

## INVOLVEMENT, SATISFACTION AND UNMET NEEDS OF PATIENTS IN ALLAMA IQBAL TEACHING HOSPITAL DERA GHAZI KHAN

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### Abstract

**Objective:** The objective of this study was to determine the level of patients' involvement in healthcare strategies, satisfaction with healthcare services and unmet healthcare needs of patients in a healthcare setting.

**Study Design:** A hospital based cross sectional study.

**Place and Duration:** The study was conducted in Allama Iqbal teaching Hospital Dera Ghazi Khan within a duration of five months.

**Methods:** Patients of age 15-65 years visiting outdoor, emergency, and indoor departments of gynecology, emergency and pediatrics were evaluated for enrollment in this study group during three months from Aug.2024 to Nov.2024. A self-modified questionnaire was used to get data from patients. Data was analyzed by using SPSS Statistic version 27. Mean and standard deviation were calculated for quantitative variables while frequency and percentages were reported for qualitative variables. Chi-square/fisher exact test was applied to determine association between variables. P-value less than 0.05 was considered as significant.

**Results:** The results showed that a majority of respondents (66.2%) indicated that they believe they should be fully informed about their medical conditions. In terms of overall satisfaction with their doctors, a significant portion of respondents rated their doctors positively, with 23.2% considering them excellent, 48.7% above average, and 27% average. However, a small percentage (1.1%) rated their doctors as below average.

Satisfaction with doctors' communication skills and expertise varied, with 22.4% very satisfied, 49.8% satisfied, 27% neither satisfied nor dissatisfied, and only 0.8% dissatisfied. These findings suggest overall positive perceptions of hospital facilities, ease of appointment scheduling, and satisfaction with doctors' communication and behavior.

**Conclusion:** We concluded that involvement and satisfaction of patients are essential for better healthcare systems, better decisions and to improve the quality of life of patients.

### INTRODUCTION

A patient centered approach to manage severe diseases has been increasing day by day. It has been

used to improve patient outcome, involvement in decision making, and satisfaction with care <sup>(1)</sup>. Patient

involvement occurs in many forms, including shared clinical decision-making, patients assessing their clinical notes, and the use of patient portals in the outpatient setting. Recent data suggest that health information technology has the potential to increase patient engagement in many areas, including in hospital settings<sup>(10)</sup>.

Patients' involvement and participation in clinical decision making may improve procedure outcomes and lead to better adjustment and patient's satisfaction. Patients who are completely satisfied with healthcare services in healthcare setting are more likely to be involved in clinical decision making processes, more compliant with the treatment procedures and less likely to experience adverse health outcomes<sup>(1)</sup>. Patients' involvement and participation in medical decision making process in healthcare setting is not a new area but recently have become significantly an important and efficient field of research in many countries and healthcare settings around the globe. The importance of patients' involvement, participation and satisfaction in their healthcare services have been increased internationally to improve effectiveness and safety in practice<sup>(2,4)</sup>. Participation of patients in treatment procedures and clinical decision making is considered essential for high quality healthcare needs<sup>(3)</sup>. According to a research, it is seen that involvement of patients in healthcare has been associated with improved treatment results<sup>(9)</sup>. Patient satisfaction refers to how patients assess the quality of their healthcare services given by healthcare provider. It is the most essential factor to assess the success of a healthcare setting.

A healthcare need can be defined as psychological, emotional, social or physical demand for services, care or help with the aim of solving problems that are experienced by patients<sup>(5)(6)</sup>. A healthcare need is said met when a person receives sufficient help or gets any other solution for the problem<sup>(7,11,12)</sup>.

A healthcare need met in the context of mental healthcare is a physical, psychological, social or environment-related demand for help, care or a service, with the goal of solving or reducing a problem that is experienced or expressed by an older person in relation to an underlying psychiatric condition.

However, if the care need remains or is inadequately addressed, the care need is unmet. It refers to needs of patients that are not adequately met.

