ISSN 2692-5877
DOI: *10.46998/IJCMCR.2025.54.001345*

International Journal of
Clinical Studies & Medical Case Reports

Research Article

Perception of Patients About General Physician-Patient Relationship Dynamics in social Security Hospital, Gujrat

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Received: July 18, 2025 Published: August 27, 2025

Abstract

Background: According to the WHO, patient-physician interaction is essential for optimal therapeutic outcomes (Honavar 2018). Physicians need clinical expertise and competence, but patients value verbal and non-verbal communication during consultations. Aligning healthcare delivery with patient expectations is now essential to quality primary care.

Objective: To properly assess the gap between patients' expectations and their actual experiences. To identify characteristics that contribute to poor interpersonal GP-patient dynamics through a baseline assessment.

Methodology: A cross-sectional survey was performed from March to June 2025 in the OPD of the Social Security Hospital in Gujrat. The research entailed data acquisition via Total patient details who visited the OPD during the last 6 months via their MR records. a survey formulated by final-year pharmacy undergraduates under the guidance of Dr. AQNA Malik, with institutional approval, gathering information from diabetes, cardiology, and gynaecology outpatient clinics, aided by hospital personnel. A self-administered questionnaire was designed, which was inspired by the Patient Picker Experience-15 (PPE-15) and the Good and Good Doctor survey. It was bifurcated into two segments. The Ist section included demographic data about patients, encompassing age, gender, and educational attainment. The 2nd section of 15 items was utilizing Likert-type replies. Patient experiences were assessed in outpatient department clinics.

Results: Among a Total number of patients who visited OPDs during the last 6 months highest number was found in the Medical and surgical wards. Among 105 selected patients, 53 (50.5%) were females and 52 (49.5%). Among the total, Male Participants were more strongly agree (26.47±17.77) than Females (24.13±14.14), and both gave nearly the same response, 7.867±6.5 (males) and 7.733±5.5. This indicated that while males strongly agreed with the questionnaire, accompanying females expressed less satisfaction regarding the GP patient bonding and understanding during outpatient department visits.

Conclusion: Men gave more positive responses to the survey theme, while women were more ambivalent and mildly and strongly disagreed to Perception of GP knowledge and practice, Availability of Resources, Medical care, and Emotional Support.

Keywords: Patient–physician relationship; General Physician; Patient Picker Experience-15

Background

Patient-physician relationship is a cornerstone for achieving optimal clinical outcomes, as mentioned by the WHO [1]. An in-depth examination of physician and patient traits in primary healthcare settings of Low-and Middle-Income Countries (LMICs) revealed that although clinical expertise and competence are essential attributes for physicians, patients often place higher importance on both verbal and non-verbal communication during consultations [2].

As a result, aligning healthcare delivery with patient expecta-

tions has emerged as a fundamental element of quality primary care [3].

In a study conducted in Karachi, Pakistan, one in six physicians reported being subjected to physical violence [4]. Due to unmet or unrealistic expectations and poor GP-Patient communication [5]. Additionally, structural inadequacies and a significant shortage of physicians have led to compromised primary healthcare quality, resulting in negative patient experiences that further deepen the disconnect between expectations and reality [6,7].

Despite the seriousness of the issue, there is a notable lack of research focusing on the underlying causes of public dissatisfaction with medical practitioners. This highlights a pressing need to investigate poor rapport-building and suboptimal healthcare practices that contribute to strained doctor-patient relationships [7]. Several studies emphasize the importance of understanding patients' expectations and comparing them with actual experiences to identify and improve areas most valued by patients [8,9].

Much of the existing literature on public expectations has been derived from settings outside of LMICs, particularly Pakistan. It may not accurately represent the cultural and systemic realities of our population. Furthermore, there is an urgent need to address the escalating issues of violence, misinformation, mistrust, and declining public confidence in physicians [10].

Objectives:

- To evaluate the disconnect between patient expectations and experiences
- To identify contributing factors to poor interpersonal GP-patient dynamics

AIM: This study aims to explore public expectations regarding physicians' roles and responsibilities, assess patient experiences, and identify the factors influencing both.

Methodology

A cross-sectional study was conducted from March to June 2025 in the outpatient departments (OPDs) of the Social Security Hospital, Gujrat. The total number of patients who visited the OPD in the last 6 months was provided by the hospital, which helped us to select sample size. The study involved data collection through a survey designed by final-year pharmacy undergraduates under the supervision of Dr AQNA Malik, with institutional consent, collected data from diabetic, cardiology, and gynaecology OPDs, assisted by hospital staff. A self-administered, bilingual (Urdu and English), two-page questionnaire, inspired by the Patient Picker Experience-15 (PPE-15) and Good Doctor survey, was designed. It was divided into two parts. Ist part comprised demographic information of patients, including age, gender, ethnicity, and educational status. 2nd part consisted of 15 questions modified from Patient Picker Experience-15 (PPE-15) and Good Doctor survey, and linked with Likert-type responses. Experiences of patients were evaluated in OPD clinics.

