International Journal of Health Sciences and Research
[Indexed, Peer-Reviewed Journal]
Volume 15; Issue: 10; October 2025
Website: www.ijhsr.org
Original Research Article *ISSN: 2249-9571*

Assessment of Satisfaction Levels Among Patient Attendants of In-Patients at a Tertiary Care Hospital in Northern India: A Cross-Sectional Study

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DOI: https://doi.org/10.52403/ijhsr.20251014

ABSTRACT

Background: Patient attendants play a crucial role in the healthcare delivery system, yet their satisfaction levels and challenges remain largely unexplored. This study aimed to assess the satisfaction levels of patient attendants regarding hospital facilities and care services.
Methods: A cross-sectional study was conducted at Tertiary Care Hospital, Bathinda, Punjab, involving 110 patient attendants selected through convenient sampling. Data were collected using a structured questionnaire covering demographic information, satisfaction with hospital facilities for attendants, and satisfaction with patient care services.
Results: The majority of respondents (70%) were male, with 39% aged 31-40 years. Most participants (62%) were from rural areas, and 89% were blood relatives of patients. High satisfaction rates were observed for pharmacy services (100%), security services (95%), payment services (95%), and cleanliness (92%). However, night stay facilities showed lower satisfaction (50%). Overall satisfaction with healthcare worker behavior was 89%.
Conclusion: While overall satisfaction levels were high, specific areas including night stay facilities, parking arrangements, and waiting areas require improvement to enhance the experience of patient attendants.

Keywords: Patient attendants, satisfaction assessment, tertiary care hospital, healthcare quality, family-centered care

INTRODUCTION

Hospital admission is one of the most distressing events for a patient and their family. At this critical time, patient attendants are the most needed additional physical, emotional, and psychological supports that help in recovery and the outcome of the patient [1]. These individuals frequently experience personal discomfort and deprivation in interacting with complicated hospital systems, handling medical communications, and advocating for their dependents [2].

While they form a critical part of the healthcare system, patient attendants experience insurmountable challenges, and their well-being has a direct correlation with their effectiveness in providing care to a patient. Available literature indicates that challenges faced by caregivers are

associated with issues of lodging, sanitation, communication barriers, economic burden, and non-availability of hospital facilities [3,4]. These difficulties impact the caregivers and can also affect patient healing and the patients' well-being in general.

Family centered care (FCC) is an increasingly recognized aspect of contemporary healthcare delivery and signifies the inclusion of family members as active partners in patient care as opposed to visitors to patient [5]. The move to this paradigm recognises and supports the belief that the happiness and well-being of patient attendants are inextricably linked to better patient experiences and health outcomes.

Previous research has mainly centred on patient satisfaction surveys and thus, it leaves a wide disparity in the understanding of the unique needs and obstacles of patient relatives in caring for sick patients, especially in developing countries, where family participation in patient care is rooted in culture [6,7]. This lack of knowledge is a barrier on the part of healthcare leaders to construct comprehensive policies and infrastructure developments that support the whole needs of patients and the ecosystem that surrounds them.

The current study was an attempt to address this vital gap by a detailed assessment of satisfaction of patient attendants in a tertiary care hospital in Northern part of India. Knowing these levels of satisfaction and recognizing points of dissatisfaction will enable hospital administrators to make necessary changes that will improve the hospital quality of life for everyone.

Study Objectives

The primary objective of this study was to assess the satisfaction levels of patient attendants of in-patients at a tertiary care hospital. The specific objectives included:

1. To evaluate the satisfaction levels of patient attendants regarding hospital facilities and amenities available to them
2. To assess attendant satisfaction with hospital care services provided to in-patients
3. To identify specific areas requiring improvement from the perspective of patient attendants

MATERIALS & METHODS

Study Design and Setting

This cross-sectional observational study was conducted at Tertiary Care Hospital, a tertiary care teaching hospital located in Bathinda, Punjab, India. The hospital serves as a major healthcare facility for the rural population of Bathinda district and surrounding areas, providing comprehensive medical services across multiple specialties.

Study Population and Sampling

The study population comprised patient attendants of in-patients across various wards of the hospital. A convenient sampling technique was employed to recruit participants. The sample size was calculated using Daniel's formula:

$n = Z^2pq/d^2$

Where p = 0.8 (expected satisfaction level based on previous literature), q = 0.2, and allowable error (d) = 0.08. This yielded a minimum sample size of 100, which was increased to 110 to account for potential non-responses.

