



Evaluating Patients' Satisfaction with Doctors Behavior at District Headquarter Hospital Dera Ghazi Khan

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ABSTRACT

Patient satisfaction is an important basis for doctor's care and medical treatment. Actively involving patients in their own care has been shown to improve motivation and treatment compliance. This study investigates patients' satisfaction with doctors' behaviors at the District Headquarter Hospital in Dera Ghazi Khan. Utilizing a structured questionnaire through quantitative research, data were collected from a sample of patients visiting various departments within the hospital. For this study, 120 patients were selected. At first stage, 6 different wards were selected purposively and at second stage, 20 patients will be selected from each selected ward by convenient sampling technique. The results indicate that while a majority of patients expressed satisfaction with doctors' behavior. Statistical analysis also revealed that satisfaction levels varied slightly with patients' age, gender, and education. The study highlights the importance of doctor-patient interpersonal relationships in improving overall healthcare outcomes and recommends ongoing professional development programs to enhance doctors' soft skills in public hospitals. The results underscore the need for continuous training and behavioral evaluation of medical staff to enhance patient-centered care. This study contributes to the broader discourse on healthcare quality by highlighting the behavioral aspects of medical professionals in public sector hospitals of South Punjab.

Introduction

Since healthcare services affect people's lives worldwide and have consequences and outcomes in the areas of medicine, society, morality, finance, business, and politics, they are extremely important in any nation, including Pakistan (Bahadori et al., 2018; Khan et al., 2023; Ali et al., 2024). Health is the most important factor in life, regardless of money (Javed et al., 2019), and a strong economy is a direct result of healthy populations. Pakistan is among the most populated nations in the world, with a current population of over 213 million (Organization, 2020) and a growth rate of 2.4% (Organization, 2020).

One of the most important metrics influencing the certainty of validation and adoption of this new medical service model is patient happiness (Cole et al., 2021; Arshad et al., 2022). The sole source of details that can report on how patients experienced treatment and if the therapy they received fulfilled their expectations is the patient's voice (Natafqi et al., 2022). Understanding which procedures and practices patients find satisfactory is essential (Orange et al., 2021; Ramzan et al., 2023). Nevertheless, Barsom et al. (2020) noted that it is challenging to compare and aggregate the findings of many research because they employed a variety of questionnaires to gauge patient satisfaction. Thus, evaluating patient viewpoints gives them a voice, which can help public health services better respond to their desires and expectations. Patient satisfaction has also become more popular and useful since it gives managers and healthcare professionals the opportunity to enhance public services (Nawaz et al., 2021; Ausat et al., 2024).

A subjective response to the circumstances, procedure, and outcome of the service experiences one has had is known as patient satisfaction (Deressa et al., 2022; Siddique et al., 2023; Ataro et al., 2024). Patients' satisfaction with the care they have gotten is directly related to how quality is measured (Mindude et al., 2022; Iqbal et al., 2023; Unver and Isik, 2024). The degree to which patients' expectations and experiences with medical facilities are in line is reflected in their level of satisfaction. Patients are happy when these expectations are fulfilled, but discontent frequently results when reality does not live up to expectations (Wolf et al., 2021; Ali and Asim, 2023; Ali and Shams, 2023).

Numerous writers contend that there is a connection between patient happiness and the outcome in terms of their health state (Semyonov and Lewin, 2021; Fitzpatrick, 2022; Ferreira et al., 2023; Iqbal, 2023; Shafiq and Khan, 2024). The factors influencing patient satisfaction have been examined in a number of systematic studies; some notable most recent reviews are Alemu et al. (2024), Ferreira et al. (2023), and Akhtar et al. (2023). The long-term viability of health institutions depends on patient happiness and the quality of health services, which are priorities for the services sector owing to rising consumption (Kaya et al. 2020; Chowdhury et al., 2024; Li et al., 2024). The quality and efficacy of healthcare systems are largely determined by the experience and pleasure of their patients (Ajegbile et al., 2024; Judijanto and Azzaakiyyah, 2024).

Patient satisfaction is often used as a gauge for the quality of medical treatment received. According to Abu-Rumman et al. (2022), when patients express happiness with their healthcare background, it usually means that they got timely care and appropriate treatment, and that they have achieved favorable results. Because patient satisfaction indicates how successfully healthcare practitioners and institutions satisfy their patients' desires and requirements, public hospitals must emphasize patient-centered care. This includes components like compassion, interaction, and patient participation in decision-making (Russo et al., 2019).

