

Satisfaction of Patients' Attendants in the Emergency Department of DHQ Hospital, Gujranwala, Pakistan



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Abstract

Background: This study aims to assess satisfaction with the treatment and services provided by the Emergency Department (ED) at District Headquarters Hospital (DHQ) Gujranwala. The objective is to identify the barriers faced by attendants of patients in the Emergency Department of DHQ Hospital, Gujranwala.

Methods: A cross-sectional survey was conducted in the Emergency Department of DHQ Gujranwala from August to October 2021, with ethical approval from the Gujranwala Medical College Ethical Review Board. The sample size comprised 384 consenting participants. A structured questionnaire, including multiple questions with relevant sub-categories of yes and no, was utilized. Z-scores with p-values were calculated to determine significant/insignificant differences in bi-responses. A significance level of $p < 0.05$ was considered with a 95% confidence interval.

Results: The majority of attendants were from urban areas (54.7%). Satisfaction levels were notably high for separate beds, seating, and appropriate privacy, with 64-67% expressing contentment. Respondents reported satisfaction with the behavior of doctors, gatekeepers, nurses, and sweepers. Other aspects contributing to satisfaction included guidance about indoor admission (74.2%), sanitation conditions (63.8%), drug availability (74%), prompt treatment initiation (71.9%), comprehension of doctors' explanations (79.4%), and consideration of treatment options (68%).

Conclusion: Patients' attendants generally responded positively, expressing satisfaction with the hospital's services.

Keywords: Patient satisfaction, Emergency department, barriers

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Introduction

Patients Satisfaction is one of more appropriate tool for measuring care and the quality of emergency services, Hospitals play a vital role in delivering essential healthcare services within the healthcare system, acting as a crucial link between health departments and various institutions. Among the hospital's departments, the hospital's emergency department (ED) holds significant importance as an autonomous entity providing comprehensive inpatient and outpatient services. The role of the ER as a service delivery system is undeniable, given its direct impact on patient satisfaction through the provision of therapeutic services. Serving as the initial point of contact for a large number of patients, the ER is not only responsible for providing immediate medical care but also serves as a hub for various therapeutic programs and clinical procedures. Obstacles encountered by patient attendants during their patients' admission and stay in the hospital are not adequately addressed. Finding and removing the barriers will eventually result in better patient care. It is critical to understand attendants' perspectives on the

health care delivered to their patients, as this influences patient adherence to treatment. Healthcare standards that the community expects are not being met in both developed and developing countries. A large proportion of the population in many developing nations, including Pakistan, particularly in rural regions, lacks sufficient access to medical facilities or health care services accessible in hospitals. Only a few urban residents have access to these amenities and healthcare services. Although health is a fundamental human right, millions of people are denied access to it owing to poverty and poor socioeconomic position. Existing health services are insufficient, and people are dissatisfied; there is a strong desire for improved healthcare services and medical facilities for both rural and urban communities (1).

Hospital emergency departments (ED) are responsible for providing emergency healthcare to all patients who come with acute crises. Patients are overloaded in emergency departments and appear to be unsatisfied with emergency health care. Healthcare seekers who present themselves to an emergency department of a hospital or a first-level care institution shall have quick access to emergency

care. Even though emergency department healthcare providers are always ready to deal with emergencies and do their best to provide skilled care, overcrowding causes several constraints, including prolonged waiting times, an unpleasant therapeutic environment, and, in some cases, poor clinical outcomes. Patients typically anticipate a lot from emergency health care, such as a waiting time and consultation time of less than half an hour, being seen by doctors rather than junior personnel, paying a lower consultation price, and being involved in treatment decisions. The research was conducted to measure the degree of patient satisfaction with the healthcare delivery system, as well as the attitude and behavior of healthcare personnel toward patients visiting the emergency department (ED) of the District Head Quarters (DHQ) Hospital in Rawalpindi. Respondents evaluated the attitudes and behaviors of healthcare providers to be satisfactory. However, some fundamental needs in the hospital's emergency department, such as the availability of a phone, safe drinking water, and general hygienic conditions, must be met (2).