Inclusion and Exclusion Criteria

Inclusion criteria:

- Patient attendants aged 18 years and above
- Attendants who had stayed minimum 24 hours with the patient
- One attendant per patient to avoid duplication
- Attendants from all general wards

Exclusion criteria:

- Attendants unwilling to participate
- Attendants of outpatient department, emergency, or intensive care unit patients
- Attendants who had stayed less than 24 hours

Data Collection

Data were collected through face-to-face interviews using a pre-designed, pilot-tested, structured questionnaire. The questionnaire comprised three sections:

1. **Demographic information:** Age, gender, education, residence, relationship with patient, occupation, income, and duration of hospital stay
2. **Satisfaction with attendant facilities:** Parking, seating, catering, sanitation, security, and accommodation facilities
3. **Satisfaction with patient care services:** Pharmacy, laboratory, medical, nursing, and support services

Satisfaction levels were measured using a three-point scale: Good, Average, and Poor. Verbal and written informed consent were obtained from all participants in their preferred language (English, Hindi, or Punjabi).

Ethical Considerations

The study protocol was approved by the Ethics Committee for Biomedical and Health Research at Adesh University, Bathinda, Punjab. Participant confidentiality was maintained throughout the study, and voluntary participation was ensured with the right to withdraw at any time

STATISTICAL ANALYSIS

Data were compiled and analyzed using Microsoft Excel. Results were summarized using frequencies, percentages, and proportions. Findings are presented through descriptive statistics with appropriate tables and figures.

RESULT

Demographic Characteristics

A total of 110 patient attendants participated in the study. The demographic profile revealed that 77 (70%) participants were male and 33 (30%) were female. Age distribution showed that 43 (39%) participants were aged 31-40 years, followed by 35 (32%) aged 41-50 years, 22 (20%) aged 18-30 years, and 10 (9%) above 50 years.

Regarding educational qualifications, 37 (34%) participants had completed secondary education, 32 (29%) were graduates, 23 (21%) had high school education, 10 (9%) were post-graduates, and 8 (7%) had primary education. The majority of participants, 68 (62%), resided in rural areas, while 42 (38%) were from urban areas.

Table 1: Demographic and Social Characteristics of Study Participants (n=110)

Characteristic	Categories	Frequency (n)	Percentage (%)
Age (years)	18-30	22	20
	31-40	43	39
	41-50	35	32
	Above 50	10	9
Gender	Male	77	70
	Female	33	30
Education	Primary	8	7
	High School	23	21
	Secondary	37	34
	Graduate	32	29
	Post-graduate	10	9
Residence	Rural	68	62
	Urban	42	38
Marital Status	Married	99	90
	Single	11	10
Relationship	Father	32	29
	Mother	30	27
	Brother	22	20
	Other relatives	10	9
	Sister	8	7

	Friend	5	5
	Non-relatives	3	3
Occupation	Farmer	30	27
	Housewife	20	18
	Daily labor	18	16
	Student	15	14
	Private employee	12	11
	Government employee	10	9
	Others	5	5
Monthly Income	< Rs 50,000	49	45
	Rs 50,000-100,000	39	35
	> Rs 100,000	22	20

Table 2: Hospital Stay and Administrative Characteristics (n=110)

Characteristic	Categories	Frequency (n)	Percentage (%)
Duration of Stay	< 5 days	79	72
	5-10 days	24	22
	> 10 days	7	6
Type of Admission	Re-admission	68	62
	New admission	42	38
Mode of Payment	UPI	45	41
	Cash	43	39
	Private Insurance	14	13
	Government Insurance	8	7
Patient Ward	Medical	18	16
	Surgical	17	15
	Orthopedics	14	13
	Pediatric	11	10
	Gynecology	9	8
	Respiratory	9	8
	Obstetric	8	7
	Ophthalmology	8	7
	Otorhinolaryngology	8	7
	Dermatology	5	5
	Psychiatry	3	3

The relationship analysis showed that 98 (89%) participants were blood relatives of patients. The majority of participants (90%) were married, and 45% had monthly incomes below Rs 50,000. Most patients (62%) were re-admissions, indicating familiarity with hospital services.

Satisfaction with Hospital Facilities for Attendants

Table 3: Satisfaction Levels with Hospital Facilities for Patient Attendants

Facility	Good n (%)	Average n (%)	Poor n (%)	Not Applicable n (%)
Parking facility*	67 (84)	5 (6)	8 (10)	30 (27)
Seating arrangements	96 (87)	13 (12)	1 (1)	-
Catering/Canteen	79 (72)	19 (17)	12 (11)	-
Drinking water	100 (91)	10 (9)	-	-
Toilet/Washroom	92 (84)	14 (13)	4 (4)	-
Bathing facility**	20 (63)	10 (31)	2 (6)	78 (71)
Laundry facility	-	-	-	110 (100)
Safety of belongings	90 (82)	19 (17)	1 (1)	-
Cleanliness	101 (92)	8 (7)	1 (1)	-
Lighting facility	96 (87)	10 (9)	4 (4)	-
Security service	104 (95)	6 (5)	-	-
Payment services	105 (95)	5 (5)	-	-
Night stay facility	55 (50)	10 (9)	45 (41)	-

***30 participants did not use personal vehicles **78 participants did not use hospital bathing facilities**

The results showed high satisfaction levels for most facilities. Security services achieved the highest satisfaction rate at 95%, followed by payment services (95%) and cleanliness (92%). However, night stay facilities showed the lowest satisfaction rate at 50%, with 41% rating it as poor. Parking facilities, among those who used them, showed 84% satisfaction. Notably, laundry facilities were not available for attendants, with all participants relying on home visits or personal arrangements.