Important factor influencing patient satisfaction is a doctor's conduct (Lilly et al., 2023). There are many patients in public hospitals, staff members have a lot of work to accomplish, and doctors

sometimes act rudely in the workplace (Manzoor et al., 2019). In some ways, the patient's incessantly absurd inquiries may be answered with common sense alone rather than medical expertise. In such circumstances, physicians often respond with rudeness (Frau et al., 2024). However, a doctor's medical expertise is crucial for patient care, and a specialty's distinct clinical best practices would be a key factor in determining the patient's medical usage (Prato et al., 2024). Numerous research have been carried out to gauge patient satisfaction with healthcare services in both developed and developing nations (Hussain et al., 2019; Li et al., 2024; Mostafapour et al., 2024).

Objectives

- To know the socio-economic and demographic characteristics of the respondents
- To find out the problems faced by patients admitted in DHQ
- To explore the factors affecting satisfaction level of patients admitted in DHQ
- To give some suggestions for addressing the problems faced by patients

Literature Review

Patients who are traveling through foreign area for medical care are frequently in a vulnerable situation, and their level of satisfaction can be greatly impacted by the medical staff's attitude toward providing care (Kane et al., 2022).

The measure of patient satisfaction is greatly influenced by the physician's compassionate treatment, psychological assistance, and successful interaction (Ward-Miller et al., 2021; Watts et al., 2023; Kousar et al., 2023).

According to Epaminonda et al. (2021), a good service attitude extends beyond the technical proficiency of medical personnel to include their relational and communication skills. Complete patient happiness depends on the human element that healthcare professionals offer to their work, not just on precise diagnoses and medical expertise (Chen et al., 2021). Patients' experiences are profoundly impacted by healthcare providers who are sensitive to their needs, communicate clearly and sympathetically, and offer emotional support (Li et al., 2024).

Beyond their physical condition, cross-regional patients frequently face stresses such as the uncertainty of navigating new healthcare settings, possible language challenges, and the loss of their typical support systems (Hewitt et al., 2022).

Patient satisfaction may be greatly increased by a healthcare team that provides both medical knowledge and emotional support (Zhang et al., 2025).

In the unique environment of cross-regional health services, where patients are far from familiar surroundings and more dependent on the care and sensitivity of healthcare professionals, the importance of having a good service attitude in the healthcare industry cannot be stressed (Graham et al., 2019; Iqbal et al., 2024).

Patients want greater information and psychological help during consultations, according to Aghdam et al. (2020). In other words, patient satisfaction is greatly increased by providing excellent services.

Many elements, including the utilization of electronic healthcare (De Rosis & Barsanti, 2016; Ali et al., 2023), perceived utility (Wu, 2018), vocal diagnostics, service price (Hong & Naiji, 2018; Tarar et al., 2024), and online physician-patient contact, have been investigated by researchers as potential factors that may affect patient satisfaction.

Additionally, front desk staff collaboration and doctor communication were found to be highly correlated with PS (Paddison et al., 2015; Arooj et al., 2024). Building excellent connections is crucial to keeping a competitive advantage in luring and keeping patients, since the doctor-patient relationship may be compared to interacting with a client (Fu'ad et al., 2020). Public hospitals may also be impacted by patient satisfaction. A patient's desire to continue receiving treatment from a certain provider or facility may be interpreted as satisfaction in the context of the healthcare industry (Ellynia and Widjaja, 2020).

To guarantee efficient healthcare systems, patient satisfaction (PS), which is a recipient's assessment of whether their expectations for treatment have been fulfilled, is an essential indicator of healthcare quality (Manzoor et al., 2019; Michael et al., 2017). According to patients, healthcare institutions with high PS are successful since their competitiveness is mostly focused on how they provide healthcare (Manzoor et al., 2017). According to Liang et al. (2021), Allafi et al. (2021), Persai et al. (2022), and Shimizu (2023), the efficacy of medical service delivery is reflected in trust in health institutions and is impacted by the behaviors and abilities of practitioners. Improving patient satisfaction is essential to reducing patients' and doctors' conflict (Yin, 2017; Liang et al., 2021). A doctor must respect professional norms, be truthful in all professional dealings, and make an effort to notify the proper authorities of doctors who exhibit poor morals or competence, or who commit fraud or deceit (Swaiman et al., 2017).