Patients suffering from asthma, chronic lung ailments, or heart disease have no access to adequate care, and inadequate shelters exacerbate their misery and helplessness. Overcrowding in hospitals also has an impact on the personal hygiene of the attendants, as well as the sanitation of the washrooms (3). Sharing of personal use instruments, such as combs, razors, towels, blades, nail clippers, scissors, and so on, can cause serious infections and spread harmful diseases (e.g., Hepatitis A, B, and C, AIDS, and so on), weakening the human immune system and causing nutritional deficiencies (4). The patient's attendants face numerous problems in the hospital during their stay, and the difficulties they face have a negative impact on their physical and mental health, as well as their hygiene. These disturbances are felt not only in their own professional life and social routine but their families are also affected by these difficulties and the attendant's mental stress, which leads to psychiatric and psychological problems (5-6). Patient happiness and the attitude of healthcare employees are essential variables in judging the functioning of hospitals and healthcare institutions. One of the most serious issues in Pakistani hospitals is coping with a large number of attendants to admitted patients. Throughout the day, many of the patients' attendants may be observed in the hospital waiting rooms, compounds, and grounds. They do not have adequate and appropriate amenities for their stay at these government hospitals. Studies have been conducted to assess people's levels of satisfaction, which is useful in selecting medical facilities and healthcare services (5-8).

The current study sought to ascertain the amenities accessible to attendants at the ED of DHQ Hospital, Gujranwala. We also inquired about the attendants' degree of satisfaction with the ED environment offered by the physicians and other paramedic staff. We measured outcomes in our research on problems faced by the patient attendants in ED for several reasons such as: providing evidence about interventions that work best for certain types of affected persons under certain circumstances, revealing areas in which interventions could improve such problems, identifying variations of our efforts and care and to compare the effectiveness of various measures taken and procedures. We were keen to know and look for existing problems for the patients' attendants in Gujranwala

Hospital. We evaluated the basic facilities available in the ED as well as whether the behavior of medical staff with the attendants was appropriate.

Methodology

This cross-sectional survey was done in the Emergency Department (ED) department of District Headquarters Hospital (DHQ) Gujranwala, from August 2021 to October 2021, Ethical approval was obtained from an independent ethics review committee of Gujranwala medical college Gujranwala. The sample size was calculated using convenience sampling technique and sample size was 384 was obtained by WHO software for sample size using confidence level: 95%, margin of error: 5%, and with population proportion: 50%. A total of 384 Participant were enrolled who consented to participate in the study from the DHQ hospital Gujranwala's emergency department. A structured questionnaire was developed, the participants were informed about the investigations, that their comments would be anonymous, and that the purpose of this work was solely to gather thoughts and perspectives for educational study. The questionnaire was comprised of questions related to general information on patient stay, basic available facilities, behavior & attributes of medical staff, communications & guidelines provided by the medical staff, and their overall experience. The data was calculated through a statistical package for social science (SPSS v 026). The survey data was evaluated in the form of percentages and frequencies. Each question of the survey form contained relevant sub-categories of yes, and no. The Z-scores with p values were calculated to see the significant/insignificant differences between some of the bi-responses received from the respondents. A p-value less than 0.05 was considered significant with a 95% confidence interval.

Results

A total of 384 patients' attendants participated in the study and provided their responses.

The demographic characteristics of the study subjects. The mean age was 33.17 years ranging from 17 to 65 years. Females were in majority (58.9%). Most subjects belonged to urban areas (54.7%). The education level varied with 44.8% of people being middle pass, and only 7.6% were matriculate or above. Table 1

Table 1. Demographic Characteristics of Respondent (n=384)

| Age of the Respondents | | |
|------------------------|--------------|------|
| Mean of the Age | 33.17±10.575 | |
| Range | 17-65 | |
| Gender | Freq | %age |
| Male | 158 | 41 |
| Female | 226 | 58 |
| Area | | |
| Rural | 174 | 45 |
| Urban | 210 | 54 |
| Education | | |
| Illiterate | 56 | 14 |
| Primary | 127 | 33 |
| Middle | 172 | 44 |
| Matriculation or above | 29 | 7.6 |