Satisfaction with Patient Care Services

Table 4: Satisfaction Levels with Hospital Care Services for Patients

Service	Good n (%)	Average n (%)	Poor n (%)
Pharmacy services	110 (100)	-	-
Laboratory services	99 (90)	11 (10)	-
Consultants/Doctors care	99 (90)	11 (10)	-
Housekeeping services	99 (90)	11 (10)	-
Nursing services	96 (87)	14 (13)	-
Radiology services	94 (85)	16 (15)	-
Dietary services	88 (80)	16 (15)	6 (5)

Pharmacy services achieved universal satisfaction (100%), while laboratory services, medical care, and housekeeping services each received 90% satisfaction ratings. Dietary services showed the lowest satisfaction among patient care services at 80%, with 5% rating it as poor.

Healthcare Worker Interactions and Administrative Services

Table 5: Satisfaction with Healthcare Worker Behavior and Administrative Services

Parameter	Good n (%)	Average n (%)	Poor n (%)
Healthcare worker behavior	98 (89)	12 (11)	-
Waiting time (reception/admission)	92 (84)	18 (16)	-
Visiting time allowance	94 (85)	16 (15)	-
Cost of treatment	99 (90)	11 (10)	-
Lift facility	96 (87)	14 (13)	-
Stretcher/Wheelchair facility	96 (87)	14 (13)	-

Healthcare worker behavior received high satisfaction ratings (89%), as did the perceived reasonableness of treatment costs (90%). Administrative processes including waiting times and visiting policies showed satisfaction rates above 80%.

Transportation and Emergency Services

Table 6: Satisfaction with Transportation and Emergency Services

Service	Good n (%)	Average n (%)	Poor n (%)	Not Used n (%)
Ambulance/Transport services	16 (67)	8 (33)	-	86 (78)

Among the 24 participants who used ambulance services, 67% expressed satisfaction, while 33% rated the service as average. The majority (78%) did not require these services during their hospital stay.

DISCUSSION

This study provides comprehensive insights into the satisfaction levels of patient attendants at a tertiary care hospital in Northern India. The findings reveal generally high satisfaction rates across most hospital services and facilities, while simultaneously identifying specific areas requiring improvement.

Demographic Profile and Cultural Context

Our study group demographic profile is comparable with the typical Indian patient attendants. The overwhelming majority of attendants are males (70%), reflecting male-

oriented roles of family caregiving in the context of a rural community [8]. This agrees with other reports from the Indian subcontinent whereby males in the family traditionally take up responsibility for organization of health care decisions and logistics [9].

Most attendants (89%) being blood relations of the patient reflects the central role of family in an Indian state of illness. This family-medicine involvement model incurs distinctly to the westerns healthcare systems and provides the evidence for the necessity of building hospital infrastructure and policy that responds to the extended family to participate in patient care [10].

It is an education pattern-63% of the participants having secondary education or above – that describes a relatively literate population that would be able to understand and participate in healthcare decisions. Nevertheless, the high proportion of rural inhabitants (62%) and farmers (27%) calls for culturally sensitive communication methods and affordable healthcare provision [11].

High Satisfaction Areas

The 100% universal satisfaction for pharmacy service is an accomplishment for the hospital. This contrasts with studies from Nepal and Bangladesh which reported medicine availability and cost as the primary concern [12, 13]. The excellent pharmacy services reported here may reflect the private hospital's adequate drug stock and dispensing services.

Security and payment services both achieved 95% satisfaction rates, indicating effective implementation of safety protocols and user-friendly financial systems. The high satisfaction with digital payment options (41% used UPI) reflects the successful adoption of modern payment technologies in Indian healthcare settings [14].

The 92% satisfaction rate with cleanliness demonstrates the hospital's commitment to maintaining high hygiene standards, which is particularly crucial in the context of infection prevention and overall patient safety [15]. This finding is encouraging given that cleanliness concerns have been frequently reported in studies from government hospitals in the region [16].