Research Hypothesis

- More will be patient satisfied about doctor behavior; more will be patient satisfaction play important role.
- More will be patients recover faster when the doctor is caring; more will be emergency situation doctors remain conscious.
- More will be patients' satisfaction is equal to the doctor satisfaction; more will feel satisfied when doctors check up properly.
- More will be patient was satisfied for different treatment; more will healthcare institutions need to focus more on patient satisfaction.
- More will be patients satisfaction was considered an important factor; more will be satisfaction was one of the important goals.

Research Methodology

For this study, 120 patients was selected. At first stage, 6 different wards were selected purposively and at second stage, 20 patients were selected from each selected ward by convenient sampling technique. Patients more than age, 18 admitted in DHQ for more than two/three days were selected through convenient sampling technique. In order to gather data, the interview schedule was developed based on the objectives, and 20 respondents underwent pretesting to ensure the research instrument was accurate. Data was evaluated using the Statistical Package for Social Science (SPSS), and the results were used to provide suggestions that will improve the doctor-patient connection and ultimately aid in the patients' rehabilitation.

Data Collection

Data gathering may be the most significant statistical task. The investigation's main objectives formed the basis of the data collection instrument, which was a well planned interview schedule. A poll was conducted using personal interviews. A survey that had both closed-ended and open-ended multiple-choice inquiries on the objectives of the investigation was used as an investigation tool to collect all of the data. For the purpose of data collection, the researcher herself collected data.

Analysis

To assess the relative significance of each causative variable in the model or to determine if several important causal mechanisms at work in determining consequences, data analysis is carried out. To establish the relationship between the two variables, bi-variate analysis is employed. Additionally, this analysis shows which way the variables are related to one another. Using the gamma and correlation coefficients, the connection and correlation between the variables were tested using chi-square. The examination of variance approach and the student's t-test were also used to determine whether there was a substantial variation between the SEI means of the various categories within a variable. The statistical techniques employed in the bivariate analysis are briefly described here.

Percentage

In the present investigation, percentages of various information groups were calculated in order to get the information into a similar arrangement. The percentages determined using the formula:

$$\text{Percentage} = F/N \times 100$$

Where;

$$F = \text{Frequency}$$

$$N = \text{Total number of frequencies}$$

Chi-Square

The relationship between the dependent factor and independent factors was experiential using this method. When the null hypothesis states that two population traits are statistically independent, the chi-square test is employed to test for independence or connection. If the null hypothesis is correct, the random variable is compared to the hypothesis, it claims that there is a statistical dependence or correlation between the population features. The following is the chi-square formula:

$$x^2 = \sum(O-E)^2/E$$

Where;

$$O = \text{Observed values}$$

$$E = \text{Expected values}$$

$$\Sigma = \text{Total sum}$$

The connection was considered statistically important if the computed chi-square value at the 0.05 level of likelihood at the requested amount of autonomy was at least as high as the value in the table. If it is below the table value, it is deemed highly important (0.01 level of

probability). Where the calculated value is less than the table value at the 0.05 level of significance. It is considered irrelevant.

Gamma Statistics

The strength and direction of the association between the independent and dependent variables were indicated by the Gamma value. The subsequent formula was used for estimations:

Where;

$$\text{Gamma} = \frac{N_s - N_d}{N_s + N_d}$$

=

N_s = Same order pair

N_d = Different order pair

The Gamma test statistic in descriptive statistics is a gauge of the correlation between two variables that are assessed on ordinal levels. It is assumed that two score pairings that are analyzed must either be discordant or concordant, meaning that the score that is higher on the first variable is also higher on the second. In contrast to inverse order (N_d) pairings, the formula demonstrates that the relative number of the same order (N_s) determines the size and direction of gamma, whether it is positive or negative. Nonetheless, more N_s pairings produce gamma positive and more N_d pairs produce gamma negative, and the coefficient's magnitude increases with the size of the N_s - N_d differential (regardless of sign).