A care need is unmet when a problem exists for which no adequate solution has been offered<sup>(6)</sup>. Unmet healthcare needs can cause dangers to safety and management of health illness and adverse effects. Unmet healthcare needs mostly appear in psychological (18%-42%), functional (17%-37%), informational (30%-55%) and physical (17%-48%) domains. Unmet healthcare needs lead to high patient dissatisfaction, poor health of patients and morbidity<sup>(5)</sup>. Since unmet medical needs are an important measure of healthcare systems that reflect how patients subjectively assess their access to healthcare, they may be affected by factors such as the cost of visiting clinics or hospitals. Further, experiencing unmet medical needs has been related to poor health outcomes and may contribute to increasing health disparities.

Individuals' satisfaction with the medical services available in their neighborhoods may correlate with the likelihood of experiencing unmet medical needs in the treatment of patients with chronic diseases, including hypertension, as successful management requires regular care and high treatment adherence.

As having access to high-quality medical care is related to patient satisfaction, it is also associated with the unmet medical needs of patients with hypertension<sup>(8)</sup>.

## Methods and Materials

This hospital based cross sectional study was conducted in Allama Iqbal Teaching Hospital Dera Ghazi Khan for the duration of five months. Patients of age 15-65 years visiting outdoor, emergency, and indoor departments of gynaecology, neurology, emergency and paediatrics were included in this study group after receiving written consent. Patients suffering from chronic illness, patients from neurology or ICU departments, as well as patients from other cities were excluded. A convenient method sampling technique was used to make comprehensive results. A self-modified questionnaire was used to collect data regarding socio-demographic and disease characteristics, supportive healthcare needs, patient involvement, met and unmet needs, health related quality of life data and patient satisfaction.

Data collected was analysed by using IBM SPSS (statistical package of social sciences) Statistic version 27. Mean and standard deviation were calculated for quantitative variables while frequency and percentages were reported for qualitative variables. Chi-square/fisher exact test was applied to determine association between variables. P-value less than 0.05 was considered as significant.

**Results**

Of the 263 responders, 29.3% were female and 70.7% of male. The majority of responders (52.9%) were over 35, with a mean age of 35.13±9.88 years. Detailed demographic characteristics are presented in *Table-1*.

**Table-1: Descriptive Statistics demographic profile of study population**

	n (%)
<b>Gender</b>	
Male	186(70.7)
Female	77(29.3)
<b>Age (years)</b>	
mean± std dev	35.13±9.88
<b>Groups</b>	
≤35 years	139(52.9)
>35 years	124(47.1)
<b>Marital Status</b>	
Married	196(74.5)
Unmarried	67(25.5)
<b>Education</b>	
Uneducated	30(11.4)
Middle	69(26.2)
Matric	77(29.3)
Intermediate	58(22.1)
Graduate or above	29(11)

Detailed frequency distribution of patient feedback on doctor interaction and satisfaction are presented in *Table-2*.

**Table-2: Frequency Distribution of Patient Feedback on Doctor Interaction and Satisfaction (n=263)**

	n (%)
<b>Fully inform reality to doctor</b>	
Yes	174(66.2)
No	89(33.8)
<b>Doctors meet preferences and needs in daily work</b>	
To a Great Extent	118(44.9)
Somewhat	111(42.2)
Very Little	34(12.9)

<b>Rate your doctor</b>	
Excellent	61(23.2)
Above Average	128(48.7)
Average	71(27)
Below Average	3(1.1)
<b>Doctor satisfactorily describes your medical condition</b>	
Yes	181(68.8)
No	82(31.2)
<b>Doctor's friendly behavior</b>	
Very good	66(25.1)
Good	134(51)
Fair	60(22.8)
Poor	3(1.1)
<b>Satisfied with doctor</b>	
Yes	208(79.1)
No	55(20.9)
<b>Time allocated for questions and answers</b>	
≤5 min	77(29.3)
6-10 min	132(50.2)
10-15 min	54(20.5)

Detailed frequency distribution of patient experience and satisfaction from hospital services are presented in Table-3.



