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Assessing indoor patient satisfaction in public healthcare settings: A study of sub-divisional and district hospitals in Dakshin Dinajpur District, West Bengal, India

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Abstract

Client satisfaction is a pivotal aspect of healthcare services, influencing patient well-being and lives. Assessing patient satisfaction is essential for identifying areas for improvement and optimizing patient care. This study aimed to evaluate patient satisfaction with healthcare services provided at Sub-Divisional and District Hospitals in Dakshin Dinajpur district. A cross-sectional study was conducted among 300 indoor patients (150 from each hospital) selected randomly from Balurghat District Hospital and Gangarampur Sub-Division Hospital. Responses were collected through interviews using a pre-designed and pre-tested questionnaire. Patient satisfaction was assessed across eight dimensions: emergency counter, doctor service, nursing staff service, group D staff service, privacy, medicine and test, cleanliness, and drinking water and diet.Satisfaction levels ranged from 43% (Emergency Counter) to 63% (Doctor Care and Free Test Services), highlighting areas for improvement.Rural patients consistently reported higher satisfaction levels than urban patients across various services, including Emergency Counter, Doctor Service, and Nursing Staff Service. Educational qualification, income, religion, sex, and age significantly impacted patient satisfaction, with illiterate, lower-income, and Muslim patients generally reporting higher satisfaction levels. Patient satisfaction with cleanliness (47-55%) and doctor communication with family members (34%) was relatively low, indicating a need for improvement. The linear regression model explained only 1.6% of the variation in overall satisfaction, suggesting that other factors not included in the model may be influencing patient satisfaction. This study provides valuable insights into patient satisfaction with healthcare services in public hospitals. The findings can inform quality improvement initiatives and policy decisions aimed at enhancing patient satisfaction and healthcare service quality. Recommendations for improving patient satisfaction and healthcare service quality are discussed.

Keywords: Patient Satisfaction; Indoor Patient; Quality of Care; Healthcare service; Healthcare facility; Patient Response

1. Introduction

Client satisfaction is a pivotal aspect of the service sector, particularly in healthcare, a vital social service provided by governments worldwide, where the quality of care has a direct impact on patients' well-being and lives (Andaleeb, 2001). Assessing the satisfaction level of healthcare recipients is essential, as it provides invaluable insights into the effectiveness of healthcare delivery, enabling providers to identify areas for improvement and optimize patient care (Chakraborty et al., 2016). Modern patients are increasingly discerning and aware of healthcare quality, expecting compassionate treatment, effective communication, equal access to facilities, and efficient problem resolution, which are critical components of patient-centered care (Crow et al., 2002). Patient satisfaction surveys serve as a crucial tool for gathering feedback, measuring healthcare delivery effectiveness, and identifying strengths and weaknesses in healthcare services, ultimately informing quality improvement initiatives and policy decisions (Chakraborty et al., 2016). By analyzing patient satisfaction, policymakers, healthcare providers, and administrators can better understand patient needs, preferences, and values, and monitor existing systems to ensure that they are responsive, equitable, and

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patient-centered (Oermann et al., 2010).The patient satisfaction survey offers numerous benefits, including: i)Providing direct feedback on patient experiences, valuing their input, and driving service improvements. ii)Identifying organizational problems, addressing patient dissatisfactions, and encouraging repeat business. iii) Enabling service quality comparisons and benchmarking with other organizations to inform improvement goals. iv)Highlighting service strengths and weaknesses, attracting new patients, and justifying investments in system upgrades. v)Measuring employee performance, promoting accountability, and fostering a patient-centric approach.

2. Materials and Methodology

The hierarchical structure of the district health system was discussed, comprising Sub-centres, Primary Health Centres, Community Health Centres, Sub-Divisional Hospitals, and District Hospitals. To ensure quality healthcare services and patient satisfaction, regular patient satisfaction surveys should be conducted at each level. Due to time and resource constraints, this study focused on the top tier of the healthcare sector, namely the Sub-Divisional Hospital and District Hospital of Dakshin Dinajpur district.

A total of 300 patients (150 from each hospital) were randomly selected from Balurghat District Hospital and Gangarampur Sub-Division Hospital. Responses were collected through interviews with adult patients (>20 years) admitted to the wards. Data collection took place from August 2023 to November 2023.