Areas Requiring Improvement

Night stay facilities emerged as the most significant area of concern, with only 50% satisfaction and 41% rating it as poor. This finding highlights a critical gap in hospital infrastructure that directly impacts attendant well-being and, consequently, their ability to provide effective patient support. The inadequate night accommodation facilities force attendants to seek shelter on hospital premises or in nearby areas, often under suboptimal conditions [17].

The moderate satisfaction with catering services (72%) suggests opportunities for improvement in food quality, variety, and pricing. Given that attendants often spend extended periods in the hospital, access to nutritious and affordable meals is essential for maintaining their health and energy levels [18].

Parking facilities, while showing 84% satisfaction among users, were not utilized by 27% of participants who relied on public transportation. This finding indicates the need for both improved parking infrastructure and better accessibility through public transport connections [19].

Healthcare Service Quality

The high satisfaction rates with medical services, including doctor consultations (90%) and nursing care (87%), reflect the quality of clinical care provided by the hospital. These findings are consistent with previous studies from private healthcare institutions in India, which generally demonstrate superior patient and family satisfaction compared to government facilities [20,21].

The 85% satisfaction with radiology services, while good, suggests room for improvement in report delivery times and communication about procedures. Similarly, dietary services for patients (80%

satisfaction) could benefit from enhanced menu options and nutritional counselling [22].

Healthcare Worker Interactions

The 89% satisfaction with healthcare worker behavior indicates effective training and professional conduct among hospital staff. This finding is particularly significant given that respectful and empathetic interactions with attendants can significantly influence their overall hospital experience and stress levels [23].

The reasonable satisfaction with waiting times (84%) suggests efficient administrative processes, though opportunities exist for further streamlining admission and registration procedures. Extended waiting periods have been identified as major stressors for patient families in emergency and outpatient settings [24].

Comparison with Previous Studies

Our findings generally demonstrate higher satisfaction levels compared to studies conducted in government hospitals and other regional healthcare facilities. For instance, Sulehri et al. reported only 20% satisfaction with night stay facilities in Pakistan, compared to our 50% [25]. Similarly, Paudel's study in Nepal showed significantly lower satisfaction rates across multiple parameters [12].

These differences likely reflect the advantages of private healthcare institutions in terms of infrastructure, staffing, and resource availability. However, they also highlight the potential for improvement in government healthcare facilities across the region.

Implications for Hospital Administration

The study findings provide actionable insights for hospital administrators seeking to enhance the overall experience for patient attendants. Priority areas for improvement include:

Infrastructure development: Immediate attention should be given to expanding and improving night stay facilities for attendants, including comfortable seating, adequate lighting, and basic amenities.

Parking expansion: Given the increasing use of personal vehicles, expanding parking capacity and improving traffic management would enhance convenience for attendants.

Food service enhancement: Improving catering services through menu diversification, quality enhancement, and competitive pricing would benefit attendants during extended hospital stays.

Communication systems: Implementing formal communication protocols between healthcare providers and family members could further improve satisfaction and reduce anxiety levels.

Study Limitations

Several limitations should be considered when interpreting these findings. The study was conducted at a single private tertiary care hospital, which may limit the generalizability of results to other healthcare settings, particularly government institutions. The convenient sampling method may have introduced selection bias, and the cross-sectional design prevents assessment of satisfaction changes over time.

Additionally, the potential for social desirability bias exists, as participants may have provided favorable responses while their family members were still receiving care at the hospital. Future studies should consider longitudinal designs and multi-site approaches to enhance the robustness of findings.

CONCLUSION

This study reveals generally high satisfaction levels among patient attendants at the tertiary care hospital, with particular strengths in pharmacy services, security arrangements, and cleanliness maintenance.

However, significant opportunities for improvement exist, particularly in night stay accommodations, parking facilities, and catering services.

The findings underscore the importance of adopting a holistic approach to healthcare delivery that recognizes and addresses the needs of patient attendants as integral components of the care team. Healthcare administrators should prioritize infrastructure improvements and policy modifications that enhance the experience of attendants, ultimately contributing to better patient outcomes and family satisfaction.

Future research should focus on developing standardized assessment tools for attendant satisfaction and establishing benchmarks for healthcare institutions. Additionally, interventional studies examining the impact of specific improvements on attendant well-being and patient outcomes would provide valuable evidence for healthcare policy development.

The study contributes to the limited literature on patient attendant experiences in developing country healthcare settings and provides a foundation for evidence-based improvements in family-centered care delivery.

Declaration by Authors

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

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How to cite this article: Bejender Singh, Varun Mohan Malhotra, Deepinder Singh. assessment of satisfaction levels among patient attendants of in-patients at a tertiary care hospital in Northern India: a cross-sectional study. *Int J Health Sci Res.* 2025; 15(10):134-142. DOI: *https://doi.org/10.52403/ijhsr.20251014*

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