Table-3: Frequency Distribution of Patient Experience and Satisfaction from Hospital Services (n=263)

	n (%)
<b>How is the cleanliness and comfort of the hospital</b>	
Excellent	69(26.2)
Above Average	136(51.7)
Average	55(20.9)
Below Average	3(1.1)
<b>Find making appointments with the doctor easy for you</b>	
Yes	191(72.6)
No	72(27.4)
<b>A reasonable wait time for appointments or check-ups</b>	
≤30 minutes	79(30)
30 min to 60 min	133(50.6)
>60 min	51(19.4)
<b>How satisfied are you with doctor's communication skills and expertise</b>	
Very satisfied	59(22.4)
Satisfied	131(49.8)
Neither	71(27)
Dissatisfied	2(0.8)

<b>Behavior and professionalism of the doctor and staff</b>	
Excellent	77(29.3)
Above Average	134(51)
Average	49(18.6)
Below Average	3(1.1)
<b>Doctor's fee is reasonable</b>	
Yes	146(55.5)
No	117(44.5)

Table-4: Frequency Distribution of Patient Experience and Hospital Engagement Assessment (n=263)

	n (%)
<b>Fully informed by the doctor and staff</b>	
Yes	204(77.6)
No	59(22.4)
<b>How is hospital's system of providing information</b>	
Excellent	75(28.5)
Above Average	141(53.6)
Average	47(17.9)
<b>Staff inform about test procedures</b>	
Too Harsh	67(25.5)
About right	132(50.2)
Too Lenient	64(24.3)
<b>Staff inform about the potential side effects of medications</b>	
Yes	113(43)
No	150(57)
<b>Condition after treatment</b>	
Very Good	83(31.6)
Good	151(57.4)
Poor	29(11)
<b>Emotional connection between you, the hospital, and the doctor</b>	
Patient-Centered Care	76(28.9)
Trust and Confidence	157(59.7)
Empathy	30(11.4)
<b>To what extent has the staff and hospital been helpful in your life</b>	
To a Great Extent	87(33.1)
Somewhat	128(48.7)
Not at All	48(18.3)

Table-5: Association of authority regarding health with demographic factors (n=263)

	Satisfied with doctor n (%)		p-value
	Yes	No	
<b>Gender</b>			
Male	150(72.1)	36(65.5)	0.334
Female	58(27.9)	19(34.5)	
<b>Age Group</b>			

≤35 years	109(52.4)	30(54.5)	0.777
>35 years	99(47.6)	25(45.5)	
<b>Marital Status</b>			
Married	158(76)	38(69.1)	0.298
Unmarried	50(24)	17(30.9)	
<b>Education</b>			
Uneducated	23(11.1)	7(12.7)	0.578
Middle	53(25.5)	16(29.1)	
Matric	61(29.3)	16(29.1)	
Intermediate	50(24)	8(14.5)	
Graduate or above	21(10.1)	8(14.5)	
<b>Employment Status</b>			
Unemployed	68(32.7)	14(25.5)	0.303
Employed	140(67.3)	41(74.5)	
<b>Ethnicity</b>			
Punjabi	7(3.4)	3(5.5)	0.072
Saraiki	123(59.1)	34(61.8)	
Urdu Speaking	19(9.1)	11(20)	
Pathan	21(10.1)	4(7.3)	
Baloch	33(15.9)	3(5.5)	
Other	5(2.4)	0(0)	
<b>Residence</b>			
Urban	137(65.9)	37(67.3)	0.844
Rural	71(34.1)	18(32.7)	
<b>Socio-economic status</b>			
Low	63(30.3)	14(25.5)	0.667
Middle	122(58.7)	33(60)	
Upper	23(11.1)	8(14.5)	

Table-6: Association of authority regarding health with demographic factors (n=263)

