An Analysis of the Doctor-Patient Relationships and Patient Satisfaction: A Quantitative Study of DHQ Hospital in District Bhakkar, Pakistan

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Abstract

Purpose
This study analyzes the doctor-patient relationship and its impact on patient satisfaction at DHQ Hospital in District Bhakkar, Pakistan.

Methods
This quantitative research study explores and analyzes potential antecedents to communication, trust, and perceived understanding between doctors and their patients and their overall impact on patients' satisfaction. A qualitative study including structured questions was used to collect data from respondents, a sample of 150 patients to assess their experiences, perceptions, and overall satisfaction with Health care received. This research has given insight and evidence into the current position of patient satisfaction in public hospitals in Pakistan. It can help practitioners and policymakers to set up better modules for improving the whole picture of patient care services.

Findings
The p-values for the responses of male and female patients about "Technical Expertise", "Interpersonal Aspects", "Time Spent with the Doctor", "Doctor-Patient Communication", "General Satisfaction" and "Access/Convenience and Availability" are hence concluded to be insignificant, with values ranging from 0. 035 to 0. 957. Comparing with the test results, one-sample tests showed that the patient satisfaction scores concerning the "Time Spent with the Doctor", "Doctor-Patient Communication", "General Satisfaction", and "Access and Convenience/Availability" were decreased and significantly different, $p < 0.001$. On the other hand, satisfaction with "Technical Expertise" and "Interpersonal aspects" was much higher than the test values ($p < 0.001$). In addition, Pearson correlation analysis revealed that there is a

negative but very weak correlation between "Interpersonal Aspects" and overall patient satisfaction scores (n = -0. 089 p = 0. 281), and thus the null hypothesis (Ho) that stated that there is no correlation between the variables will be accepted. The findings of this study can help DHQ Hospital Bhakkar to identify factors that affect patient satisfaction and suggest ways to cope with the existing problem in doctor-patient rapport satisfactorily.

Key Words: Doctor-Patient relationship, Patient Satisfaction, DHQ Hospital, District Bhakkar

1. Introduction

The doctor-patient relationship has long been recognized as a cornerstone of effective healthcare delivery, evolving significantly over the centuries. In the past, this relation was of the chef-like or 'doctor Knows Best' kind, where most decisions were made on behalf of the patient with limited or no involvement from the patient concerned. But then the development of modern medical ethics and patient's rights and centered approach in the mid-twentieth century initiated a change (Duffee, 2023). The patient's rights and their choice along with satisfaction levels with health care services were being given higher emphasis and have encouraged studies and the need for reforms related to doctor-patient relationship and communication with a special focus on mutual respect. As patient satisfaction depends a lot on the doctor-patient relationship, such aspects are finding more importance with hospitals like DHQ Hospital in District Bhakkar Pakistan (Liang et al., 2022). It is an evolutionary process that has embraced the global trend of more empathetic and people-oriented healthcare delivery systems. The doctor-patient relationship is the practice of details cooperation between the doctor and the patient as well as the interpersonal connection between them that is central to medical practice. This is the patient-care relationship that has the basic component of respect, trust, and communication on which patient-care decisions are built (Mishra, 2018). Whereas, patient satisfaction is defined as a degree of satisfaction perceived by the patient about his or her healthcare experience, which includes the attitude of the doctor or nurse and the overall experience of the treatment. This relationship in the context of DHQ Hospital in District Bhakkar requires an understanding of how these interactions affect patient satisfaction and the specific dynamic involved in this particular healthcare setting (Taylor & Khan, 2017).