A pre-designed and pre-tested interview schedule was employed, consisting of two parts: Part-A for recording socio-demographic data and Part-B for capturing patient satisfaction responses. The schedule was developed by reviewing the PSQ 18 and SERVQUAL Tool Questionnaires. Patient responses were collected on eight key dimensions: Emergency Counter, Doctor Service and Behavior, Nursing Staff Service, Group D Staff Service, Privacy, Medicine and Test, Cleanliness, and Drinking Water and Diet.

The schedule comprised 16 questions, which were pre-tested and modified as necessary. A five-point Likert scale was used to collect responses, ranging from 5 (strongly agree) to 1 (strongly disagree). The local language was used for the questionnaire to ensure clarity and accuracy.

Objectives

The primary objective of this study was to evaluate patient satisfaction with healthcare services provided at the Sub-Divisional and District Hospitals in Dakshin Dinajpur district. Specifically, the study aimed to:

- Assess patient satisfaction with various aspects of healthcare services, including emergency counter, doctor service and behavior, nursing staff service, group D staff service, privacy, medicine and test, cleanliness, and drinking water and diet.
- Identify the socio-demographic factors influencing patient satisfaction with healthcare services.
- Compare patient satisfaction levels between Sub-Divisional and District Hospitals.
- Provide recommendations for improving patient satisfaction and healthcare service quality in public healthcare settings.

3. Results and discussion

The indoor patient satisfaction survey participants were categorized into five sociodemographic groups, as shown in Table No. 8.2. The classification revealed that 81% of patients were from rural areas, while 19% were from urban areas. In terms of educational qualification, 63.33% of respondents were illiterate, followed by 21.67% with primary education, 7.6% with upper primary education, 3.33% with secondary education, and 4% with HS and above education.

The income distribution showed that 80.33% of respondents had an income below ₹10,000, while 19.67% had an income above ₹10,000. The religious distribution comprised 62.67% Hindus and 37.33% Muslims. The age distribution revealed that 53.16% of respondents belonged to the 31-40 and ≥60 age groups.

The satisfaction levels of indoor patients across eight key parameters are discussed below. Table No. 8.1 shows that the satisfaction levels varied across each domain. The mean score of patient satisfaction was highest for nursing staff and behavior (3.76), followed by medicine and test (3.69), emergency counter (3.65), group D staff service (3.61), privacy (3.59), and doctor service and behavior (3.57). The two areas with the lowest patient satisfaction were cleanliness (3.48) and drinking water and diet (3.35).

Table 1 Distribution ofindoor Patients Satisfaction about different domain (n=300)

N= 300	
Satisfaction Sub-scale	**Patient Satisfaction Score (Mean ±SD)**
Emergency Counter	3.65±0.74
Doctors service and Behavior	3.57±0.50
Nurse service and Behavior	3.76±0.80
Group D staff Service	3.61±0.86
Privacy	3.59±0.72
Medicine and Test	3.69±0.67
Cleanliness	3.48±0.70
Drinking Water and Diet	3.35±0.85

Source: Computed by researcher

3.1. Emergency counter and Satisfaction

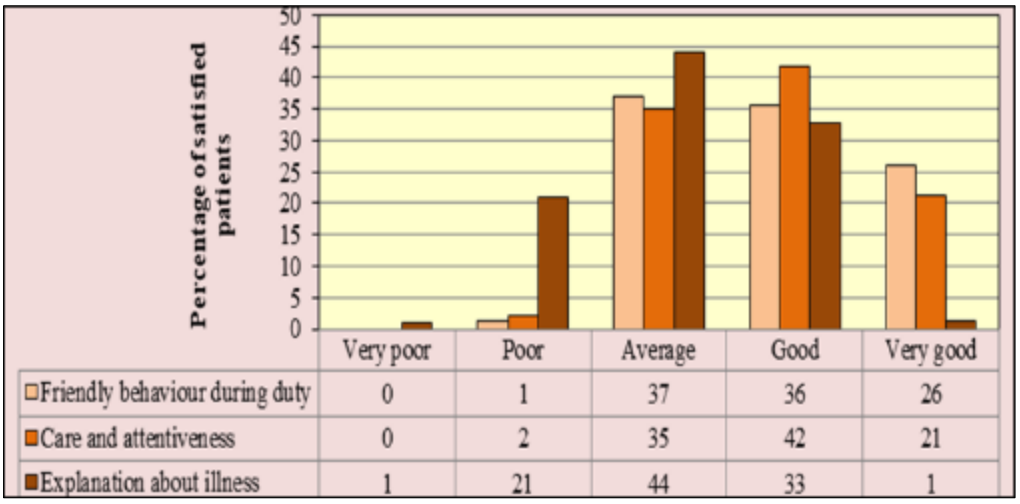
Patient satisfaction with the Emergency Counter was evaluated based on two key aspects: waiting time for admission and medical receptionist behavior. The results showed that patients were generally satisfied with the waiting time, with 43% rating their experience as average, 43% as good, and 12% as very good. Similarly, patients were satisfied with the receptionist behavior, with 45% rating it as average, 32% as good, and 20% as very good.