In response to the questionnaire on the general satisfaction & facilities concerning patient stay and behaviours' of medical staff. It was noted that 64.6%, 65.6%, and 67.2% of respondents stated that they got a separate bed, seat, and appropriate privacy, respectively, during their stay in the hospital. 54.4% had to wait before they were given indoor admission. 48.4% said the hospital was not considerably noisy. 75.5%, 63%, 59.6%, and 77.1% stated that they were satisfied with the behavior of the doctors, gatekeepers,

nurses, and sweepers, respectively. 74.2% were satisfied with the guidance about indoor admission provided by the staff. 66.7% stated that the staff were punctual in their duties and available to them in time of need. 63.8% of respondents were satisfied with the sanitation conditions of the emergency department. 46.4% were satisfied with the food quality. 60.7% and 81.5% had clean water and laboratory facilities available to them. 74% had drugs available to them. Table 2

Table 2. Questionnaire on the General Satisfaction & Facilities Concerning Patient Stay and Behaviour of Medical Staff (n=384)

| A. Questions on Patient's Stay | Responses | | Z Score | p-Value |
|--|------------|------------|---------|-----------|
| | Yes | No | | |
| Did you get a separate bed for your patient? | 248(64.6%) | 136(35.4%) | 8.08 | <0.00001* |
| Did you get a separate seat for your patient? | 252(65.6%) | 132(34.4%) | 8.66 | <0.00001* |
| Was there any noise during your hospital stay? | 186(48.4%) | 198(51.6%) | -0.866 | 0.3843 |
| Is appropriate privacy available to you? | 258(67.2%) | 126(32.8%) | 9.52 | <0.00001* |
| Did you have to wait for getting indoor admission? | 209(54.4%) | 175(45.6%) | 2.45 | 0.014* |
| B. Questions on Behaviors & Attitudes of Medical Staff | | | | |
| Are you satisfied with the doctor's attitude and behavior? | 290(75.5%) | 94(24.5%) | 14.14 | <0.00001* |
| Is the behavior of the gatekeeper good with you? | 242(63%) | 142(37%) | 7.21 | <0.00001* |
| Is the nurses' behavior good with you? | 229(59.6%) | 155(40.4%) | 5.34 | <0.00001* |
| Are you satisfied with the attitude of sweepers? | 296(77.1%) | 88(22.9%) | 10.33 | <0.00001* |
| Did the staff guide you regarding indoor admission? | 285(74.2%) | 99(25.8%) | 13.42 | <0.00001* |
| Is the staff punctual and available for you? | 256(66.7%) | 128(33.3%) | 9.23 | <0.00001* |
| C. Questions on Basic Facilities Available | | | | |
| Are you satisfied with the sanitation condition in the emergency department? | 245(63.8%) | 139(36.2%) | 7.64 | <0.00001* |
| Are you satisfied with the quality of the food? | 178(46.4%) | 206(53.6%) | -2.02 | 0.0433* |
| Is clean water available to you? | 233(60.7%) | 151(39.3%) | 5.91 | <0.00001* |
| Are lab facilities available? | 313(81.5%) | 71(18.5%) | 17.46 | <0.00001* |
| Are drugs available to you? | 284(74%) | 100(26%) | 13.27 | <0.00001* |

Table 3. Questionnaire on Communication and Overall Experience (n=384)

| A. Questions on Communication | Responses | | Z Score | p-Value |
|---|------------|------------|---------|-----------|
| | Yes | No | | |
| Was the treatment of your patient started on time without any delay? | 276(71.9%) | 108(28.1%) | 12.12 | <0.00001* |
| Did you understand the explanation by the doctor concerning the condition of the patient? | 305(79.4%) | 79(20.6%) | 16.31 | <0.00001* |
| Did the doctor explain the reasons for conducting medical tests? | 270(70.3%) | 114(29.6%) | 11.25 | <0.00001* |
| Did the doctor explain the different treatment options for your patient? | 279(72.7%) | 105(27.3%) | 12.55 | <0.00001* |
| Did the doctor allow you to choose the best treatment option? | 261(68%) | 123(32.2%) | 9.95 | <0.00001* |
| B. Review | | | | |
| Would you recommend others to visit this hospital? | 263(68.5%) | 121(31.5%) | 10.24 | <0.00001* |
| How was your overall experience? | | | | |
| Excellent | 54(14.1%) | | | |
| Good | 271(70.6%) | | | |
| Bad | 59(15.4%) | | | |