Several prior researches on the manner of doctor-patient relationship and patient satisfaction have shown that good communication and understanding scored priceless importance on the aspect of healthcare. It was found in previous studies that when doctors listen and fully explain what is going on as well as show they care, the patients are likely to express higher satisfaction (KASSIM, 2020). For instance, articles in the Journal of General Internal Medicine showed patients that patient perceptions of physician emergent-centered communication are associated with higher patient satisfaction. Thus, it has to be noted that interpersonal skills play a major role in medical practice, and this kind of knowledge alone is not enough to bring about the highest level of satisfaction among patients. In the context of Pakistani healthcare, several works have been conducted where the emphasis has been placed on analyzing the dynamics of the doctor-patient

relationship in public sector hospitals. Another work done in a teaching hospital in Lahore suggested that patients had complaints from service dimensions like waiting time, perceived human attention, and Information (Noreen et al., 2024). A similar study was conducted at a DHQ Hospital in another district which also revealed similar problems and stressed the need for systems change in doctor-patient communication. These studies are quite applicable to the context of the DHQ Hospital in District Bhakkar as they suggest how such dynamics can impact the resultant patient satisfaction (Taylor & Khan, 2017). It, therefore, suggests that exploring these previous findings may be useful to discover some of the areas that require improvement to optimize the quality of care being provided at DHQ Bhakkar .

Even though current literature also invests time and energy to examine practices of the doctor-patient relationship and patient satisfaction in several countries and other healthcare structures, the concern at the district level, especially rural hospitals in district Bhakkar is still an examined question. The majority of studies done in Pakistan have focused on large and teaching hospitals, and the environment of healthcare practice in these centers may not reflect fully the environments in remote, small hospitals (Winpenny et al., 2016). Therefore, the socio-cultural environment, availability of resources, and patients' profile at the DHQ Hospital in District Bhakkar may pose a different picture that has not been explored comprehensively in the existing literature. Moreover, there is little quantitative data to illustrate the exact impact of these factors on patient satisfaction in such contexts and inadequate information regarding the possibility of designing context-specific intercessions (Naz et al.). However, this study intends to supplement the literature in this area by focusing solely on the nature of the doctor-patient relationship influencing patient satisfaction in DHQ Bhakkar and what we know about the quality of healthcare in rural Pakistan. Although, over time the doctor-patient relationship is acknowledged as a critical determinant of patient satisfaction, there is still limited research exploring these dynamics in district-level hospitals, especially in District Bhakkar with an abundant rural population. First impressions imply that patient satisfaction in DHQ Hospital of Bhakkar might be a function of issues such as communication difficulties, restricted facilities, and differences in interaction between the doctor and patient. Nonetheless, prior research fails to provide adequate data to evaluate the effect of these factors on patient satisfaction in such circumstances. This study aims to fill this gap by examining the nature of the D-P relationship at DHQ Hospital and finding out areas of discontentment as well as ways of solving the problem to enhance patients' satisfaction and the quality of care in this rural hospital setting.

1.1 Objectives of the current Study

- To examine the Interpersonal aspect and patient satisfaction.
- To examine the level of doctor-patient communication and its effect on patient satisfaction.
- To examine the effect of access to hospitals and the availability of doctors on patient satisfaction.

- To examine the effect of general satisfaction from medical care and services in hospitals on patient satisfaction.

2. Literature review

A study also emphasized communication as an essential factor in the formulation of a good doctor-patient relationship. This was especially keen on the fact that socioeconomic status and the doctor-patient relationship are pivotal in the delivery of effective health care services. This has led to the many programs in medical education requiring good communication skills as one of the essential skills needed due to rising patients' expectations for patient-centered care (Wild et al., 2018). This shift is however not unique to ACOs as consumerism and patient-centered themes have emerged as significant themes in health care much more. Various pieces of research recommend the use of effective communication as a strategy that can help boost the satisfaction rates of patients, help decrease the number of tests carried out on patients, and also help improve the quality of care offered to patients (Manzoor et al., 2019). Some research work has classified some types of doctor interactions and established that the type that is highly person-oriented as opposed to a highly control-oriented one, yields higher patient satisfaction scores. In these results, one observes the significance of doctor-patient relations in enhancing patients' well-being and should remind medical schools of the need to impart extensive communication training (Bigi, 2016).