A socio-demographic analysis revealed interesting trends. Rural patients were more satisfied with waiting times than urban patients. Additionally, lower-income patients were most satisfied, while those earning ₹20,000-30,000 were least satisfied. Hindus were more satisfied than Muslims, and patients aged 41-50 were most satisfied, while those aged 51-60 were least satisfied. In contrast, when it came to receptionist behavior, rural patients were more satisfied than urban patients, and illiterate patients were more satisfied than educated patients. Lower-income patients were also more satisfied, and Muslims were more satisfied than Hindus. Middle-aged patients (41-50) were most satisfied, while younger patients were less satisfied.

3.2. Doctor Service and Behavior and Satisfaction

A study assessed patient satisfaction with doctor services and behavior, focusing on three key issues: doctor behavior, care, and communication with family members. The results showed that 62% of patients were satisfied with doctor behavior, with 37% expressing near-satisfaction and only 1% dissatisfaction. Similarly, 63% of patients were satisfied with doctor care, with 35% expressing near-satisfaction and 2% dissatisfaction. However, only 34% of patients were satisfied with doctor communication with family members, with 44% expressing near-satisfaction and 22% dissatisfaction.

Socio-demographic analysis revealed significant differences in patient satisfaction. Rural patients (Mean 3.97) were more satisfied with doctor behavior than urban patients (Mean 3.53), while uneducated patients (Mean 3.98) were more satisfied than highly educated patients (Mean 3.00). Lower-income patients (Mean 3.97) were also more satisfied than higher-income patients (Mean 3.20). Muslims (Mean 3.90) were slightly more satisfied than Hindus (Mean 3.88), and patients aged 41-50 (Mean 4.14) were most satisfied.



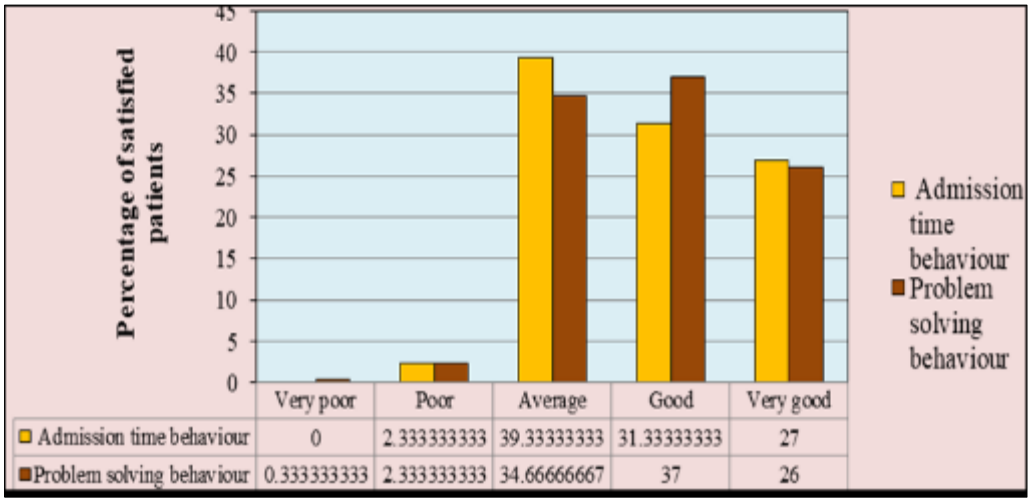
	Very poor	Poor	Average	Good	Very good
Friendly behaviour during duty	0	1	37	36	26
Care and attentiveness	0	2	35	42	21
Explanation about illness	1	21	44	33	1