The short form of the Picker questionnaire, by Jenkinson et al. in 2002, was also consulted. 15 questions were grouped into 8 major areas: Perception of GP knowledge and practice (4 items), Availability of Resources (2 item), Emotional support (2 item), GP behaviour (3 items), and rest of all quires like Economical support, respect for the patient's preferences, physical comfort, Coordination of care consisted of item. A Likert scale 1 to 5 was chosen, ranging from strongly agree to strongly disagree, and strongly chosen. After the pilot study, the questionnaire was tested. Patients who have visited the OPD clinics of Social Security Hospital, Gujrat, from March to June 2025. Prior verbal consent was obtained, and patients were pre-informed about the purpose of the survey; it was ensured that their data would be kept secret. Among participants, only patients were included, and those who wanted to participate through their caregivers were not invited to complete the survey. Many participants initially agreed to fill out the form but later declined. As a result, 105 patients aged 25–50 years, of both genders, who were diabetic and had visited a medical specialist or a medical officer, were interviewed for the study. These patients also had done follow-up visits. Children and patients outside the hospital, or those with incomplete responses, were excluded. Ethical approval was obtained from the university's ethics committee. Data were compiled using Microsoft Excel 2023 and analysed via GraphPad Prism 10.0.2, finding Pearson Correlation, with significance set at $p < 0.05$.

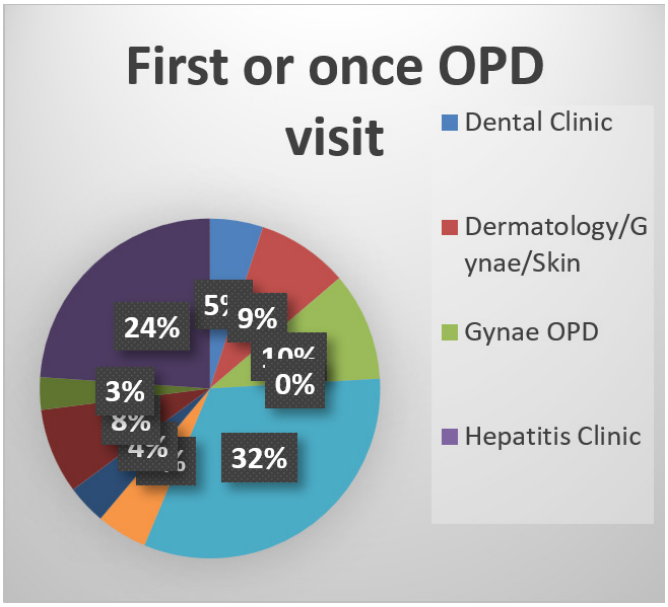

Figure 1: Total number of patients who visited OPDs during the last 6 months

Results

Total number of patients who visited OPDs during the last 6 months: The Medical Officer Clinic has the highest total visits (14,778), and according to hospital records, most patients were suffering from diabetes, indicating Medical Officer Clinic is the busiest. Surgery Clinic is the 2nd most visited (9,018), reflecting a high surgical case load. Hepatitis Clinic has the lowest engagement (2 visits), possibly indicating underutilization or limited appointment availability. Repeat visits/Follow up by patients are notably high in Medical Specialist Clinic (2,670 repeat visits, ~65% of total of mostly diabetics), Medical Officer Clinic (2,650 repeats, Diabetics patients), Suggesting on-going or chronic case management in these OPDs.

Demographic and educational status of participants: Nearly equal participation of both male and female diabetic participants was ensured. Among 105 participants, 53 (50.5%) were females and 52 (49.5%) were males **(Table 1)**.

Segmentation of the questionnaire:

15 questions were organized into 8 main queries, each with more queries **(Table 2)**.

Table 1: Demographic and educational status of participants.

Total Participants	*n* (%)	
Males	52(49.5%)	
Females	53(50.50%)	
Age (Avg)		
Males	40.6±8.2	
Females	36.8±8.8	
Educational Background	**Males**	**Females**
Masters	18	29
Bachelors	12	12
Intermediate	11	11
Matriculation	11	1
	52	**53**

Perception of GP knowledge and practice: The perception of GP knowledge and practice was analysed using Tukey's multiple comparisons test, revealing a significant p-value of <0.0001 for the third question. This significance was observed in the comparisons between Agreed vs Strongly Agreed, agreed vs. Uncertain, agreed vs. Disagreed, and Agreed vs. Strongly Disagreed. A similar level of correlation was observed in the 4th question, lower than that in the 3rd question.