Studies on the link between the process of doctor-patient communication and patient satisfaction more specifically, amongst patients at intermediate to high risks of Cardiac ailment revealed that satisfaction with the process of communication with the doctor was highly correlated with regular compliance, comprehensive care, and efficient management. Patient participation and doctor communication they found out that patients who got involved and informed by their doctors were most likely to adhere to their prescribed medication and lifestyle changes to improve or maintain their health (Schmidt et al., 2020). Another literature on the factors influencing patients' satisfaction has pointed out that despite the importance of patient satisfaction for quality health care, it is not accorded the attention that it deserves in developing countries. Communication with patients, privacy, and patients' roles in decision-making processes are the main influences on satisfaction in such contexts (Osei-Frimpong et al., 2018). The Published work concerning the generalizability of patient satisfaction in clinical encounters revealed that clinician-patient dimensions of intercepted medical interaction such as knowledge and interpersonal communication correlated with overall satisfaction, particularly among special population groups. Taken together, these studies underline how multiple approaches for strengthening the doctor-patient relationship can have a positive impact on factors such as patients' satisfaction and their health status (August et al., 2023).

Conducting a meta-synthesis on how socioeconomic status impacts doctor-patient communication, the study found that patients drawn from lower SES are most often typically offered less courteous communication and are even tend to be treated more authoritatively and less inclusively as compared to their higher status counterparts (Zolli, 2020). This is still an area of concern in the delivery of healthcare since the standards of communication have been seen to

vary in influencing equitable and quality outcomes. The review also wanted to point out that only the knowledge of the socio-economic factors and attempts to empower patients might have positive impacts on the further development of doctor-patient relationships with greater levels of satisfaction (Oh Nelson, 2021). Further research has also been done to determine the effect of trust, interaction, and empathy on patient satisfaction, all of which were found influential on the side of the patient. The role of understanding and trust between the doctor and the patient as a way of enhancing satisfaction and as a way of avoiding cases of medical negligence has been highlighted (Chang et al., 2020).

There is also the recognized need for communication skills training in the medical curriculum. Although communication is known to play an important position in health-related issues, several healthcare curricula still informally deal with this aspect. Some of the studies have also shown that through enhanced communication of physicians, patients benefit from enhanced compliance with prescribed treatment measures and there is also less chance of medical malpractice suits being filed (Thiels et al., 2018). Studies of communication training on physician and patient satisfaction reveal that training enhanced satisfaction of physicians and patient on information received and the decision made. This highlights the need for the inclusion of communication skills in the curriculum of training medical students in information management to improve the quality of communication between doctors and patients (Modi et al., 2016).

Research done to determine the satisfaction of people in different countries regarding the doctor-patient relationship has found that people have moderate satisfaction and that there is a need for change at the structural level. According to some research, improving the quality of the doctor-patient relationship is work that cannot be accomplished by one party or an individual actor one such party is the medical personnel, the other party is the patients and the last one is the government (Kowalski et al., 2024). Hypotheses derived from doctors' and medical students' views about communication and patient relationships were in line with the previous literature, showing that time pressures and stress might be detrimental to communication patterns, indicating to call for improved policies defending healthcare employees against stress. Overall, the discussed data shows that appropriate doctor-patient interaction is helpful for the enhancement of satisfaction and health of patients (Weilenmann et al., 2018). From the existing literature, it becomes evident that communication skills, socio-economic factors, and training for patients and caregivers are among the factors that can be used to improve the doctor-patient relationship. Mitigation of these factors through the use of appropriate measures and interventions will mean improvement of experiences and outcomes of patients in various settings of care across regions.