Data Analysis

Demographics Analysis

Data shows that majority (58.4%) of the defendants were males and 41.6% of the defendants were female. In this table shows that 58.8% of the participants were age of up to 18 years, 35.6% of the participants were age of 19-23 years, 3.8 of the participants were age of 24-28 years, 1.3% of the participants were 29-33 years, and 0.6% of the participants were age of 39 & above years. In this table data shows that majorities (85%) of the respondents were unmarried and 15% of the respondents were married. In this table data shows that 50% of the respondents had their education in Intermediate, 20% of the respondents had their education Up to post graduation, 10% of the respondents had their education Graduation, 6.9% of the respondents had their education were Illiterate, 5.8% of the respondents were had their education were Primary, 2.6% of the respondents were had their education were middle, 1.9% of the respondents were had their education were matric. In this table information displays that majority of (92.5%) defendants said that they have Joint family, 4.4% of the respondents said they have Nuclear family, and 3.4% of the respondents said that they have 3-1 extended family. In this table data shows that 43.1 of the respondents said that they have 5-6 family members, 39.4% of the respondents said that that they have 6 & above family members, 10.6 of the respondents said that they are 1-2 family members, and 6.9% of the respondents said that they are 3-4 family members. In this table data shows that 47.5% of the respondents said that their family income was Upto 40,001-60,000 from all sources, 20.6% of the respondents said that their family income were 20,001-40,000 from all sources, 11.9% of the respondents said that their family income were 100,000 & above, from all sources, 10.6% said that their family income were 80,001-10,000 from all sources, 9.4% of the respondents said that their family income were 60,001-80.000 from all sources. In this table show that 54.8% of the respondents were to great extent to satisfy with the doctor's behavior, 45.2% of the respondents were to some extent they satisfied with the doctor's behavior.

Table 1: Demographics

Variable	Category	Frequency	Percent (%)
Gender	Male	70	58.4
	Female	50	41.6
Age	18–25	70	58.8
	26–35	40	35.6
	36–45	7	3.8
	46 and above	3	1.9
Marital Status	Unmarried	102	85.0
	Married	18	15.0
Education Level	Illiterate	8	6.9
	Primary	6	5.8
	Middle	3	2.6
	Matric	3	1.9
	Intermediate	60	50.0
	Graduation	20	10.0
	Up to Post Graduation	20	20.0
Family Structure	M.Phil and above	–	–
	Nuclear	8	4.4
	Joint	106	92.5
	Extended	6	3.1
Family Members	1–3	16	10.6
	4–6	9	6.9
	5–7	50	43.1
	7–8 and above	45	39.4
Family Monthly Income (PKR)	20,001–40,000	23	20.6
	40,001–60,000	57	47.5
	60,001–80,000	12	9.4
	80,001–100,000	13	10.6
	100,000 and above	15	11.9
Satisfaction with Doctor’s Behavior	To great extent	91	54.8
	To some extent	29	45.2
	Not at all	–	–

Hypotheses Testing

Hypothesis-1: More will be patient satisfied about doctor behavior; more will be patient satisfaction play important role

Table 2: Association between patient satisfied about doctor behavior and patient satisfaction play important role

patient satisfied about doctor behavior	Patient satisfied play important role				Total
	Strongly agree	Agree	Neutral	Disagree	
Strongly agree	34	14	1	0	49

Agree	13	16	3	0	32
Neutral	5	6	3	2	16
Disagree	14	4	1	3	22
Strongly Disagree	1	0	0	0	1
Total	67	40	8	5	120

$X^2 = 26.653^2$, ($p = 0.09$), $y = .266$, ($p = .032$)

The preceding table makes it clear that the hypothesis is considered significant because the Pearson value (0.09) is less than 0.1. A highly probable (probability = .093) correlation between patient satisfaction and doctor conduct is indicated by the chi-square value of 26.653. A positive correlation between the variables is shown by the Gamma value (.266). According to the study's findings, patient satisfaction and doctor conduct are both significant factors. The present hypothesis, "More will be patient satisfied about doctor behavior; more will be patient satisfaction play important role," is thus highly statistically acceptable in light of the aforementioned data.