Availability of Resources: Tukey's multiple comparisons test revealed significant p-values in Question #2: Agreed vs. Strongly Agreed (p = 0.0100), Strongly Agreed vs. Uncertain (p = 0.0100), Strongly Agreed vs. Disagreed (p = 0.0049), and

Table 2: Segmentation of the questionnaire nnnn.

		Strongly agreed	**Agreed**	**Uncertain**	**Disagreed**	**Strongly disagreed**	**P value**
1	**Perception of GP knowledge and practice**						
		Mean±SD					
	Doctors are good about explaining the reason for medical tests.	9±8.4	12.5±2.12	11.5±2.12	11	8.5±4.94	
	My Physician diagnosed me properly according to my symptoms	11±	7.5±0.7	11.5±4.94	8.5±2.12	14	
	I have easy access to the medical specialists of my need and choice	5±	30±1.41	0.5±0.7	0.5±0.7	7.5±6.3	<0.0001
	Sometimes I doubt the competence and eligibility of the OPD physicians	5±4.24	20±7.07	7.5±3.5	5	15±	
2	**Availability of Resources**						
	Everything is available for complete care in the OPD clinic	9.5±0.7	3	13.5±4.95	12.5±10.6	14	
	Medical staff often rush during treatment.	7.5±9.192	30	7.5±4.95	5±4.24	2.5±2.12	0.0100
3	**Emotional support**						
	I feel confident I can get care without a financial setback.	5±1.41	45±7.07	10±5.65	10±1.41	15	
	Everything is okay during examinations and treatment.	10	7.5±3.53	10.5±0.70	9.5±0.70	6.5±0.70	
4	**GP behaviour**						
	Physicians are too serious and don't care about patients	7.5±3.5	25±14.1	10	5	5	
	My OPD Physician treats me in a friendly and courteous manner	7.5±9.19	25±21.2	2.5±2.12	5±	12.5±10.6	
	Physicians don't bother what I say sometimes or often	4.5±6.36	30±7.07	5±1.41	7.5±3.5	5±1.41	0.0426
	Physical comfort						
	The medical care I receive in the Social Security hospital is just about perfect	4.5±6.36	12±1.41	10.5±6.36	11.5±2.1	9±4.9	
	Economical support						
	I must pay more than I can afford for medical care. In another Hospital	10±7.07	45±21.2	1	1	1	
	Respect for the patient's preferences						
	I have to wait too long for emergency treatment	5±2.82	30	5	5±2.8	8±3.5	
	Coordination of care						
	Physicians usually spend enough time listening to patient complaints	0.5±0.7	48	3±2.82	0.5±0.7	1±0.70	

Strongly Agreed vs. Strongly Disagreed (p = 0.0025).

Emotional support: 2-Way ANOVA was conducted, revealing a significant p-value of <0.0001 in responses to question #1 when comparing Strongly Agreed and Uncertain groups, Strongly Agree versus Disagree, and Strongly Agree versus Strongly Disagree.

GP behaviour: Tukey's multiple comparisons test indicated a marginal significance in the 3rd question of GP behaviour between the responses of Strongly Agreed and Uncertain, Strongly Agree versus Strongly Disagree.

Other parameters: A robust correlation was identified in the domains of Economic support and Coordination of care, with a significant p-value <0.0001 when comparing Strongly Agreed to Uncertain, Strongly Agreed to Disagreed, and Strongly Agreed to Strongly Disagreed. However, it was less evident in question 3 (Respect for the patient's preferences) and was absent in question 1 regarding physical comfort.

Responses from each participant to all the questions asked of patients

Regarding total responses by each participant in each question, **Table 3a**. showed all responses by each participant, male or female, against each question. RM analysis depicted a significant p-value of 0.0006 **(Table 3b)**.

Table 3(c) indicates patterns of consensus and divergence among Males and females linked to a Likert-scale survey.

Discussion

MR data suggested that general medical OPDs dominate patient flow, while specialty clinics like Hepatitis or Dental have comparatively lower repeat visits, indicating either resolution of issues in initial visits or fewer chronic cases. The repeat visit rate of patients (~15.9%) overall reflects a healthy follow-up system for chronic and referred patients. Diabetics were selected for the study to include participants from both genders who have close insight into OPD visits and GP behaviour. Male Participants were more strongly agree (26.47±17.77) than Females (24.13±14.14) because males are mostly employees of Social Security hospitals and claim health insurance benefits from the Social Security employee organization, so they were highly satisfied with services provided by General Physicians however SD values (Males: 17.77, Females: 14.4) demonstrated significant variability in responses, particularly among males similarly 95% confidence interval for males (16.63–36.31) compared to females (16.16–32.11) indicates a higher degree of variability in male responses.