2.1 Theoretical Background

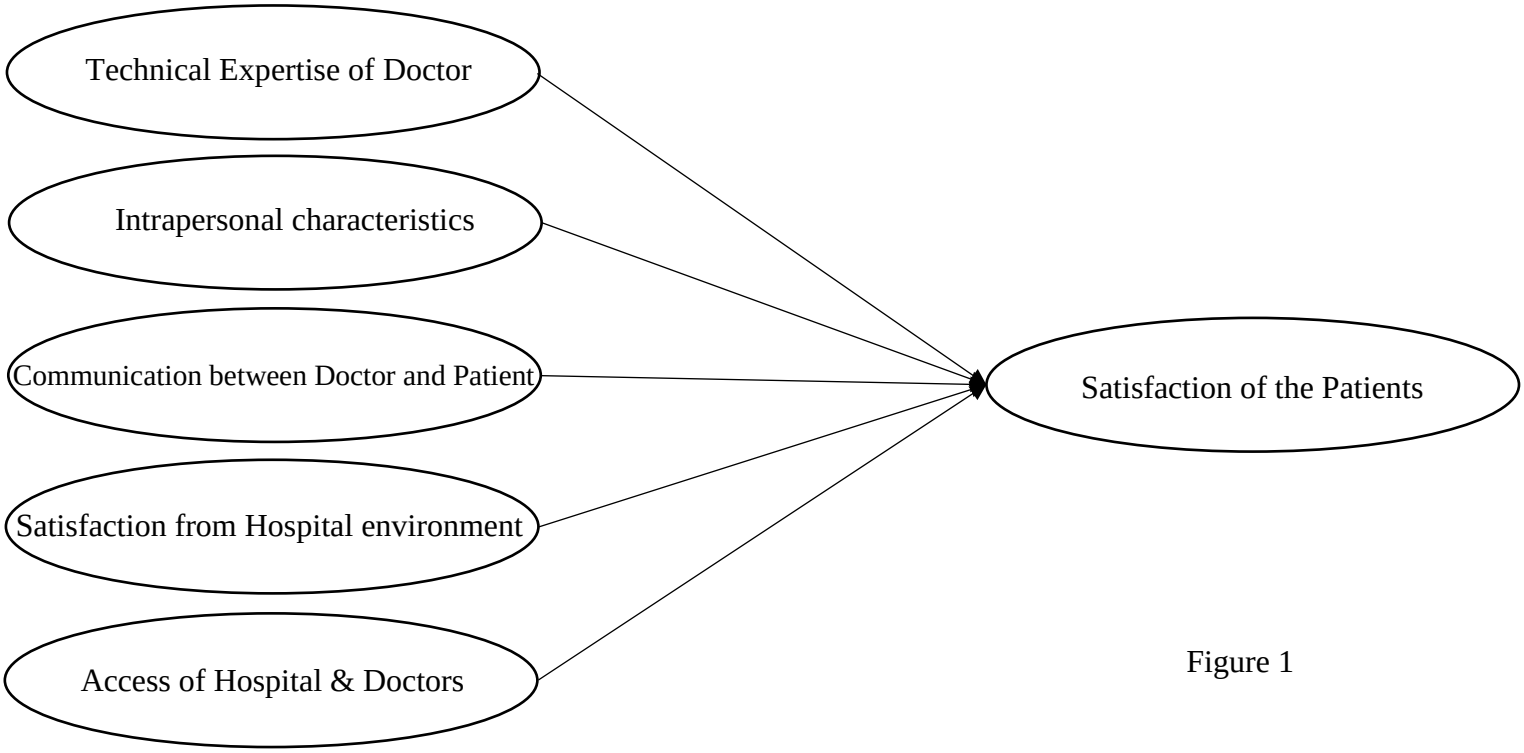

Figure 1

2.2 Hypothesis

H1 There is a strong relationship between the overall satisfaction of the patient and the technical expertise doctors possess.

H2 There is a strong relationship between the overall satisfaction of the patient and doctor-patient communication.

H3 There is a strong relationship between the overall satisfaction of the patient and interpersonal characteristics.

H4 There is a strong relationship between the overall satisfaction of the patient and access to hospitals and the availability of doctors

H5 There is a strong relationship between overall satisfaction of the patient and health care and services

3. Research Methodology

This research was carried out in the District Bhakkar followed by the patients who are being treated in the DHQ Hospital. The current study was Quantitative in nature, and cross-sectional in design. The target population consists of both male and female patients within this district Bhakkar. To gather data, a sample of 150 patients is selected using simple random sampling, a probability sampling technique that ensures each individual has an equal chance of being chosen. This approach minimizes bias and provides a representative subset of the population. A structured, close-ended Lickert scale questionnaire was used as the primary data collection tool. The questionnaire, translated into Urdu, includes demographic questions and items from the Patient Satisfaction Questionnaire (PSQ-III), designed to assess various aspects of patient satisfaction (Jalil et al., 2017). The data collection was carried out through face-to-face interviews to ensure clarity and accuracy. For data analysis, we use SPSS (Statistical Package for the Social Sciences), which facilitates efficient and thorough data analysis. Factor analysis is conducted, and some responses are reversed according to the PSQ-III scoring scheme to ensure the correct interpretation of results.