Hypothesis - 2: More will be patients recover faster when the doctor is caring; more will be emergency situation doctors remain conscious

Table 3: Association between patients recovers faster when the doctor is caring and emergency situation doctors remain conscious

Patients recovers faster when the doctor is caring	Emergency situation doctors remain conscious				Total
	Strongly agree	Agree	Neutral	Disagree	
Strongly agree	19	17	2	0	38
Agree	20	39	7	2	68
Neutral	1	4	8	2	13
Disagree	0	1	0	3	1
Strongly Disagree	0	0	0	0	0
Total	40	61	17	2	120

$X^2 = 33.389$, ($p = .000$), $y = .541$, ($p = .000$)

The preceding table makes it clear that the hypothesis is considered significant since the Pearson value (.000) is less than 0.000. A highly significant (probability = 0.000) correlation between patients recovering more quickly when the doctor is compassionate and emergency scenario physicians staying aware is indicated by the chi-square (33.389.) value. There is a correlation between the variables, as indicated by the gamma value (.541). The researcher may conclude that when a doctor is compassionate, patients recover more quickly, and in an emergency, doctors stay alert. The present hypothesis, "More will be eat unhealthy junk food during in university; more will be face problem about the quality of junk food," is thus highly statistically accepted in light of the aforementioned results.

Hypothesis - 3: More will be patients' satisfaction is equal to the doctor satisfaction; more will feel satisfied when doctors check up properly

Table 4: Association between patients' satisfaction is equal to the doctor satisfaction and satisfied when doctors check up properly

patients' satisfaction is equal to the doctor satisfaction	satisfied when doctors check up properly				Total
	Strongly agree	Agree	Neutral	Disagree	
Strongly agree	18	21	6	0	45
Agree	20	32	2	1	55
Neutral	7	6	2	0	15
Disagree	0	2	0	1	3
Strongly Disagree	0	1	1	0	2
Total	45	62	11	2	120

$X^2 = 29.477$, ($p = .003$), $y = .076$, ($p = .599$)

The preceding data makes it clear that the hypothesis is considered significant as the Pearson value (0.003) is less than 0.5. A highly probable (probability = 0.076) correlation is indicated by the chi-squared value of 29.477. There is a positive correlation between the variables, as indicated by the Gamma value of 0.76. When physicians adequately follow up on their patients, the researcher may state that patient satisfaction is equivalent to doctor satisfaction. Thus, remember the outcomes mentioned. The present hypothesis, "More will be patients' satisfaction is equal to the doctor satisfaction; more will feel satisfied when doctors check up properly," is thus highly statistically acceptable in light of the aforementioned data.

Hypothesis - 4: More will be patient satisfied was for different treatment; more will healthcare institutions need to focus more on patient satisfaction

Table 5: Association between patient was satisfied for different treatment and healthcare institutions need to focus more on patient satisfaction healthcare institutions need to focus more on patient

patient satisfied was for different treatment	healthcare institutions need to focus more on patient					Total
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	
To great extent	19	13	10	9	2	63
To some extent	21	24	18	12	0	45
Not at all	5	0	5	2	0	12
Total	55	27	33	23	2	120

$x^2 = 10.685$, ($p = .099$); $y = .157$, ($p = .161$)

This table examines a statistically non-significant (probability = .099) relationship between the variables using the Pearson Chi-square (10.685) value. The variables have a positive association, as indicated by the Gamma value of 157. There was a significant ($P = .161$) correlation between patient satisfaction with various treatments and the requirement for healthcare facilities to prioritize patient happiness. Based on the quantitative data collected, the researcher concluded that

patients were satisfied with various treatments and that healthcare facilities should prioritize patient satisfaction. The hypothesis "More will be patient was satisfied for different treatment; more will healthcare institutions need to focus more on patient satisfaction" is statistically supported.

Hypothesis - 5: More will be patient's satisfaction was considered an important factor; more will be satisfaction was one of the important goals

Table 6: Association between patient's satisfactions was considered an important factor and satisfaction was one of the important goals satisfaction was one of the important goals

patient's satisfaction was considered an important factor	satisfaction was one of the important goals					Total
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	
To great extent	17	22	11	13	0	43
To some extent	14	32	13	26	0	50
Not at all	4	3	3	2	0	12
Total	35	57	27	41	0	120

$\chi^2 = 12.266, (p = .056); \gamma = .371, (p = .213)$

This table examines a statistically non-significant (probability =.056) relationship between the variables using the Pearson Chi-square (12.266) value. There is a positive correlation between the variables, as indicated by the Gamma value (.371). Although it was one of the major objectives, the association between patient satisfaction and other factors was deemed significant (P =.213). Based on the quantitative data from the hypothesis, the researcher concluded that patient happiness was a key consideration and one of the main objectives. The hypothesis "More will be patient's satisfaction was considered an important factor; more will be satisfaction was one of the important goals" is thus statistically acceptable in light of the data obtained.