Patient's attendants responded to the questionnaire regarding communication and overall experience of the hospital. 71.9% stated that the treatment of their patient started without delay. 79.4% of attendants understood the explanations from doctors about their patient's condition. 70.3% of doctors explained the reasons for conducting medical tests. 72.7% of doctors explained the different

treatment options for the patients. 68% of doctors allowed the family/attendants to choose the best treatment options. Table 3

68.5% of respondents would recommend this hospital. 70.6% rated it good, 14% thought it excellent and 15.4% found it bad for them. Figure 1 shows the graphics of some of the attendants' responses. Table 3

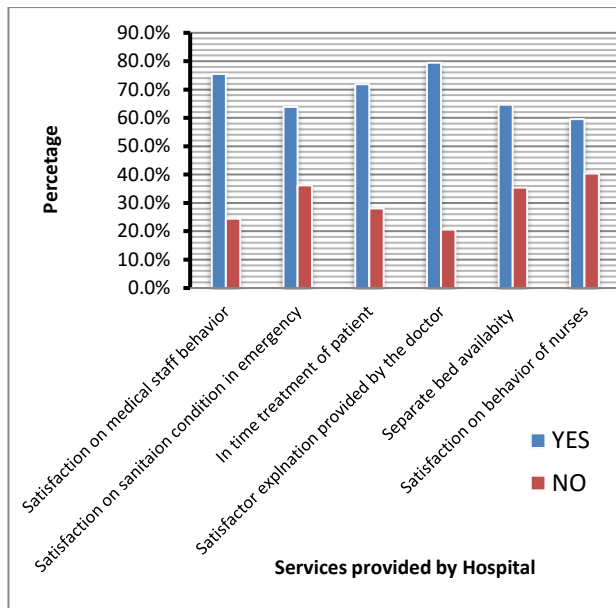


Figure 1: Satisfaction towards the services provided by the hospital

Discussion

The demand for healthcare quality improvement has become ubiquitous. Although patients expect excellence in the services they receive, the overall success of quality healthcare is not widely recognized (9). Therefore, we tried to identify the concerns or obstacles that patients' attendants confront during their regular visits to the emergency department of a tertiary care hospital. When an emergency occurs, they want to know how the government can help them. Either they receive their full medical aid entitlements or they do not. Essentially, we are attempting to determine the true present concerns of our hospital attendants to enhance their emotional and physical health by granting them their rights. The difficulties encountered by patient attendants from underprivileged communities with the amenities provided in government hospitals are a prevalent concern in our culture. When the attendants arrive at the hospitals with their patients, they confront a slew of issues during their patients' admittance. Expensive medicines, long waits for their patients' treatment, harsh and discourteous behavior of hospital medical personnel and security guards, and a lack of waiting places are also prevalent problems. The attendants who are already concerned about their patient's condition or the pain of his close relative's illness, the problems or issues mentioned above raise their level of anxiety and nervous state, and this creates a feeling of despise and hatred between rich and poor communities, as this truly makes the poor people realize that they are deprived of essential needs of their life, namely, health and respect (10-12).

The number of patients requesting emergency treatment grows each year, resulting in increased demands and expectations. Filling emergency services quickly leads to deficiencies in patient safety, patient care, and handling of life-threatening incidents, as well as burnout syndrome among employees and bed shortages. The ferocity of emergency services has made patient happiness, a term that

has grown in relevance in recent years, a pressing concern. The most essential aspect of patient satisfaction is waiting time. A protracted delay might alter the patient's perception of emergency services, leading to dissatisfaction and even loss of self-control. An extended waiting time, along with increased worry, excitement, and anguish, exacerbates psychological problems associated with the condition. Waiting in the emergency department causes both patients and attendants to view waiting time as longer than it is. The most essential elements influencing patient satisfaction and waiting perception are proper patient care, professionalism, adequate communication, and ensuring the patient is fully informed (13).

