of care. Doctors reported that redistribution of tasks, filling vacant posts, and implementation of structured referral systems could significantly reduce unnecessary patient load at tertiary care level. Optimizing work hours, ensuring a supportive and friendly work environment, and allowing sufficient consultation time with empathetic listening were considered essential for strengthening doctor–patient relationships. Communication skills trainingS were also highlighted as an important strategy to enhance trust and patient engagement.

2. Infrastructure and Resource Availability

Inadequate infrastructure was identified as a major barrier to patient satisfaction. Doctors reported insufficient hospital space, limited bed capacity, overcrowded waiting areas, and constrained OPD facilities. Expansion of physical infrastructure, including waiting areas and inpatient beds, was strongly recommended.

Respondents emphasized that uninterrupted availability of essential drugs, surgical materials, and diagnostic equipment is critical for efficient service delivery. Poor maintenance leading to frequent equipment downtime was highlighted as a recurring issue. Doctors also stressed the importance of strengthening hospital cleanliness and hygiene standards. Introduction of super-specialty services and adoption of modern medical technologies were perceived as essential to meet growing patient expectations and reduce referral burden.

3. Patient Communication and Education

Doctors highlighted deficiencies in patient communication and awareness as significant contributors to dissatisfaction. Training healthcare providers in empathy, politeness, and patient-centred communication was strongly recommended. Establishment of counselling services within OPDs was suggested to address patient concerns, clarify treatment plans, and reduce anxiety. Poor signage and navigation within the hospital were identified as common sources of confusion and frustration for patients and attendants. Doctors suggested improved signage systems and use of visual aids such as TV screens in OPDs and registration areas to disseminate health education messages, procedural information, and hospital navigation guidance.

4. System and Process Reforms

Inefficient systems and processes were identified as major drivers of long waiting times and patient

dissatisfaction. Doctors recommended the introduction of digital appointment systems, electronic token generation, and streamlined discharge processes to improve patient flow and reduce congestion.

Electronic referral and scheduling systems were proposed to regulate patient load across departments and levels of care. Enabling cashless payment options through QR codes and card-based transactions was suggested to improve convenience and reduce administrative delays. Doctors also emphasized the need for regular clinical audits, teaching quality assessments, and institutionalization of patient feedback and satisfaction surveys. Training in non-technical skills such as teamwork, communication, and empathy for residents and staff was considered essential for service quality improvement.

5. Strengthening Governance and Policy Framework

Governance-related challenges were frequently reported. Doctors highlighted delays in administrative approvals for staffing and procurement of equipment as major operational constraints. Aligning undergraduate and postgraduate intake with available faculty strength was emphasized to avoid overburdening existing staff.

Introduction of private OPDs with performance-linked incentives was suggested as a potential strategy to retain skilled professionals and improve service delivery. Adoption of advanced medical technologies and supportive policies was recommended to enhance efficiency, accountability, and patient satisfaction.

Summary of Qualitative Findings

Doctors identified human resource shortages, excessive workload, inadequate infrastructure, inefficient systems, and governance constraints as key determinants of patient dissatisfaction. While doctors acknowledged high patient trust and satisfaction with clinical care, they emphasized that systemic and administrative reforms are urgently required to sustain quality services. Importantly, doctors stressed that improving doctor satisfaction, working conditions, and support systems is fundamental to improving patient satisfaction and overall hospital performance.

DISCUSSION

Qualitative inputs from doctors strongly complemented patient findings. The findings underscore that improving patient satisfaction in public tertiary hospitals requires a systems-oriented approach. While clinical competence and provider behaviour are strong assets, addressing overcrowding, waiting time, infrastructure gaps, and administrative inefficiencies is critical.

Among all doctors surveyed, 87.8%, considered patient satisfaction very important in evaluating the quality of care, while 12.2% considered it important. Evidence therefore supports the use of patient-satisfaction assessment as a quality-improvement tool, but

emphasizes the importance of how feedback is collected, interpreted, and communicated. Confidential and individualized feedback, supplemented by narrative comments and peer-led coaching, is generally perceived as more constructive, fair, and actionable than public ranking or leaderboard-based approaches.^[13,20] When asked whether patient satisfaction surveys influence clinical decision-making, 51.2% doctors reported that they sometimes influence decisions, while 24.4% reported that they do so often. With respect to receiving regular patient feedback, 58.5% doctors preferred direct feedback from patients, whereas 26.8% preferred anonymized reports. Negative patient feedback may further contribute to physician distress and burnout, particularly when feedback is delivered through impersonal or punitive mechanisms.^[13,14] Thus, improving healthcare quality requires a balanced assessment of both patient and physician perspectives, with satisfaction measures interpreted alongside clinical outcomes, working conditions, and organizational factors rather than being used as isolated performance indicators.