Figure 1 Distribution Patients Satisfaction about Doctors service

3.3. Nursing Staff Service and Satisfaction

A study assessed patient satisfaction with nursing staff services, focusing on two key issues: nurse behavior during admission and problem-solving promptness. The results showed that 58.33% of patients were satisfied with nurse behavior, while 39.33% were near-satisfied and 2.33% were dissatisfied. Similarly, 63% of patients were satisfied with nurse problem-solving promptness, while 34.67% were near-satisfied and 2.33% were dissatisfied.

Socio-demographic analysis revealed significant differences in patient satisfaction. Rural patients (mean 3.91) were more satisfied with nurse behavior than urban patients (mean 3.47), while illiterate patients (mean 3.92) were more satisfied than highly educated patients. Lower-income patients (mean 3.91) were also more satisfied than higher-income patients. Muslims were slightly more satisfied than Hindus, and patients aged 41-50 (mean 4.25) were most satisfied with nurse behavior. Similar trends were observed for nurse problem-solving promptness, with rural patients (mean 3.93), illiterate patients (mean 3.92), and lower-income patients (mean 3.91) being more satisfied.



	Very poor	Poor	Average	Good	Very good
Admission time behaviour	0	2.333333333	39.33333333	31.33333333	27
Problem solving behaviour	0.333333333	2.333333333	34.66666667	37	26

Figure 2 Distribution of patient's satisfaction about nursing services

3.4. Group D Staff Behavior and Satisfaction

Patient feedback on the behavior of Group D staff revealed that 56% were satisfied, 38% were near-satisfied, and 6% were dissatisfied. Socio-demographic analysis showed that rural patients (mean 3.81) were more satisfied than urban patients. Notably, illiterate patients (mean 3.83) were most satisfied, while highly educated patients (mean 2.75) were least satisfied. Lower-income patients (mean 3.81) were more satisfied than higher-income patients (mean 3.10). Muslims were slightly more satisfied than Hindus, and patients aged 41-50 (mean 4.00) were most satisfied, while younger age groups were less satisfied.

3.5. Privacy and Satisfaction

Patient satisfaction with privacy during examinations was assessed, revealing that 54% were satisfied, 36% were near-satisfied, and only 2% were dissatisfied (Fig. 4). Socio-demographic analysis showed that rural patients were more satisfied with privacy than urban patients. Notably, illiterate patients (mean 3.77) were most satisfied with privacy, while satisfaction decreased among other educational groups. Lower-income patients (mean 3.72) were more satisfied with privacy than higher-income groups. Muslims were slightly more satisfied with privacy than Hindus, and middle-aged patients (41-50) were most satisfied, followed by older age groups, while younger patients were less satisfied.

3.6. Medicine and Test and Patient Satisfaction

Patient satisfaction with free medicine and test services in indoor wards was assessed. The results showed that 61% of patients were satisfied with free medicine services, 36% were near-satisfied, and 3% were dissatisfied. Similarly, 63% of patients were satisfied with free test services, 36% were near-satisfied, and 1% were dissatisfied. Socio-demographic analysis revealed that rural patients were more satisfied with both services than urban patients. Illiterate patients (mean 3.84 for medicine and 3.87 for tests) and lower-income patients (mean 3.80 for medicine and 3.84 for tests) were most satisfied. Muslims were slightly more satisfied than Hindus, and the 21-30 age group was most satisfied with free medicine services, while the 41-50 age group was most satisfied with free test services (mean 4.07).

3.7. Cleanliness and Satisfaction

Patient satisfaction with indoor ward cleanliness was assessed across three aspects: bed sheet cleanliness, overall ward cleanliness, and toilet cleanliness. Results showed that 47% of patients were satisfied with bed sheet cleanliness, 55% with overall ward cleanliness, and 44% with toilet cleanliness. Socio-demographic analysis revealed that rural patients were more satisfied with cleanliness than urban patients. Upper primary pass patients (mean 3.65) and middle-income groups (mean 3.85) were most satisfied with bed sheet cleanliness. Muslims were more satisfied than Hindus, and patients over 60 (mean 3.68) were most satisfied. Rural, illiterate, and lower-income patients were most satisfied with overall ward cleanliness, while Hindus and patients over 60 were most satisfied. Regarding toilet cleanliness, rural patients, secondary and HS pass patients (mean 3.50), and lower-income patients (mean 3.44) were most satisfied, with Muslims being more satisfied than Hindus, and patients aged 41-50 (mean 3.61) being most satisfied.