	Cleanliness and comfort of the hospital n(%)				p-value
	Excellent	Above Average	Average	Below average	
<b>Gender</b>					
Male	49(71)	100(73.5)	36(65.5)	1(33.3)	0.350
Female	30(29)	36(26.5)	19(34.5)	2(66.7)	
<b>Age Group</b>					
≤35 years	42(60.9)	66(48.5)	30(54.5)	1(33.3)	0.345
>35 years	27(39.1)	70(51.5)	25(45.5)	2(66.7)	
<b>Marital Status</b>					
Married	50(72.5)	103(75.7)	40(72.7)	3(100)	0.711
Unmarried	19(27.5)	33(24.3)	15(27.3)	0(0)	
<b>Education</b>					
Uneducated	9(13)	17(12.5)	3(5.5)	1(33.3)	0.809
Middle	17(24.6)	36(26.5)	16(29.1)	0(0)	
Matric	23(33.3)	38(27.9)	15(27.3)	1(33.3)	

Intermediate	15(21.7)	30(22.1)	12(21.8)	1(33.3)	
Graduate or above	5(7.2)	15(11)	9(16.4)	0(0)	
<b>Employment Status</b>					
Unemployed	21(30.4)	46(33.8)	13(23.6)	2(66.7)	0.298
Employed	48(69.6)	90(66.2)	42(76.4)	1(33.3)	
<b>Ethnicity</b>					
Punjabi	1(1.4)	9(6.6)	0(0)	0(0)	0.568
Saraiki	47(68.1)	77(56.6)	32(58.2)	1(33.3)	
Urdu Speaking	5(7.2)	18(13.2)	7(12.7)	0(0)	
Pathan	5(7.2)	13(9.6)	6(10.9)	1(33.3)	
Baloch	9(13)	17(12.5)	9(16.4)	1(33.3)	
Other	2(2.2)	2(1.5)	1(1.8)	0(0)	
<b>Residence</b>					
Urban	40(58)	95(69.9)	37(67.3)	2(66.7)	0.403
Rural	29(42)	41(30.1)	18(32.7)	1(33.3)	
<b>Socio-economic status</b>					
Low	18(26.1)	36(26.5)	22(40)	1(33.3)	0.483
Middle	40(58)	85(62.5)	28(50.9)	2(66.7)	
Upper	11(15.9)	15(11)	5(9.1)	0(0)	

Table-7: Association of authority regarding health with demographic factors (n=263)

	Behavior and professionalism of the doctor and staff n (%)				P-value
	Excellent	Above average	Average	Below Average	
<b>Gender</b>					
Male	58(75.3)	95(70.9)	30(61.2)	3(100)	0.244
Female	19(24.7)	38(29.1)	19(38.8)	0(0)	
<b>Age Group</b>					
≤35 years	38(49.4)	68(50.7)	30(61.2)	3(100)	0.197
>35 years	39(50.6)	66(49.3)	19(38.8)	0(0)	
<b>Marital Status</b>					
Married	62(80.5)	100(74.6)	33(67.3)	1(33.3)	0.140
Unmarried	15(19.5)	34(25.4)	16(32.7)	2(66.7)	
<b>Education</b>					
Uneducated	10(13)	15(11.2)	5(10.2)	0(0)	0.682
Middle	23(29.9)	35(26.1)	11(22.4)	0(0)	
Matric	18(23.4)	44(32.8)	13(26.5)	2(66.7)	
Intermediate	17(22.1)	26(19.4)	15(30.6)	0(0)	
Graduate or above	9(11.7)	14(10.4)	5(10.2)	1(33.3)	
<b>Employment Status</b>					
Unemployed	29(37.7)	37(27.6)	14(28.6)	2(66.7)	0.239
Employed	48(62.3)	97(72.4)	35(71.4)	1(33.3)	
<b>Ethnicity</b>					
Punjabi	5(6.5)	5(3.7)	0(0)	0(0)	0.531
Saraiki	42(54.5)	80(59.7)	32(65.3)	3(100)	
Urdu Speaking	4(5.2)	20(14.9)	6(12.2)	0(0)	
Pathan	11(14.3)	11(8.2)	3(6.1)	0(0)	

