e-ISSN: 0975-9506, p-ISSN: 2961-6093

Available online on www.ijpqa.com doi: 10.25258/ijpqa.16.10.4

International Journal of Pharmaceutical Quality Assurance 2025; 16(10); 18-23

Original Research Article

A Qualitative Study of Patient Satisfaction in a Tertiary Care Teaching Hospital in North Gujarat

Ishan P. Shah[1], Kalgi Shah[2], Sujay Shah[3]

[1]Junior Resident, Department of Obstetrics & Gynaecology, GMERS, Vadnagar, Gujarat, India
[2]Head of the department & Associate Professor, Department of General Medicine, GMERS Dharpur, Patan, Gujarat, India
[3]Associate Professor, Department of Dentistry, GMERS Medical College, Gandhinagar, Gujarat, India

Received: 05-08-2025 / Revised: 04-09-2025 / Accepted: 05-10-2025
Corresponding Author: Ishan P. Shah
Conflict of interest: Nil

Abstract:

Introduction: Patient satisfaction is a critical indicator of healthcare quality and is essential for the sustainability of public health institutions. In India, however, the systematic evaluation of patient perception remains an underutilized strategy for performance improvement. This study was conducted at GMERS Medical College & Hospital, Dharpur-Patan, 800-bedded tertiary care teaching hospital, to document and analyze patient satisfaction with its services.

Methods: A descriptive cross-sectional study was conducted between April and June 2024. A total of 100 patients (50 OPD and 50 IPD) were selected using a stratified random sampling method. Data were collected via in-depth exit interviews using a pre-defined, semi-structured questionnaire covering domains such as registration/admission, clinical services, staff behavior, infrastructure, ancillary services, and the discharge process.

Results: The study revealed a paradox in patient experience. While clinical services and the technical competence of doctors received high satisfaction ratings (88%), significant areas of dissatisfaction emerged in operational processes. Key issues for OPD patients included long waiting times and communication gaps. For IPD patients, major concerns were the poor quality of dietary services (76% dissatisfied) and a convoluted, lengthy discharge process (70% dissatisfied). Staff behavior was a critical determinant of the overall experience for both groups.

Conclusion: Patient satisfaction at GMERS Hospital is a complex interplay of high trust in clinical competence and frustration with systemic inefficiencies. To enhance the overall quality of care, management must focus on improving patient flow, streamlining administrative processes like discharge, enhancing patient amenities, and fostering a uniformly patient-centric culture through staff training.

Keywords: Patient Satisfaction, Qualitative Study, Hospital Services, GMERS Hospital, Quality of Care, Discharge Process.

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Introduction

In modern healthcare systems, the patient's perspective is increasingly recognized as an essential determinant of service quality and institutional performance. Patient satisfaction—defined as a subjective evaluation of healthcare services received—serves as a fundamental measure of the effectiveness, efficiency, and empathy of care delivery. Continuous assessment of patient satisfaction is critical for monitoring service quality, identifying performance gaps, and fostering continuous improvement initiatives within healthcare institutions. High levels of patient satisfaction have been consistently linked to greater treatment adherence, improved clinical outcomes, and enhanced patient loyalty, whereas dissatisfaction can lead to non-compliance, reduced service utilization, and the dissemination of negative perceptions about healthcare institutions [1–3]. Despite its recognized importance, the routine integration of patient satisfaction assessment into hospital management systems remains limited across India.

Theoretical frameworks have long guided the assessment of patient satisfaction, providing structured approaches to understand and measure the complex dynamics of patient perceptions. The Expectancy–Disconfirmation Model proposes that satisfaction arises from the difference between what patients expect and what they actually experience during healthcare encounters; when the perceived performance exceeds expectations, positive disconfirmation occurs, resulting in satisfaction, whereas unmet expectations lead to dissatisfaction [4].

Complementing this perspective, the SERVQUAL model, initially developed within the marketing domain, has been extensively adapted for healthcare service evaluation. It delineates five core dimensions that shape patients' perceptions of service quality: tangibles, referring to the physical facilities, equipment, and appearance of staff; reliability, denoting the ability to deliver promised services accurately and consistently; responsiveness, capturing the promptness and willingness of staff to assist patients; assurance, reflecting the competence, knowledge, and courtesy of healthcare providers that foster trust and confidence; and empathy, representing the individualized attention and compassion extended to patients [5].