4. Data Analysis and Results

Table 4.1 Frequency Distribution Test

Description	Category	Percentage (%)
Age Distribution	15-30, 31-45	26.7% each
	Over 76	6.7%
Gender Distribution	Male	60.0%
	Female	40.0%
Caste Distribution	Malik	30.0%
	Rajpoot	18.7%
	Chaudhary	13.3%
Religion Distribution	Muslim	98.0%
	Non-Muslim	2.0%
Residence Distribution	Rural	60.0%
	Urban	40.0%
Education Distribution	Illiterate	56.0%
Occupation Distribution	Housewives	28.0%
	Farmers	22.7%
Marital Status Distribution	Married	71.3%
	Unmarried	20.0%

Description	Category	Percentage (%)
Doctors' Carefulness	Very Careful	80.0%
Need for More Thorough Treatment	Strongly Disagree	70.7%
Hospital Facilities	Complete Care Available	84.7%
Doubts about Diagnosis	Strongly Agree	76.7%
Knowledge of Latest Developments	Aware	82.0%
Experience with Medical Problems	Lacks Experience	75.3%
Competence and Training	Competent and Well-Trained	80.7%
Doubts about Doctors' Abilities	Strongly Agree (No Doubts)	72.7%
Exposure to Unnecessary Risks	Strongly Agree (No Exposure)	66.7%
Advice on Avoiding Illness	Strongly Disagree (Rarely Given)	62.0%
Impersonal Behavior	Strongly Agree (Not Impersonal)	75.3%
Keeping Patients from Worrying	Best Effort	78.7%
Attention to Privacy	Strongly Disagree (Need More)	85.3%
Genuine Interest	Strongly Agree	66.7%
Feeling Foolish	Strongly Agree (Not Made Feel)	82.0%
Friendly and Courteous Treatment	Strongly Agree	86.7%
Respect from Doctors	Strongly Agree (Need More)	68.0%
Time Spent with Patients	Strongly Agree (Plenty of Time)	60.7%
Hurrying Too Much	Strongly Agree	30.7%
	Agree	32.0%
Explaining Medical Tests	Strongly Agree	57.3%
Use of Medical Terms	Agree	46.7%
	Strongly Agree	34.7%
Allowing Important Information	Strongly Agree	46.0%
	Agree	47.3%
Ignoring What's Told	Agree	38.7%
	Strongly Disagree	35.3%
Listening Carefully	Strongly Agree	80.7%
Satisfaction with Care	Strongly Agree	76.7%
Need for Improvement	Agree	48.7%
	Strongly Agree	39.3%
Overall Quality of Care	Strongly Agree (Excellent)	58.7%
Things That Need Improvement	Strongly Agree	51.3%

Description	**Category**	**Percentage (%)**
Perfection of Medical Care	Strongly Agree (Just Perfect)	65.3%

The table.1. data showed that the respondents are primarily male (60.0%), young to middle-aged (26.7% each for ages 15-30 and 31-45), predominantly rural (60.0%), and mostly Muslim (98.0%). The majority are married (71.3%), with low literacy rates (56.0% illiterate), and common occupations include housewives (28.0%) and farmers (22.7%). Most respondents perceive doctors as careful (80.0%) and competent (80.7%), with a high level of awareness about the latest medical developments (82.0%). However, concerns exist regarding the accuracy of diagnoses (76.7% have doubts) and the experience of doctors with specific medical problems (75.3%). Respondents generally feel respected and listened to (80.7%), with many finding doctors friendly and courteous (86.7%). Although hospital facilities are considered adequate (84.7%), some respondents believe doctors should provide more privacy (85.3%) and spend more time with patients (60.7%). Satisfaction with care is high (76.7%), yet there is recognition that improvements are needed (88.0% see room for improvement). Overall, the quality of care is rated as excellent or nearly perfect by a majority (65.3%).