3.8. Drinking Water and Diet and Satisfaction

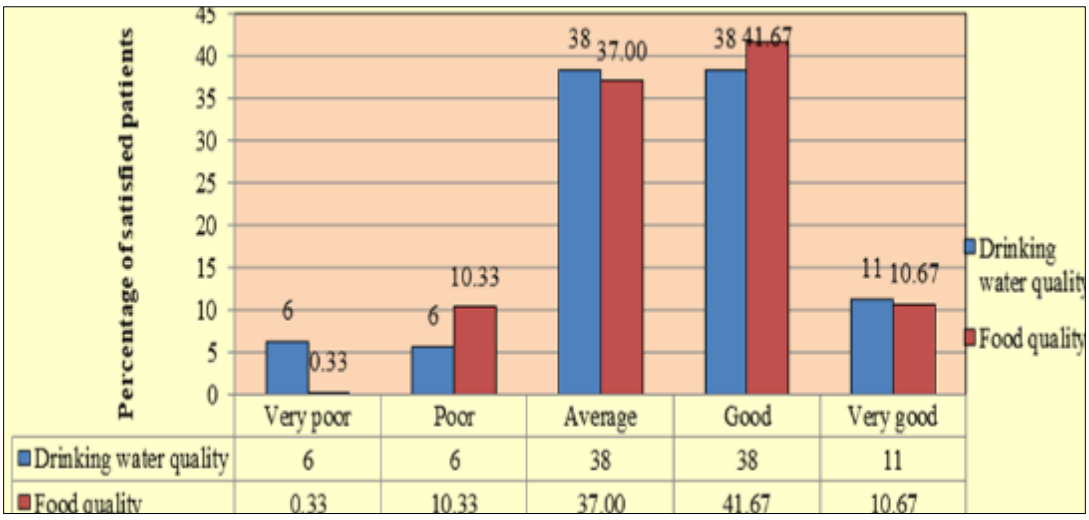


Figure 3 Distribution of patient's satisfaction aboutDrinking water and Dietary services

Patient satisfaction with clean drinking water and proper diet in indoor wards was assessed. Results showed that 49% of patients were satisfied with drinking water, 38% were near-satisfied, and 13% were dissatisfied. Similarly, 52.34% of patients were satisfied with the diet, 37% were near-satisfied, and 10.33% were dissatisfied. Socio-demographic analysis revealed that rural patients were more satisfied with drinking water and diet than urban patients. HS pass patients (mean 3.50) and middle-income groups (mean 3.46) were most satisfied with drinking water, while Hindus were more satisfied than Muslims, and patients aged 41-50 (mean 3.71) were most satisfied. Regarding diet, illiterate patients (mean 3.63) and lower-income patients (mean 3.59) were most satisfied, with Muslims being more satisfied than Hindus, and elderly patients (mean 3.75) being most satisfied.

3.9. Linear regression

In Table No. 8.3 we can see the linear regression analysis between where the dependent variable is taken the overall satisfaction and independent variables such as educational qualification, locality, income, religion, sex, and age. As per the driven data set the equation of linear regression was, Overall satisfaction= 3.828 – (-0.086*Educational Qualification) + (-0.009*locality) + (0.067*Income) + (0.018*Religion) + (-0.139*Sex) + (-0.002*Age). However, the model could explain the variation of overall satisfaction in only 1.6% of the cases, because the independent variables (educational qualification, locality, income, religion, sex, and age) of the model are not that much significant to the dependent variable (overall satisfaction) of the model.