The present study was conducted at GMERS Medical College and Hospital, Dharpur-Patan, a tertiary care teaching hospital with 800 beds, serving a population of approximately 500,000–600,000 from North Gujarat and adjoining districts of southern Rajasthan. The hospital provides a full spectrum of services—including outpatient, inpatient, emergency, laboratory, and radiological care—along with undergraduate and postgraduate medical training. Like many public sector hospitals in India, GMERS Patan faces systemic challenges such as high patient load, constrained resources, and administrative bottlenecks. These pressures often contribute to discrepancies between the care delivered and patient perceptions of care quality. Without structured mechanisms for feedback, such gaps remain unnoticed, hindering service improvement. The aim of this study was to assess the overall level of patient satisfaction concerning the quality of healthcare services provided at GMERS Hospital, Dharpur-Patan. By systematically evaluating patient experiences and perceptions across various service domains, the study sought to identify strengths and areas requiring improvement within the hospital's care delivery framework.

Materials and Methods

Study Design and Setting: The study employed a descriptive cross-sectional design to provide a snapshot of patient perceptions during the study period. Data was collected through in-depth interviews, incorporating a strong qualitative component to explore the reasoning behind patient responses. The study was conducted at GMERS Medical College & Hospital, Dharpur, Patan, Gujarat. Interviews took place in OPD waiting areas, IPD wards, and near the discharge counter to capture patients at the conclusion of their service experience.

Study Population and Sampling: The study population included adult patients (18 years and above) from two groups: outpatients who had just completed their consultation and inpatients who were being discharged. A total sample size of 100 patients (50 outpatients and 50 inpatients) was targeted.

A stratified random sampling technique was utilized. The population was first stratified into OPD and IPD groups, which were further stratified by major departments (e.g., Medicine, Surgery). A systematic random sampling approach was then used, where, for instance, every third patient exiting an OPD room or every second patient completing discharge formalities was approached for an interview until departmental quotas were met.

Data Collection and Tools: Data was collected over a three-month period from April 2024 to June 2024. The primary tool was a pre-defined, semi-structured interview questionnaire administered face-to-face by the researcher. The questionnaire, translated into the local language (Gujarati), covered socio-demographic details and domain-specific questions about registration, clinical services, staff behavior, infrastructure, and the discharge process. The tool was pre-tested on 10 patients to ensure clarity and relevance.

Data Analysis: Data analysis was twofold. Quantitative data from closed-ended questions were analyzed using frequencies and percentages to generate descriptive statistics[49]. Qualitative data from open-ended questions and narrative comments were subjected to thematic analysis, where recurring patterns were coded and grouped into overarching themes, illustrated with direct patient quotes.

Ethical Considerations: Formal permission was obtained from the Dean and Medical Superintendent of GMERS Hospital. Informed consent was obtained from every participant after explaining the study's purpose and assuring them of confidentiality and their right to withdraw. Patient anonymity was strictly maintained, and no personal identifiers were used in the final report.

Results

Socio-Demographic Profile of Respondents: The study included 100 respondents (50 OPD, 50 IPD). The majority (39%) were in the 31-45 age group, and 58% were male. A significant portion (67%) resided in Patan district, confirming the hospital's primary catchment area, while 33% traveled from other districts. Educational levels varied, with 27% of respondents being illiterate and 54% having primary or secondary education.

Table 1: Socio-Demographic Profile of Respondents

Characteristic	Category	OPD (n=50)	IPD (n=50)	Total (n=100)
Age Group (Years)	18-30	18 (36%)	14 (28%)	32 (32%)
	31-45	20 (40%)	19 (38%)	39 (39%)
	46-60	9 (18%)	12 (24%)	21 (21%)
	>60	3 (6%)	5 (10%)	8 (8%)
Gender	Male	28 (56%)	30 (60%)	58 (58%)
	Female	22 (44%)	20 (40%)	42 (42%)
Place of Residence	Patan District	35 (70%)	32 (64%)	67 (67%)
	Other Districts	15 (30%)	18 (36%)	33 (33%)
Education Level	Illiterate	12 (24%)	15 (30%)	27 (27%)
	Primary/Secondary	28 (56%)	26 (52%)	54 (54%)
	Graduate & Above	10 (20%)	9 (18%)	19 (19%)

Analysis of Patient Satisfaction by Domain

Registration (OPD) and Admission (IPD) Procedures: The IPD admission process was viewed favorably, with 76% of inpatients expressing satisfaction, often describing it as organized and smooth. In contrast, the OPD registration process was a point of friction, with 32% of outpatients reporting dissatisfaction due to long queues and procedural confusion. One patient noted, "The line for the case paper is the first test of patience. It took me over an hour just to get a number".