Discussions and Conclusion

Numerous academics have looked at the positive and hopeful relationship between patient satisfaction and healthcare services. The study looked at how doctor conduct, which is very limited and almost non-existent, influences patient satisfaction with healthcare services. The current study, however, looked into this discrepancy and found that the conduct of the doctor has a good and hopeful moderating effect on the relationship between patient satisfaction and healthcare services (prenatal care, preventive healthcare, and laboratory and diagnostic care). Additionally, the moderation analysis's results showed that the presumptive assumptions are completely acceptable. The present work makes several theoretical contributions. By examining how this concept might be applied in the healthcare industry, it first contributes to the burgeoning field of healthcare services in poor nations. The understudied relationship between satisfaction and healthcare services is also covered in this study. Second, a significant portion of the study on the relationship between patient satisfaction and healthcare services shows that the finest services make patients feel better. The results indicate that delivering the finest and fastest services is crucial for patient satisfaction for both doctors and hospitals. As a result, it improves patient happiness and health. Patient satisfaction with health care services—that is, how to offer the finest services to increase

patient happiness—is the practical contribution of the current study. Therefore, increasing patient satisfaction mostly depends on offering the greatest health services. Healthcare businesses are encouraged to improve their service delivery by the study's findings. It is hoped that this study will contribute significantly to the body of literature in the healthcare industry. The maintenance level of the nation's healthcare system should also receive more attention from the government. Like every study, this one has several limitations that raise a number of research problems. Initially, the outpatient department provided the key data for our investigation. Data from the inpatient care department (admitted patients) may be used in a subsequent research. Second, just three hospitals in a single Pakistani province are included in the current study. Future research might be carried out at the hospitals located in the remaining Pakistani provinces. Moreover, this research is restricted to a single developing nation. Future research is strongly advised for other developing and growing nations. Four healthcare services were employed in the current investigation. Therefore, it is recommended that future research look at additional healthcare services including transplantation, dentistry, heart/cardiovascular services, etc. Finally, the current study looks at the questions from the viewpoint of the patient. It is recommended that future research look at whether or not doctors are happy with hospital amenities. Satisfaction is a manifestation of expectations being fulfilled. A key element in the patient's recuperation process is thought to be his level of contentment. It is also regarded as a measure of the standard of care that the healthcare services offer. The doctor-patient connection also depends on how well the doctor attends to the patient's medical requirements and concerns in order to increase patient satisfaction with the care they get. The foundation of a doctor's care and medical therapy is patient happiness. It is well established that patients who actively participate in their own care are more motivated and adhere to their improved course of treatment.

Objectives of the study was (i) to know the socio-economic and demographic characteristics of the respondents (ii) to find out the problems faced by patients admitted in DHQ (iii) to explore the factors affecting satisfaction level of patients admitted in DHQ (iv) to give some suggestions for addressing the problems faced by patients. For this study, 120 patients were selected. At first stage, 6 different wards were selected purposively and at second stage, 20 patients will be selected from each selected ward by convenient sampling technique.

The data showed that majority (75.6%) of the respondent were males; 58.8% of the respondents were age of up to 18 years.; majorities (92.5%) of the respondents were unmarried; 50% of the respondents had their education in Intermediate; majority of (92.5%) respondents said that they have Joint family; 43.1 of the respondents said that they have 5-6 family members; 47.5% of the respondents said that their family income was Upto 40,001-60,000 from all sources; 54.4% of the respondents were to great extent to satisfy with the doctor's behavior; majority (85%) of the respondent answered 'Yes' patient should wait for their checkup time; majority of (68.8%) of the respondents were to great extent and to some extent patient satisfaction play important role for careful treatment by doctors; majority (90.9%) of the respondents were to great extent to some extent patient satisfaction play the important goal of any health system; majority (63.8%) of the respondents were to some extent that patients' perceptions about healthcare systems seem to have been largely ignored by healthcare management; majority (83.1%) of the respondents were to great extent and to some extent patients recover faster when the doctor is caring; majority (71.7%) of the respondents was to great extent and to some extent emergency situation the doctor is able to focus on all the patients; majority (95%) of the respondents were due to the threat of an emergency situation doctors remain conscious; majority (90%) of the respondents said that to great extent to some extent about threat of an emergency situation staff remain conscious; majority (95.5%) of the respondents were to some extent and to great extent they patients' satisfaction is equal to the doctor