Table 4.2

Cronbach's Alpha	**N of Items**
.788	37

The above table.2. shows, that the number of respondents is 150. The number of items is 37 and the Cranach's Alpha is .788. The standard value is a maximum of 1 and the minimum is .7 so the above table represents that items are working in the same direction and the data is highly reliable and strong.

Table 4. 3. Independent samples t-test by Gender

Gender		**N**	**Mean**	**Std. Deviation**	**T**	**Df**	**Sig.(2-tailed**
Technical Expertise	**Male**	90	46.0000	4.25850	-.868	148	.387
	Female	60	46.5667	3.33124			
Interpersonal aspects	**Male**	90	26.5333	1.76228	-.756	148	.451
	Female	60	26.7667	1.97756			

Time spent with the doctor	**Male**	90	7.1222	1.84103	-.144	148	.886
	Female	60	7.1667	1.87912			
Doctor-patient Communication	**Male**	90	18.8778	3.11873	.125	148	.901
	Female	60	18.8167	2.63928			
General Satisfaction	**Male**	90	20.4667	3.33251	.618	148	.537
	Female	60	20.1500	2.63500			
Access/ convenience and availability	**Male**	90	20.6333	3.86122	-.959	148	.339
	Female	60	21.2500	3.85599			

The above mention Table.3. Shows that an Independent Sample test was run on "Technical Expertise", ''Interpersonal aspects", ''Time spent with the doctor", ''Doctor-patient Communication", ''General Satisfaction "and ''Access/ convenience and availability" by Gender to explore the significance and the mean difference. The values of 0.339, 0.537, 0.901, 0.886, 0.451and 0.387 for "Access/ convenience and availability", ''General Satisfaction" ''Doctor-patient Communication", "Technical Expertise", ''Interpersonal aspects", ''Time spent with the doctor" respectively indicates that there no difference between the opinion of male and females regarding above six mentioned statements.

Table 4.4 Independent samples t-test by Residence.

Residence		**N**	**Mean**	**Std. Deviation**	**T**	**Df**	**Sig.(2-tailed)**
Technical Expertise	**Rural**	90	46.4444	3.99469	.834	148	.406
	Urban	60	45.9000	3.79429			
Interpersonal aspects	**Rural**	90	26.6333	1.97996	.054	148	.957
	Urban	60	26.6167	1.64772			
Time spend with the doctor	**Rural**	90	7.2000	1.96715	.485	148	.628
	Urban	60	7.0500	1.67155			

Doctor-patient Communication	**Rural**	90	18.9444	3.13860	.466	148	.642
	Urban	60	18.7167	2.59786			
General Satisfaction	**Rural**	90	20.7111	2.95754	1.829	148	.069
	Urban	60	19.7833	3.16812			
Access/ convenience and availability	**Rural**	90	21.4222	3.52831	2.133		.035
	Urban	60	20.0667	4.20600		148	

Table.4 shows that the Independent Sample test was run on "Technical Expertise", ''Interpersonal aspects", ''Time spent with the doctor", ''Doctor-patient Communication", ''General Satisfaction" and ''Access/ convenience and availability" by Residence to explore the significance and the mean difference. The values of 0.035, 0.069, 0.642, 0.628, 0.957and 0.406 for "Access/ convenience and availability", ''General Satisfaction" and ''Doctor-patient Communication", "Technical Expertise", ''Interpersonal aspects", Time spend with the doctor" respectively indicates that there no difference between the opinion of male and females regarding above six mentioned statements.

Table 4.5 One-Sample Test

	Test Value =8					
	T	**Df**	**Sig. (2-tailed)**	**N**	**Mean**	**Std. deviation**
Time spend with the doctor	-138.084	149	.000	150	7.1400	1.85019
	Test value=20					
	t	Df	Sig.(2-tailed)	N	Mean	Std. deviation
Doctor-patient Communication	-38.269	149	.000	150	18.8533	2.92728
	Test Value=24					
	T	Df	Sig,(2-tailed)	N	Mean	Std. deviation
General Satisfaction	-30.588	149	.000	150	20.3400	3.06710
	Test Value=24					
	t	Df	Sig.(2-tailed)	N	Mean	Std. deviation