Physical Infrastructure and Amenities: Satisfaction with infrastructure was mixed. In OPD waiting areas, only 30% of patients were satisfied, citing overcrowding, insufficient seating, and poor ventilation as major issues. For IPD wards, satisfaction was higher at 56%, with patients appreciating bed availability but raising concerns about the condition of mattresses and the functionality of toilets.

Ancillary Services (Laboratory, Radiology, Pharmacy): A majority of patients (72%) were satisfied with the availability of low-cost in-house laboratory and radiology services. However, delays in receiving reports were a common complaint. One patient explained, "It is a big relief that X-ray and blood tests happen here... But we have to come back the next day for the report, which is difficult". Regarding pharmacy services, while the provision of free medicine was valued, 65% of patients reported that not all prescribed medicines were available, requiring out-of-pocket purchases.

Clinical Services (Doctors and Nurses): This domain received the highest satisfaction ratings. Overall, 88% of patients expressed high satisfaction with the doctors' knowledge, competence, and treatment. A typical comment was, "The 'bada' doctor is very knowledgeable. He understood my problem immediately and started the right treatment". Among inpatients, 78% were satisfied with nursing care, appreciating the timely administration of medicines, though some noted delays in responsiveness to calls at night.

Staff Behavior: Staff behavior was a powerful modulator of the patient experience. A significant 75% of patients reported positive interactions with at least some staff members, where a polite word or helpful guidance from a security guard or nurse left a lasting positive impression. However, 25% narrated instances of rude or indifferent behavior, particularly from administrative or support staff, which soured their entire visit.

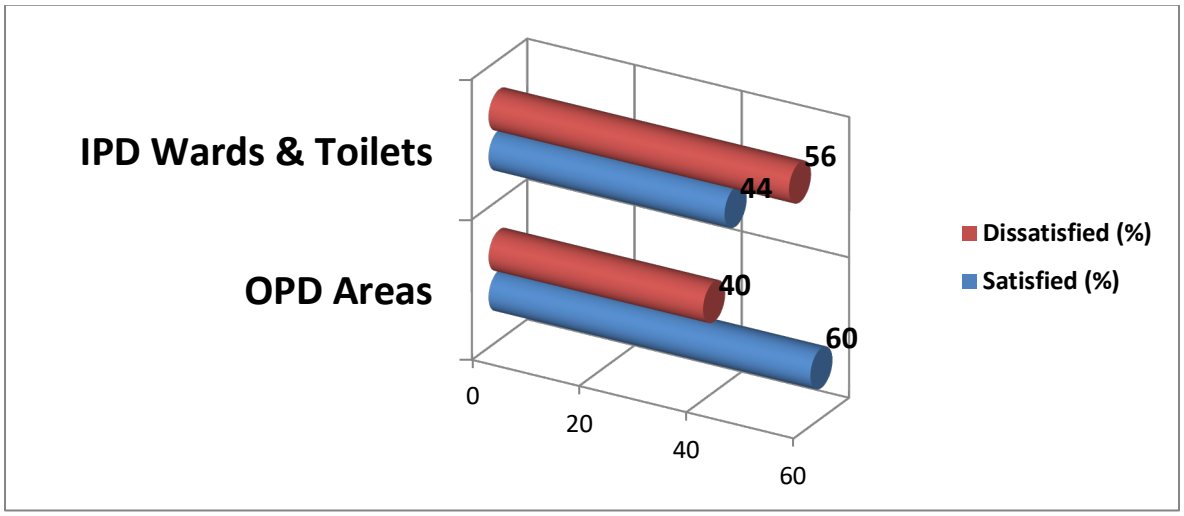
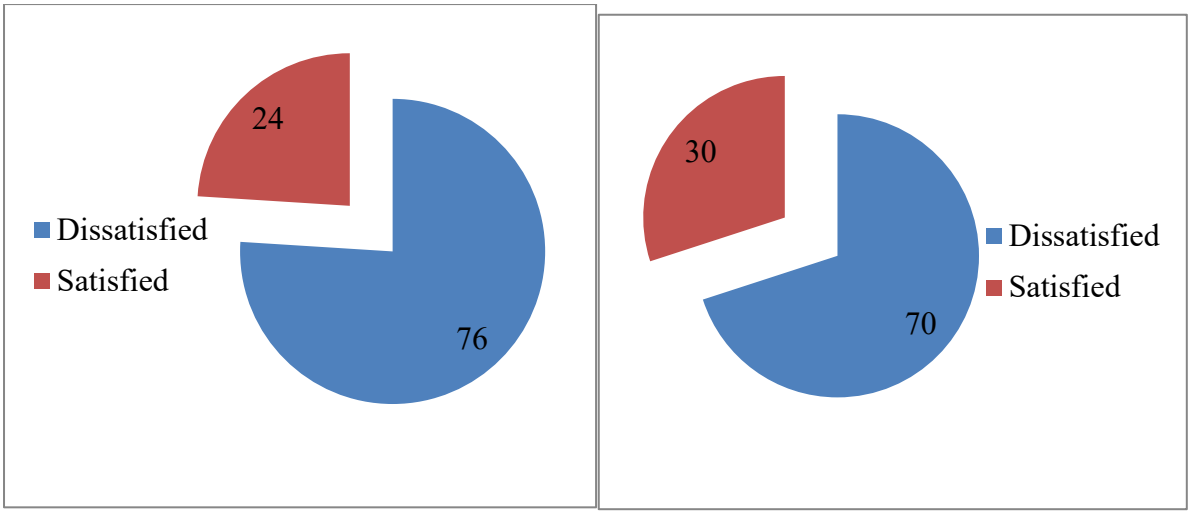