Table 2 Relation between overall satisfaction and other variables shown by Linear regression analysis

Variables	**Unstandardized Coefficients**		***t***	***Sig.***	**R Squared value**
	B	***Std. Error***			
Constant	3.828	0.231	16.551	0.000	R= *0.128*R Square = *0.016*
Educational Qualification	-0.086	0.102	-0.846	0.398	
Locality	-0.009	0.133	-0.069	0.945	
Income	0.067	0.130	0.513	0.609	
Religion	0.018	0.085	0.208	0.835	
Sex	-0.139	0.083	-1.683	0.093	
Age	-0.002	0.002	-0.910	0.363	

Source: Computed by researcher

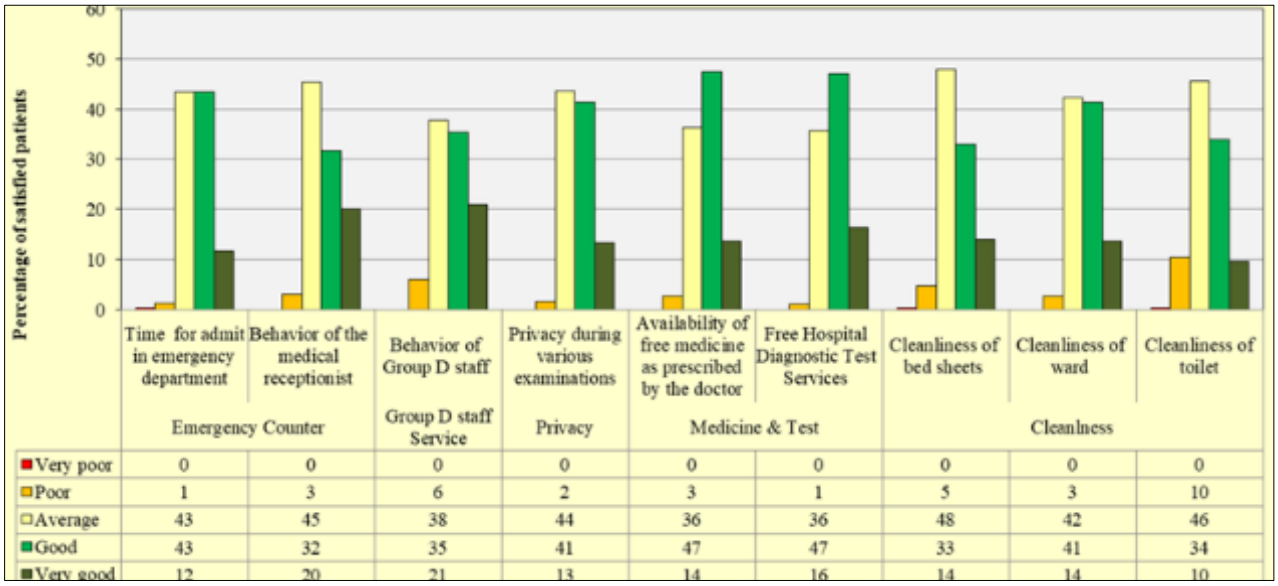


Figure 4 Distribution of Patients Satisfaction about other services

Table 3 Distribution of study population according to socio demographic variables and different domains of patients satisfaction (N=300)