In our study, 384 patients' attendants of emergency patients took part and provided feedback. The average age was 33.17 years, with a range of 17 to 65 years. Most subjects (54.7%) were from cities. During their hospital stay, 64- 67% of respondents said they had a separate bed, a seat, and adequate privacy. 54.4% had to wait before being admitted indoors. The hospital was not significantly loud, according to 48.4% of those polled. Doctors, gatekeepers, nurses, and sweepers received 75.5%, 63%, 59.6%, and 77.1% satisfaction ratings, respectively. The staff's advice regarding indoor entry satisfied 74.2% of respondents. 66.7% said the personnel was prompt in their tasks and readily available in times of need. 63.8% of respondents were pleased with the emergency department's cleanliness. 46.4% were pleased with the quality of the food. Clean water and laboratory facilities were provided to 60.7% and 81.5%, respectively. 74% had access to medications. The vast majority (71.9%) reported that their patient's therapy began immediately. The majority (79.4%) of attendees comprehended the doctors' explanations concerning their patient's condition. Most clinicians (70.3%) stated why medical tests were performed. Most doctors (72.7%) described the various therapy choices to the patients. Furthermore, most doctors (68%) permitted the family/attendants to pick the best treatment alternatives. This hospital (DHQ) is recommended by 68.5% of respondents. 70.6% felt it was good, 14% thought it was fantastic, and 15.4% thought it was awful. The lack of medical facilities and health care services provided in government hospitals has been widely discussed, but no one has ever emphasized the difficulties faced by patient attendants in hospitals, particularly those traveling from remote areas to cities for the treatment of their patients. Rao et al. (2006) reported low sanitation standards and a lack of hygiene management have caused issues not only for patients' attendants but also for hospital medical staff (13-14). The government should develop appropriate measures and offer basic medical facilities and aid, even at the most basic level, because it is a right of every resident of the country, whether they live in urban or rural areas (14). Most individuals who attend government hospitals are from poor neighborhoods and have a very low level of living; many are illiterate and have a lot of difficulties, thus rude and indifferent behavior will only aggravate them and lead to bad circumstances. These needy and concerned folks want assistance, support, and sympathy (15).

Patient satisfaction is an enormously crucial aspect of any hospital's success and growth. 88% of Nagpur

hospital respondents said the reception staff provided outstanding service. Within 30 minutes of arriving, 64% were accepted and assigned rooms. Doctors' time was rated as good by 94% of respondents. 96% were highly impressed with the condition description, and 98% thought the doctors' efficiency and the specifics of the investigations mentioned were good. 90% said the number of doctor visits was acceptable. The majority of the time (98%), drugs were available in the pharmacy. Drinking water, toilets, power, and hygiene were all present (94%). 52% were pleased with the final bill (16). Patients and attendants prioritize the interpersonal component of a treatment since they cannot completely assess the technical quality of healthcare services. According to one study, hospital service providers must understand the demands of both patients and attendants to give a comprehensive picture of their services. The current study enables hospital administrators to compare the mean values of the Service Quality characteristics to those of their rivals (17). Hospitals in developing countries have various economic strategies and service quality variances that necessitate context-specific investigation. Furthermore, by enhancing hospital operations, attendants serve as a link between service providers and patients. The attendants have been observed to subordinate their comfort levels to the hospital's treatment of the patients. According to one study, attendants are essential. Attendants give physical and psychological assistance to patients, resulting in patient satisfaction with the hospital's services (18). Ashraf et al. (2020) (19) studied the satisfaction ratings of medical attendants at Karachi's busiest emergency room to measure the entire medical care experience. They opted to examine the attendants rather than the patients to save the patients from needless stress during their medical crises. This was completely subjective research. The average degree of satisfaction was 7.21 4.59. Almost 60% of attendees were happy or extremely satisfied with their experience. Attendants were most pleased with the pricing, lab facilities, drug availability, and medical equipment. The most concerning element for the attendees was time management.