Figure 1: Patient Satisfaction with Cleanliness & Hygiene



a) Dietary Services b) Discharge Procedure

Figure 2: IPD Patient Satisfaction with

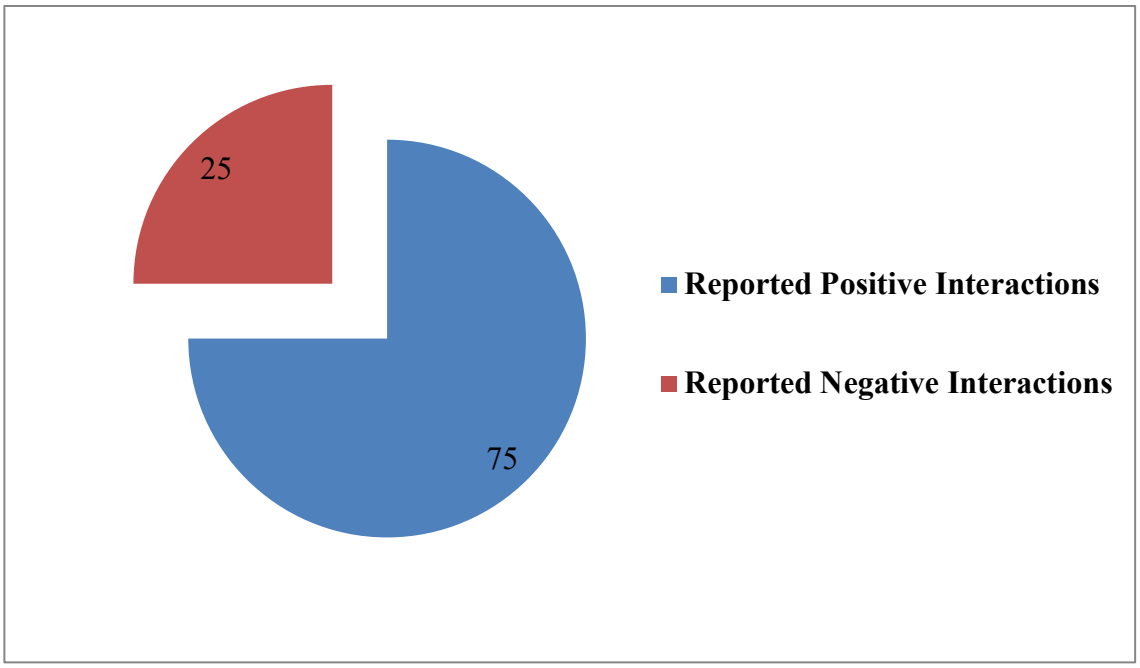


Figure 3: Patient Reports on Staff Behavior

Cleanliness and Dietary Services (IPD): Cleanliness was a major concern for inpatients, with only 44% satisfied with the hygiene of wards and toilets. Dietary services received overwhelmingly negative feedback, with only 24% of IPD patients satisfied. Complaints centered on poor taste, lack of variety, and low quality of the food provided. A patient stated, "The food is the biggest problem here... Most of us get food from home".