Access/ convenience and availability	-22.602	149	.000	150	20.8800	3.85809
	Test Value= 40					
	T	Df	Sig.(2-tailed)	N	Mean	Std. deviation
Technical Expertise	57.062	149	.000	150	46.2267	3.91203
	Test Value=28					
	t	Df	Sig.(2-tailed)	N	Mean	Std. deviation
Interpersonal aspects	-9.099	149	.000	150	26.6267	1.84844

Table 5. One sample test was run ‘‘Time spent with the doctor”, ‘‘Doctor-patient Communication”, ‘‘General Satisfaction”, ‘‘Access/ convenience and availability” ‘‘Technical Expertise, and Interpersonal aspects The sample mean of 7.1400 was compared to the test value 8, having t-value -138.084, df = 149, p< .001 shows that the mean is significantly lower than test value for Time spend with the doctor. The sample mean of 18.8533 was compared to test value 20, having a t-value of -38.269, df = 149, p< .001 shows that the mean is significantly lower than the test value for doctor-patient communication. The sample mean 20.3400 was compared to test value 24, having t-value -30.588, df = 149, p <.001 shows that the mean is significantly lower than the test value for general satisfaction. The sample mean was 20.8800 compared to test value 24, having t-value -22.602, df= 149,p< .001 shows that the mean is significantly lower for Access/ convenience and availability. The sample mean of 46.2267 was compared to the test value of 40, having a t-value of 57.062, df= 149,p< .001 shows that the mean is higher than the test value for Technical Expertise. The sample mean of 26.6267 was compared to test value 28, having t-value-9.099, DF= 149,p< .001 shows that the mean is higher than the test value for interpersonal aspects

Table 4.6 Correlation between interpersonal aspects and overall patient satisfaction.

Ha: There is a strong relationship between interpersonal aspects and overall patient satisfaction

Ho: There is no relationship between interpersonal aspects and overall patient satisfaction

Correlations		
		patients satisfaction
Interpersonal aspects	Pearson Correlation	-.089
	Sig.(2-tailed)	.281

	N	150
Overall satisfaction	Pearson Correlation	-.089
	Sig. (2-tailed)	.281
	N	150

Table.6. shows that the Pearson correlation analysis was conducted to examine whether there is a correlation between interpersonal aspects and overall patient satisfaction with 150 respondents. Value of r =-.089,sig=.281, show that the relation is weak and negative. So our null hypothesis H_o is accepted and alternative Ha is rejected.

4.7 Discussion

This study has been conducted to explore the doctor-patient relationship and its effect on patient satisfaction in DHQ Hospital Bhakkar. The factors that affect the doctor-patient relationship and patient satisfaction are Technical Expertise' Interpersonal aspects' Time spent with the doctor, Doctor-patient Communication, General Satisfaction, and Access/ convenience and availability. The technical expertise plays an important role during the treatment of the patient. The result of the present study shows that communication between doctors and patients is very effective and patients are satisfied with the communicative style of the doctor. Patients are also satisfied with the way; doctors explain their diseases without using medical terminology. Referring back to the literature review where the study commented that good communication skills are essential for doctors to establish good doctor-patient relationships; communication is an important component of patient care mentioned that a person-focused interaction style with patients was highly associated with satisfaction (Ukonu et al., 2020). The result of the present study shows that patients are strongly satisfied with the General Satisfaction variable. Refereeing back to the literature review, explained that patients' adjustment are influenced by satisfaction with physician-patient interaction. The result of the present study in the variable interpersonal aspects shows that patients requested that the doctor give more attention to the lack of privacy, refereeing back to the literature review which found that lack of privacy decreased satisfaction The findings of the present study can be compared with the "Interpersonal Aspects" defined as where patient's privacy and individual attention were pointed to be critical to healthcare facilities (Peimani et al., 2020). This study shows patient preferences among demanding more privacy while being accorded a medical procedure in compliance with the other study that the lack of privacy compromises patient satisfaction (Sahi et al., 2017). Thus, timeliness of consultations and sufficient privacy during effective doctor-patient communication, which may also be interpreted as «being all-ears» are vital for strengthening patient confidence and their advertised satisfaction (Thomas, 2019). Thus, the current study adds to the existing body of knowledge of the antecedents of patient satisfaction within the healthcare context and emphasizes the relevance of

communication and interpersonal skills and respect for patient's privacy and emotions as the key aspects of positive doctor-patient relationship regardless of cultural context.