Ahmed et al. (2014) (20) measured patient satisfaction in in-patient departments at a private hospital in Karachi. According to the findings of this survey, the majority of patients are happy with the services given by the in-patient departments of selected private hospitals in Karachi. Patients and their attendants are particularly pleased with the patient ward services, laboratories services, food services, reception staff services, welfare services, and healthcare services provided by hospitals to in-patient departments; as a result, this has a significant impact on overall patient satisfaction. Providing high-quality service is critical in the administration of any service firm. In addition to delivering good clinical treatment, hospitals should prioritize offering quality service to their patients and visitors. The study's findings might be valuable in determining how hospitals can better organize their services and employ information technology to improve service quality. According to the report, there is still a lot of space for development in the healthcare profession (21). Hamad et al. (2015) (22) investigated patient complaints and patient satisfaction in the context of practice improvement at District Head Quarter Hospitals (DHQHs) in

Pakistan. The data revealed that the attitude of doctors, lab technicians, nurses, and clerical staff is the most important component that influences patient happiness and causes discontent with DHQHs services.

According to Jamshidbeigi and Abbasi (2017) (23), the majority of patients and their caretakers were satisfied with the health system development plan, but the majority of nurses were dissatisfied with the health system. It is recommended that such further researches should be conducted in other hospitals and the results compared. The Rajindra hospital, Patiala hospital, has a lot of room for improvement in terms of medicine availability, drinking water, toilets/hand washing facilities in the wards, cleanliness in the toilets and wards, fans/lighting in the wards, and bed linens. This study demonstrates that assessing patient satisfaction is a simple and cost-effective method for evaluating hospital services and has assisted in discovering that patients were more satisfied with doctor behavior and dissatisfaction was found to be more regarding cleanliness in the toilets and wards. Continuous monitoring of patient satisfaction levels is required to identify ways to enhance hospital services (24). Khatoun et al. (2014) (25) investigated and evaluated the challenges encountered by the attendants of patients admitted to Karachi's tertiary care facility who had traveled from outside the city for treatment. A questionnaire was used to survey 502 attendees. It was held in Karachi's Jinnah Postgraduate Medical Centre. Every step of the way, the attendants encountered several problems. The foundation of all problems is a lack of abilities and resources in their respective fields. Saleem et al. (2018) (26) assessed the outcome of patients who were pleased with the emergency services offered at a public sector tertiary care hospital in Faisalabad to identify the factors from which the patients were dissatisfied to enhance treatment quality. Study 4000 people were examined in the emergency departments of Tertiary Care Hospitals in the public sector of Faisalabad. The evaluation of patient satisfaction level offered an accurate calculation of health care services in an emergency that was adequate but might be improved to better serve patients in the future. Hussain et al. (2018) (27) investigated inpatient satisfaction at various public sector hospitals in Karachi, Pakistan. They conducted research from 2010 to 2012. In four of Karachi's largest public-sector hospitals. The trial was completed by 710 patients. Inpatient responses from public sector hospitals demonstrated satisfaction with healthcare professionals and related administration. However, to increase satisfaction, the treatment dimension must be enhanced.

Conclusion

Most persons who frequently attending government hospitals are from low-income families with a low level of living. Most of them are satisfied with the DHQ Gujranwala hospital's basic medical services and treatment care. The whole experience during their hospital stay was so positive that they will refer DHQ Gujranwala Hospital to others.

Hospital management and employees should be encouraged to use Patient Satisfaction Survey data to improve the quality of services in hospitals to evaluate staff

or hospital performance. We urgently want ways to combat bribery and corruption in public hospitals. Another area that requires emphasis is the training of health staff in Interpersonal Skills and Communication. The survey might be utilized by public hospitals as a tool for public accountability, promoting public hospitals, and assisting hospitals in becoming financially viable in the long run.

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