Discharge Procedure (IPD): The discharge process was a significant pain point, with 70% of inpatients expressing dissatisfaction. Patients reported excessive delays, confusion in paperwork, and a lack of clear explanation regarding follow-up care. One respondent reported, "The doctor told us in the morning that we would be discharged. But it took until 6 PM to get the final papers. We had to wait the whole day".

Summary of Satisfaction and Dissatisfaction Drivers

Top Satisfaction Drivers:

1. Competence and skill of doctors.
2. Low cost of treatment and availability of free medicines.
3. Polite and empathetic behavior from staff.

Top Dissatisfaction Drivers:

1. Long waiting times, especially in OPD.
2. Inefficient and lengthy discharge process for IPD.
3. Poor quality of dietary services for IPD.

4. Overcrowding and inadequate amenities in waiting areas.
5. Rude behavior from non-clinical staff.

Discussion

This study highlights a duality in patient experiences at GMERS Hospital, Patan. While clinical care—especially physician competence and affordability—emerges as a major strength, administrative inefficiencies and suboptimal ancillary services significantly detract from overall satisfaction. In essence, the hospital excels in what it delivers clinically, but often falters in how it delivers care.

High satisfaction with medical and nursing services (88% and 78%, respectively) aligns with existing literature demonstrating that provider competence and empathy are the most influential determinants of patient satisfaction [6–8]. These findings reaffirm that technical proficiency and interpersonal communication together constitute the foundation of patient trust. Conversely, dissatisfaction with the discharge process (70%), dietary services (76%), and cleanliness (56%) reveals the persistent neglect of non-clinical aspects of care. Such "hotel services" are not merely peripheral; they profoundly shape patient experiences and institutional reputation [9]. Similar challenges have been documented in Indian tertiary hospitals, where overcrowding, administrative delays, and untrained ancillary staff undermine patient-centered care [10,11].

Waiting time and bureaucratic inefficiency were identified as recurrent themes of dissatisfaction, consistent with findings from studies in public hospitals across Asia and Africa [12,13]. Furthermore, patient narratives underscore the critical role of the "human touch"—a kind gesture or respectful interaction often outweighs technical expertise in shaping perceptions of quality [14].

Implications for Hospital Management: The findings of this study offer valuable and actionable insights for hospital administrators aiming to enhance patient satisfaction and overall service quality. Improvements in non-clinical domains can significantly influence patient perceptions and experiences. Process optimization through the redesign of registration and discharge workflows can help reduce waiting times and administrative delays, thereby improving service efficiency. Staff training programs focusing on communication skills, empathy, and patient interaction for both clinical and support personnel can foster a more compassionate and responsive care environment. Infrastructure enhancement, including better sanitation facilities, improved patient waiting areas, and upgraded dietary services, can contribute to patient comfort and dignity during hospital stays. Additionally, digital integration, such as the introduction of electronic queue and discharge management systems, can enhance operational transparency and streamline service delivery. By institutionalizing a structured patient feedback mechanism, GMERS Patan can establish a continuous cycle of evaluation and improvement, enabling the hospital to evolve toward a more patient-centered service model that aligns its operations with patient expectations and modern healthcare quality standards.

Limitations: This qualitative cross-sectional study reflects perceptions at a single time point and within one institution, limiting generalizability. Additionally, courtesy bias may have influenced responses, though efforts were made to mitigate this through rapport-building during interviews. Future multi-centric, mixed-method studies may provide broader and more objective insights.

Conclusion

The quality of care at GMERS Hospital, as perceived by its patients, is a paradox. The institution is respected for its clinical expertise, yet it falls short in delivering a consistently positive patient experience due to process-related hurdles that cause frustration and discomfort. To elevate the overall quality of care, the hospital must look beyond the treatment of disease and focus on the holistic experience of the person. Bridging the gap between clinical excellence and service excellence is the most critical challenge and opportunity for the hospital's management. Future research could include a large-scale quantitative survey to validate these findings and a follow-up study to measure the impact of any implemented changes.

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