Regarding the perceived accuracy of patient satisfaction surveys in reflecting the quality of medical care, 48.8 % doctors considered them accurate and 34.1% considered them somewhat accurate in the present study. Conversely, excessive emphasis on satisfaction scores may promote risk-averse or patient-pleasing behaviours that can conflict with appropriate clinical decision-making. Such practices may adversely affect physician morale and may lead to unintended changes in clinical behaviour, including risk-averse or patient-pleasing practices.^[10,12,21] Concerns regarding survey validity, sampling limitations, low response rates, inadequate clinical context, and the conflation of patient experience with clinical outcomes have been widely reported.^[9,11,13,14]

Services available at GMCH were according to their expectations as reported by 48.8% doctors. Doctors also emphasized that limited consultation time, driven by high patient volumes, constrains effective communication, still showed scope for improvement. Literature suggests that improving staff working conditions, task distribution, and system efficiency has a measurable positive impact on patient satisfaction.^{3,5} The literature also demonstrates a complex relationship between physician job satisfaction and patient satisfaction. Although physicians recognize the importance of patient experience as an indicator of healthcare quality, they remain cautious about the use of formal patient-satisfaction surveys.

Doctors identified human resource shortages, excessive workload, inadequate infrastructure, and inefficient systems as major contributors to patient dissatisfaction. The available evidence indicates that physician job satisfaction is moderate to high but remains influenced by multiple individual, organizational, and systemic

factors. In a study of 140 physicians, 74% reported being satisfied with their jobs, although the level of satisfaction was relatively lower than that reported in developed countries; nine of 15 assessed factors significantly influenced satisfaction.^[6] These findings are consistent with evidence from a large Italian study of public healthcare employees, which demonstrated that work environment, teamwork, task planning, and managerial competence were important determinants of satisfaction across different governance levels.^[7] Similarly, a tertiary-care study from eastern India reported an overall physician job satisfaction of 59.6%, with working space emerging as the most important factor. Similar concerns have been reported in studies linking healthcare worker satisfaction with patient satisfaction.^[5] Older age, male gender, specific clinical postings, and longer professional tenure were also associated with greater satisfaction.^[8]

Varied nature of suggestions for improving patient satisfaction and job conditions of health care providers have been given in the present qualitative survey. Literature also suggests that strategic interventions such as digital appointment systems, improved referral mechanisms, expanded infrastructure, and human resource strengthening are likely to yield substantial gains in patient experience.^[22,23,24]

Collectively, these findings suggest that physician satisfaction is not determined solely by individual characteristics but is strongly shaped by workplace conditions, leadership, organizational support, and professional experience. Integrating patient feedback with supportive governance structures is essential to avoid unintended negative effects on clinician morale and practice.

CONCLUSION

Present study concludes that doctors recognize patient satisfaction as an important component of healthcare quality. However, improving satisfaction requires a systems-oriented approach addressing staffing, workload, infrastructure, communication, digital processes, feedback mechanisms, and governance. Improving doctors' working conditions and satisfaction should be considered integral to improving patient satisfaction and overall hospital performance.

Following suggestions for improving patient care services may be given on the basis of present study

Priority Domains for Improving Patient Satisfaction: Doctors' Perspectives

1. Human Resource Strengthening & Workload Management

- Satisfaction of Doctors must also be studied
- Recruit more doctors, faculty, and paramedical staff.
- Balance Doctor-Patient Ratio.
- Reduce workload by redistributing tasks and filling vacant posts.
- Implement structured referral systems to balance patient load.

- Optimize work hours and ensure a supportive, friendly environment.
- Provide sufficient consultation time with empathetic listening.
- Promote better doctor-patient relationships through communication training.
- Establish a structured referral and electronic scheduling system.

2. Infrastructure & Resource Availability

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- Provide non-technical skills training (empathy, communication, teamwork) to residents and staff.

5. Strengthen Governance & Policy

- Expedite administrative approvals for staffing/equipment.
- Align UG/PG seats with available faculty strength.
- Introduce private OPDs with performance-linked benefits.

- Adopt advanced medical technology to improve efficiency.

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Declarations

Conflict of interest: None declared.

Author Contributions

- **Review of article draft and approval:** All authors
 - **Concept and Design:** Dr Dinesh Kumar
 - **Data collection:** Under supervision of all authors by survey team
 - **Data Analysis, interpretation of data:** Dr Dinesh Kumar
 - **Drafting of the manuscript:** Dr Dinesh Kumar & Dr Deepak Sharma
 - **Critical review of the manuscript for intellectual content:** Prof N.K. Goel
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