satisfaction; majority (67.3%) of the respondents were to great extent and to some extent patients' family also faced problems due to critical situation in ward; 58.8% of the respondents were to some extent patients are restless due to the crowd of patients in ward; majority (90.9%) of the respondents were to great extent to some extent sometimes doctors don't give much attention to what patients are telling them; majority (83.3%) of the respondents were agreed to strongly agreed they feel satisfied when doctors check up properly; majority (70.9%) of the respondents were agreed to strongly agreed sometimes in major incidents doctors' behaviors are strict with patients; majority (79.2%) of the respondents were agreed to strongly agreed hospital staff provides all facilities to patients; majority (87.5%) of the respondents were agreed to strongly agreed sometimes patients are sleeping when the doctor visit; majority (93.3%) of the respondents were agreed to strongly agreed mostly patients are disturbed in hospitals; majority (79.9%) of the respondents were agreed to strongly agreed doctor communication in influencing the behavior and health of the patient; majority (90%) of the respondents were agreed to strongly agreed that every patient was satisfied for different treatment and care; majority (78.3%) of the respondents were agreed to strongly agreed healthcare institutions need to focus more on patient satisfaction; majority (61.6%) of the respondents were agreed to strongly agreed doctor behavior should be polite with every patient; more than (49.2%) of the respondents were agreed to strongly agreed that patients' satisfaction was considered an important factor in his recovery process; majority (85%) of the respondents were agreed to strongly agreed patient satisfaction was important basis for doctor's care and medical treatment; more than (58.3%) of the respondent were agreed to strongly agreed patient satisfaction was one of the important goals of any health system; majority (80.8%) of the respondents were agreed to strongly agreed doctor-patient communication that has been used effectively with patient health; majority (80.8%) of the respondents were agreed to strongly agreed that doctor motivates the patients through inspiring communication; majority (89.2%) of the respondents were agreed to strongly agreed patients has a positive view of their doctor; majority (87.2%) of the respondents were agreed to strongly agreed some patients create disturbance in the hospital; majority (81.1%) of the respondents were agreed to strongly agreed hospital environment become better when all patients show patience in the hospital; majority (87.8%) of the respondents were agreed to strongly agreed Government should hire more doctors and staff; majority (83.4%) of the respondents were agreed to strongly agreed government should provide better services for patient satisfaction.

Conclusions

The goal of the current study was to find out how satisfied patients were with the medical care they received in Dera Ghazi Khan, Pakistan. Patient satisfaction and health care services have been the subject of several research in industrialized nations, while emerging nations like Pakistan have received less attention. This study determines how patient satisfaction with the moderating influence of the doctor's conduct relates to healthcare services (prenatal care, preventive healthcare, and laboratory and diagnostic care). DHQ hospital was one of the three public hospitals where the current study was carried out. Patient satisfaction is the end variable in this study, and physician conduct is employed as a moderating variable. Health care services, including laboratory and diagnostic care, preventative healthcare, and prenatal care, are explanatory variables. The current study concluded that patient satisfaction is positively impacted by health care services. The study's conclusions demonstrated that patients were happy with the effectiveness of the services. There is a favorable and substantial correlation between patient satisfaction and healthcare services (prenatal care, preventive healthcare, and laboratory and diagnostic care). Additionally, patient happiness and healthcare services have regulated the doctor's conduct. The alternative theories are so accepted. It is determined that patient happiness is greatly influenced by the provision of the

greatest and most effective healthcare services. Public hospitals and healthcare institutions in developing nations must upgrade their infrastructure and provide better services. Public hospitals are frequented by the impoverished, and their satisfaction is crucial. Physicians and other medical professionals must be courteous, sympathetic, and patient-focused. They ought to treat the patients and their attendants with courtesy. Doctors ought to examine and inspect them thoroughly and treat them with respect and decency. Thus, the unhygienic working conditions and environment in this field, together with the heavy effort and large patient volume, are the only factors contributing to the rudeness of the physicians.

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