Baloch	13(16.9)	16(11.9)	7(14.3)	0(0)	
Other	2(2.6)	2(1.5)	1(2)	0(0)	
<b>Residence</b>					
Urban	56(72.7)	83(61.9)	33(67.3)	2(66.7)	0.461
Rural	21(27.3)	51(38.1)	16(32.7)	1(33.3)	
<b>Socio-economic status</b>					
Low	25(32.5)	36(26.9)	16(32.7)	0(0)	0.578
Middle	46(59.7)	80(59.7)	26(53.1)	3(100)	
Upper	6(7.8)	18(13.4)	7(14.3)	0(0)	

Table-8: Association of authority regarding health with demographic factors (n=263)

	Hospital's system of providing information n (%)			p-value
	Excellent	Above Average	Average	
<b>Gender</b>				
Male	59(78.7)	92(65.2)	35(74.5)	0.098
Female	16(21.3)	49(34.8)	12(25.5)	
<b>Age Group</b>				
≤35 years	30(40)	83(58.9)	26(55.3)	0.028*
>35 years	45(60)	58(41.1)	21(44.7)	
<b>Marital Status</b>				
Married	63(84)	97(68.8)	36(76.6)	0.048*
Unmarried	12(16)	44(31.2)	11(23.4)	
<b>Education</b>				
Uneducated	10(13.3)	17(12.1)	3(6.4)	0.295
Middle	23(30.7)	34(24.1)	12(25.5)	
Matric	21(28)	42(29.8)	14(29.8)	
Intermediate	19(25.3)	28(19.9)	11(23.4)	
Graduate or above	2(2.7)	20(14.2)	7(14.9)	
<b>Employment Status</b>				
Unemployed	19(25.3)	48(34)	15(31.9)	0.418
Employed	56(74.7)	93(66)	32(68.1)	
<b>Ethnicity</b>				
Punjabi	4(5.3)	5(3.5)	1(2.1)	0.787
Saraiki	43(57.3)	89(63.1)	25(53.2)	
Urdu Speaking	6(8)	17(12.1)	7(14.9)	
Pathan	6(8)	13(9.2)	6(12.8)	
Baloch	14(18.7)	15(10.6)	7(14.9)	
Other	2(2.7)	2(1.4)	1(2.1)	
<b>Residence</b>				
Urban	47(62.7)	99(70.2)	28(59.6)	0.308
Rural	28(37.3)	42(29.8)	19(40.4)	
<b>Socio-economic status</b>				
Low	18(24)	42(29.8)	17(36.2)	0.619
Middle	49(65.3)	82(58.2)	24(51.1)	
Upper	8(10.7)	17(12.1)	6(12.8)	



## Discussion

The main objective of this study was to determine the level of involvement of patients in clinical decision making, to assess the patients' satisfaction with healthcare services and their unmet needs.

Based on this survey results, a majority of respondents (66.2%) indicated that they believe they should be fully informed about their medical conditions. In terms of overall satisfaction with their doctors, a significant portion of respondents rated their doctors positively, with 23.2% considering them excellent, 48.7% above average, and 27% average. However, a small percentage (1.1%) rated their doctors as below average. Regarding communication, the majority (68.8%) reported that their doctors satisfactorily described their medical conditions, while 31.2% disagreed. Overall, a large majority (79.1%) of respondents expressed satisfaction with their doctors. Satisfaction with doctors' communication skills and expertise varied, with 22.4% very satisfied, 49.8% satisfied, 27% neither satisfied nor dissatisfied, and only 0.8% dissatisfied.

These findings suggest that overall positive perceptions of hospital facilities, ease of appointment scheduling, and satisfaction with doctors' communication and behavior. However, there are areas such as appointment wait times and fees where improvements may be necessary to enhance patient experience and satisfaction. The results of this study also show that majority of the participants were provided with care for their unmet needs.