Variables	Frequency (n)	Percentage (%)	Mean SD															
			Time to wait for admit in emergwncy department	the behavior of the medical receptionist	The doctor's behavior during the ward was	During your stay in the ward, the doctor has	Doctors regularly talk to family members or	The behavior of the nurses during the ward	If you have any problem, the nursing staff is very prompt in solving it	Behavior of Group D staff while on the ward	Considerable importance is placed on	You have got the service of getting free medicine	Free Hospital Diagnostic Test Services You got it	Bed sheets are clean	The ward you were admitted in was clean	The ward toilet you used during your admission	During treatment you received purified	You receive good quality food during treatment
Locality																		
Rural	243	81	3.82± 0.78	3.74± 0.83	3.97± 0.83	3.88± 0.80	3.09± 0.83	3.91± 0.87	3.93± 0.86	3.81± 0.87	3.72± 0.73	3.78± 0.74	3.84± 0.73	3.56± 0.82	3.72± 0.75	3.46± 0.84	3.45± 0.99	3.60± 0.82
Urban	57	19	3.49± 0.89	3.46± 0.73	3.53± 0.66	3.56± 0.63	3.23± 0.63	3.47± 0.68	3.56± 0.71	3.32± 0.71	3.46± 0.66	3.47± 0.63	3.58± 0.63	3.47± 0.71	3.42± 0.68	3.28± 0.67	3.32± 0.97	3.19± 0.79
Educational Qualification																		
Illiterate	190	63.33	3.79± 0.85	3.78± 0.84	3.98± 0.82	3.91± 0.80	3.08± 0.83	3.92± 0.84	3.92± 0.86	3.83± 0.90	3.77± 0.73	3.84± 0.72	3.87± 0.73	3.58± 0.84	3.74± 0.78	3.47± 0.86	3.47± 1.03	3.63± 0.85
Primary	65	21.67	3.85± 0.80	3.66± 0.78	3.88± 0.80	3.78± 0.67	3.18± 0.77	3.83± 0.88	3.86± 0.79	3.66± 0.80	3.57± 0.66	3.65± 0.60	3.69± 0.66	3.51± 0.75	3.58± 0.63	3.29± 0.72	3.38± 0.88	3.40± 0.79
Upper Primary	23	7.67	3.65± 0.71	3.52± 0.79	3.70± 0.76	3.65± 0.83	3.22± 0.80	3.70± 0.88	3.70± 0.88	3.35± 0.71	3.48± 0.73	3.52± 0.90	3.70± 0.76	3.65± 0.83	3.57± 0.73	3.35± 0.88	3.22± 1.09	3.30± 0.88
Secondary	10	3.33	3.40± 0.50	3.20± 0.80	3.40± 0.97	3.6±0 .84	3.00± 0.47	3.30± 0.95	3.50± 0.85	3.40± 0.70	3.40± 0.70	3.30± 0.71	3.40± 0.70	3.50± 0.71	3.40± 0.70	3.50± 0.70	3.40± 0.97	3.20± 0.79
Higher Secondary	8	2.67	3.50± 0.53	3.00± 0.53	3.38± 0.52	3.25± 0.46	3.25± 0.46	3.13± 0.35	3.50± 0.53	3.38± 0.52	3.13± 0.64	2.88± 0.35	3.38± 0.52	3.38± 0.52	3.13± 0.64	3.50± 0.53	3.50± 0.76	3.25± 0.46
Above	4	1.33	3.00± 0.00	3.00± 0.00	3.00± 0.00	3.00± 0.82	3.00± 0.82	3.25± 0.50	3.25± 0.50	2.75± 0.50	3.00± 0.00	3.00± 0.00	3.50± 0.58	3.00± 0.00	3.50± 0.58	3.25± 0.50	3.25± 0.50	3.00± 0.00
Income																		