5. Conclusion

The doctor-patient relationship and patient satisfaction is an important factor in the health care system. Nowadays health organizations are trying to provide a good environment to the patients who visit the hospital. Before the visit to the hospital, the patients think about their needs, which are needed in the hospital. If the needs are met according to their expectation, they are satisfied. Otherwise, they are unsatisfied. The technical expertise, doctor-patient communication, and interpersonal aspects affect the doctor-patient relationship and patient satisfaction, access to hospital and availability of doctors, and general satisfaction from medical care and services of the hospital because they are important factors/components. Most patients are satisfied with doctor communication in DHQ hospital. They are satisfied that the doctors give attention to the patients. Doctors behave with the patients impartially. Nurses' behavior is also good with the patients. They behave with the patients in a good way. They give medicine to the patients at the proper time. They are the patients. Patients are satisfied with the cleanliness of the hospital. According to the patients, sweepers properly clean the hospital. Sweepers appropriately clean the wards. Patients are also satisfied with the environment of the hospital. In their view, the environment of the hospital is good. The patients in the hospital are given protection. The patients have a good opinion about the medical services. According to the patients, medical services are available when they need it. According to the patients, reception services are also good. Patients are satisfied with the laboratory services. The patients are satisfied with the access to the hospital and the availability of doctors. Data is analyzed by using the SPSS. From the analysis, this study concludes that the majority of the patients are satisfied with the doctor communication Hospitals of District Bakker.

5.1 Recommendation

The following recommendations can be made depending on the findings of this study to increase the doctor-patient relationship and also the satisfaction level of patients in DHQ Hospital District Bhakkar. First of all, focused continuing education for doctors and other personnel in the medical facilities concerning the elements of interpersonal communication, empathy, and generally, interpersonal relationships, as these factors affect patients' satisfaction. It was that enough time should be spent with the patients, sufficient time should be given to explain the nature of the ailments, and sufficient time be taken to make the patient feel that he has been given an understood meaning before any further proceedings are undertaken. Further, advancements in the physical structures of the facility together with its operations to diminish delays and increase the accessibility of services will satisfactorily treat the patient's inconvenience. The patient satisfaction surveys should be put in place to enable an organization to periodically assess satisfaction levels, and discover traits that are still ripe for enhancement. Last, changing the patient care delivery approach through a patient-centered care model that takes into consideration patient's preferences, needs, and cultural background plays a significant role in enhancing patient

satisfaction and improvement of their overall well-being since care delivery environment will be conducive.

5.2 Limitations of the Study

- This study involved 150 patients of DHQ Hospital; however, the result may not have been generalizable to all patients in the health care centers or different regions. Therefore, the findings are not generalizable to other kinds, sizes, or geographical locations of hospitals, or other districts.
- The study design means that only a single point in time can be examined about patient satisfaction and doctor-patient relationships. This design does not consider gender, ethnic, or age differences in patient experience or the effect of extended contact with the medical personnel on satisfaction.
- The collected data were self-reported employing questionnaires that are prone to biases like social desirability bias and recall bias. In return, the patients may have given the responses that they thought were expected of them or given positive responses that were not true.
- In this study, the questionnaire was translated from English into Urdu the local patients understood but some errors within the translated language or misunderstandings may influence the answer given.
- The analysis was carried out according to particular views of doctor-patient interactions and patient satisfaction carried out through the use of PSQ-III. Some other sources like socio socioeconomic status of the patient, the past healthcare experience, and the patient's health status were not taken into account and all of these factors have an impact on patients' satisfaction.
- The research is confined to DHQ Hospital in District Bhakkar only the results obtained may not necessarily be valid for other hospitals or health care centers. Hospitals may or may not be providing the same level of training to their staff, the target population may not be similar to that of the study, and policies in other hospitals may differ from that of the study.

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