The survey results provide insights into patients' experiences with healthcare providers and hospital systems. A significant majority of respondents (77.6%) reported feeling fully informed by both doctors and staff, indicating a positive trend in communication practices within the healthcare setting. Regarding the hospital's system of providing information, the majority of respondents (53.6%) rated it as above average, followed by 28.5% rating it as excellent and 17.9% as average, suggesting room for improvement in information dissemination.

The findings of this study showed that effective relationship of healthcare provider with patients is an important contributing factor of patient involvement in clinical decision making and better patient satisfaction with healthcare services. Furthermore, another study reported that patients, in their journey

through the healthcare system have the right to be treated respectfully and honestly, and where possible, be involved or engaged in their own healthcare decisions. Involvement in decisions emphasizes priority of sensitive care, or helps when conditions of care are such that two or more treatment options are medically justified. For patients' involvement, mutual communication between treatment team and the patient is necessary, so that information and knowledge could be shared between them, giving the patient a sense of control and responsibility, and thus involving the patient in care activities (mental or physical), to benefit and rehabilitate from this involvement and as a result of this patients' level of satisfaction with healthcare services is determined easily<sup>(9)</sup>.

## Conclusion

It was concluded that still many individuals were seen not to be involved in clinical process and not satisfied with their healthcare facilities and services because they have many unmet healthcare needs. But in the vast majority of cases care is provided and patient were seen much satisfied with care given to them. To conclude, better and best healthcare services, met needs of patient and their engagement in medical decision making play a crucial role in patient satisfaction and better outcomes. This also emphasized that look forward for health education awareness and need of strengthening primary health care.

## REFERENCES

- 1-<https://doi.org/10.1093/rheumatology/ken410>
- 2-Miller T, Reihlen M. Assessing the impact of patient-involvement healthcare strategies on patients, providers, and the healthcare system: a systematic review. *Patient Education and Counseling*. 2023 Feb 9:107652
- 3-Phillips NM, Street M, Haesler E. A systematic review of reliable and valid tools for the measurement of patient participation in healthcare. *BMJ quality & safety*. 2015 Sep 28.

- 4-Jerofke-Owen TA, Tobiano G, Eldh AC. Patient engagement, involvement, or participation—entrapping concepts in nurse-patient interactions: A critical discussion. *Nursing inquiry*. 2023 Jan;30(1):e12513
- 5-Escobar ER, Pathak S, Blanchard CM. Peer reviewed: screening and referral care delivery services and unmet health-related social needs: a systematic review. *Preventing Chronic Disease*. 2021
- 6-Kalánková D, Stolt M, Scott PA, Papastavrou E, Suhonen R, RANCARE COST Action CA15208. Unmet care needs of older people: A scoping review. *Nursing Ethics*. 2021 Mar;28(2):149-78.
- 7-Clignet F, Houtjes W, van Straten A, Cuijpers P, van Meijel B. Unmet care needs, care provision and patient satisfaction in patients with a late life depression: a cross-sectional study. *Aging & mental health*. 2019 Apr 3;23(4):491-7.
- 8-Kim W, Ju YJ, Lee SY. Satisfaction with local healthcare services and medical need among hypertensive patients: a nationwide study. *BMC Public Health*. 2024 Dec;24(1):1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3964421/>
- 10-Kaziunas E, Hanauer DA, Ackerman MS, Choi SW. Identifying unmet informational needs in the inpatient setting to increase patient and caregiver engagement in the context of pediatric hematopoietic stem cell transplantation. *Journal of the American Medical Informatics Association*. 2016 Jan 1;23(1):94-104.
- 11-Kaziunas E, Hanauer DA, Ackerman MS, Choi SW. Identifying unmet informational needs in the inpatient setting to increase patient and caregiver engagement in the context of pediatric hematopoietic stem cell transplantation. *Journal of the American Medical Informatics Association*. 2016 Jan 1;23(1):94-104.
- 12-Clignet F, Houtjes W, van Straten A, Cuijpers P, van Meijel B. Unmet care needs, care provision and patient satisfaction in patients with a late life depression: a cross-sectional study. *Aging & mental health*. 2019 Apr 3;23(4):491-7.