<10000	241	80.33	3.80±0.84	3.80±0.83	3.97±0.82	3.89±0.78	3.08±0.82	3.91±0.85	3.91±0.85	3.81±0.88	3.72±0.72	3.80±0.70	3.84±0.72	3.57±0.82	3.71±0.75	3.44±0.83	3.45±0.99	3.59±0.82
10000 to 15000	29	9.67	3.66±0.67	3.55±0.74	3.72±0.70	3.66±0.72	3.38±0.78	3.72±0.88	3.76±0.79	3.34±0.67	3.52±0.74	3.55±0.74	3.72±0.65	3.52±0.78	3.59±0.73	3.31±0.89	3.21±1.08	3.21±0.94
15000 to 20000	13	4.33	3.77±0.83	3.62±0.77	3.54±0.97	3.69±0.85	3.08±0.64	3.62±0.87	3.69±0.95	3.54±0.78	3.62±0.77	3.62±0.96	3.46±0.78	3.85±0.80	3.54±0.78	3.38±0.77	3.46±0.97	3.46±0.88
20000 to 30000	7	2.33	3.29±0.49	2.86±0.38	3.29±0.49	3.29±0.49	3.29±0.49	2.86±0.38	3.29±0.49	3.14±0.38	3.14±0.38	2.86±0.38	3.29±0.49	3.29±0.49	3.14±0.38	3.43±0.53	3.43±0.79	3.00±0.58
>30000	10	3.33	3.30±0.48	3.00±0.49	3.20±0.42	3.20±0.63	3.00±0.47	3.20±0.42	3.40±0.52	3.10±0.57	3.10±0.57	3.00±0.00	3.40±0.52	3.20±0.42	3.30±0.67	3.40±0.52	3.40±0.70	3.10±0.32
Religion																		
Hindu	188	62.67	3.79±0.85	3.66±0.84	3.88±0.83	3.82±0.79	3.12±0.81	3.82±0.88	3.86±0.84	3.70±0.89	3.65±0.75	3.71±0.75	3.79±0.72	3.53±0.84	3.70±0.77	3.41±0.86	3.41±1.02	3.47±0.88
Muslim	112	37.33	3.71±0.74	3.72±0.80	3.90±0.80	3.82±0.77	3.11±0.76	3.84±0.81	3.84±0.85	3.73±0.83	3.68±0.69	3.74±0.69	3.78±0.72	3.61±0.74	3.60±0.69	3.44±0.74	3.45±0.92	3.61±0.74
Age groups (in years)																		
≤20	44	14.62	3.61±0.78	3.39±0.62	3.57±0.76	3.50±0.76	3.30±0.70	3.61±0.78	3.61±0.78	3.57±0.87	3.50±0.70	3.57±0.73	3.59±0.76	3.43±0.95	3.57±0.76	3.48±0.90	3.32±0.98	3.39±0.87
21-30	42	13.95	3.74±0.86	3.57±0.80	3.69±0.81	3.76±0.69	3.14±0.84	3.67±0.85	3.69±0.92	3.57±0.89	3.57±0.77	3.86±0.75	3.88±0.77	3.57±0.86	3.52±0.80	3.29±0.94	3.24±1.21	3.33±0.93
31-40	79	26.25	3.75±0.74	3.66±0.83	3.84±0.78	3.78±0.78	3.06±0.76	3.77±0.82	3.87±0.79	3.59±0.79	3.61±0.69	3.72±0.70	3.71±0.68	3.53±0.77	3.65±0.66	3.39±0.81	3.35±1.03	3.48±0.80
41-50	28	9.30	4.07±0.94	4.18±0.77	4.14±0.85	4.11±0.79	3.07±0.77	4.25±0.80	4.36±0.73	4.00±0.91	3.86±0.59	3.75±0.70	4.07±0.66	3.54±0.79	4.00±0.61	3.61±0.83	3.71±0.98	3.57±0.84
51-60	26	8.64	3.54±0.81	3.46±0.95	4.15±0.97	4.00±0.85	3.00±0.89	3.85±1.08	3.85±0.88	3.73±1.04	3.65±0.85	3.77±0.82	3.81±0.63	3.46±0.71	3.31±0.74	3.00±0.63	3.19±1.02	3.38±0.85
≥60	81	26.91	3.83±0.80	3.84±0.81	4.04±0.77	3.91±0.78	3.10±0.83	3.94±0.83	3.84±0.84	3.88±0.81	3.79±0.74	3.70±0.73	3.81±0.73	3.68±0.76	3.79±0.77	3.57±0.71	3.63±0.75	3.75±0.75

Source: Computed by the Researcher

4. Conclusion

This study provides valuable insights into patient satisfaction with healthcare services in public hospitals, specifically Sub-Divisional and District Hospitals in Dakshin Dinajpur district. The findings highlight significant variations in patient satisfaction across different services and socio-demographic factors. Rural patients, illiterate patients, and lower-income patients reported higher satisfaction levels, while cleanliness and doctor communication with family members emerged as areas requiring improvement.

The study's results have implications for policymakers, healthcare providers, and administrators seeking to enhance patient satisfaction and healthcare service quality. To improve patient satisfaction, hospitals should focus on strengthening doctor-patient communication, ensuring cleanliness, and providing compassionate care. Additionally, addressing the unique needs and expectations of diverse patient populations, such as rural and urban patients, is crucial.

The study's limitations, including its cross-sectional design and reliance on self-reported data, highlight the need for further research. Future studies can explore the relationship between patient satisfaction and health outcomes, as well as the impact of interventions aimed at improving patient satisfaction.

Ultimately, this study demonstrates the importance of patient satisfaction surveys in informing quality improvement initiatives and policy decisions. By prioritizing patient satisfaction and addressing the unique needs and expectations of diverse patient populations, public hospitals can provide high-quality, patient-centered care that improves health outcomes and enhances patient well-being.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study. For conducting this study written permission was obtained from Chief Medical Officer of Health, Balurghat, Dakshin Dinajpur District on 2022-2023.

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