Table 3a: Responses from each participant to all of the questions asked of patients.

Responses from each participant	Strongly Agreed		Agreed		Uncertain		Disagree		Strongly Disagree	
	Males/Females									
Doctors are good about explaining the reason for medical tests.	15	3	11	14	10	13	11	11	5	12
Everything is available for complete care in the OPD clinic	10	9	3	3	10	17	5	20	14	14
The medical care I receive in SC HOSPITAL is just about perfect	15	5	13	11	6	15	10	13	5	12
My Physician diagnosed me properly according to my symptoms	11	11	7	8	8	15	7	10	14	14
I feel confident I can get care without a financial setback.	6	4	50	40	1	1	1	1	0	1
Everything is OK during examinations and treatment.	10	10	10	5	10	11	9	10	15	15
I have to pay more than I can afford for medical care. In other Hosp	9	0	60	30	1	1	1	1	1	1
I have easy access to the medical specialists of my need and choice	5	5	40	38	0	1	1	0	12	3
I have to wait too long for emergency treatment.	1	0	48	48	1	5	0	1	0	1
Physicians are too serious and don't care about patients	5	10	15	35	10	10	5	5	5	5
My OPD Physician treats me in a friendly and courteous manner	14	1	40	10	1	4	5	5	20	5
Medical staff often rush during treatment.	14	1	30	30	4	11	2	8	1	4
Physicians don’t bother what I say sometimes or often	5	5	25	35	4	6	5	10	6	4
Sometimes I doubt the competence and eligibility of the OPD physicians	8	2	15	25	5	10	5	5	15	15
Physicians usually spend enough time listening to patient complaints	7	3	30	30	5	5	3	7	5	10

Table 3b: RM Way ANOVA analysis of total questions asked by patients.

RM Way ANOVA analysis	F	P value	P-value summary	Statistically significant (P < 0.05)?	R squared
	12	0.0006	***	Yes	0.46

Table 3c: Mean and SD of all responses from all participants in 15 questions.

	Strongly agreed		Agreed		Uncertain		Disagreed		Strongly disagree	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Mean±SD Dev.	9±4.259	4.6±3.776	26.47±17.77	24.13±14.4	5.067±3.78	8.333±5.4	4.667±3.43	7.133±5.4	7.867±6.5	7.733±50522
Std.Error of Mean	1.1	0.9749	4.588	3.717	0.9782	1.403	0.8873	1.41	1.684	1.426
Lower 95% CI of mean	6.641	2.509	16.63	16.16	2.969	5.324	2.764	4.108	4.254	4.675
Upper 95% CI of mean	11.36	6.691	36.31	32.11	7.165	11.34	6.57	10.16	11.48	10.79

Male Agreed Participants (9) exhibited a mean agreement nearly twice that of females, suggesting a more favourable overall stance than Females (4.6); however, Lower SD indicates greater consistency compared to the "Strongly agree" group. In case of Uncertain/Ambiguous Participants, Female participants (8.33) marginally surpassed males (5.07), indicating indecision, insufficient information, or ambivalence among female respondents. In case of Disagreed Participants Females (7.13) again exceeded Males (4.67), exhibiting a greater propensity for disagreement compared to males, though the disparity is moderate. However, the 95% CI remained broad, reflecting diverse individual responses in both groups. In case of Strongly Disagree Males (7.87), and Females (7.73), participants showed comparable mean scores, indicating that both genders exhibit similar degrees of strong disagreement.

Statistical Precision: The small standard errors indicated that the sample means are dependable within the specified confidence intervals.

Conclusion

Participant responses in the above questionnaire regarding GP behaviour and experience of patients in OPD settings indicated that male participants exhibited more polarized responses, characterized by higher levels of strong agreement and strong disagreement. In contrast, female participants demonstrate a more balanced distribution, marked by increased rates of uncertainty and moderate disagreement. A gender-based disparity was present in participants' perceptions or responses to the survey theme, with males exhibiting more affirmative responses and females displaying greater ambivalence and mild disagreement towards Perception of GP knowledge and practice, Availability of Resources, Medical care, and Emotional Support.

Limitations: Due to limited resources, only one hospital Social Security Hospital, was included in the survey. if additional resources are available, the poll might be extended to various hospitals, encompassing perceptions of other healthcare professionals as well.

Acknowledgement: We are highly thankful to Dr. Ashfaq ul Hassan(pharmacist), Social Security Hospital, Gujrat, for his cooperation.

Funding: The Project was non-funded.

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