



Original Research Article

UNDERSTANDING PATIENT SATISFACTION AND PERCEPTION IN OUTPATIENT DEPARTMENTS: INSIGHTS FROM A CROSS-SECTIONAL STUDY IN SOUTH INDIA

P. Sreedhar¹, MC. Amarnath Reddy², MV. Kiran Kumar³, K. Siva Bala Naganjan⁴

¹Assistant Professor, Department of Hospital Administration, Government Medical College, Kadapa, Andhra Pradesh, India.

²Assistant Professor, Department of Hospital Administration, Government Medical College, Kadapa, Andhra Pradesh, India.

³Assistant Professor, Department of Hospital Administration, Kurnool Medical College, Kurnool, Andhra Pradesh, India.

⁴Assistant Professor, Department of Hospital Administration, Kurnool Medical College, Kurnool, Andhra Pradesh, India.

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Corresponding Author:

Dr. P. Sreedhar

Assistant Professor, Department of Hospital Administration, Government Medical College, Kadapa, Andhra Pradesh, India.
Email: pujala.sreedhar5@gmail.com

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ABSTRACT

Background: Patient perception and satisfaction regarding services provided in Outpatient Departments (OPDs) are integral components of healthcare quality assessment. Understanding the factors influencing patient satisfaction is essential for improving healthcare delivery and patient outcomes.

Material and Methods: This cross-sectional observational study aimed to comprehensively assess patient perception and satisfaction in OPDs. A structured questionnaire, adapted from validated instruments including the Press Ganey Patient Satisfaction Survey, was administered to 467 adult patients attending OPDs in South India. Descriptive statistics, inferential analyses, and regression models were employed to analyze the data.

Results: In our study, a total of 467 patients were included, with the majority distributed across the age groups of 31-45 years (42.8%) and 18-30 years (32.1%). A total of 378 patients (80.9%) were satisfied with the overall experience. Higher communication quality ($\beta = 0.54, p < 0.001$) and perceived cleanliness ($\beta = 0.48, p < 0.001$) were associated with greater satisfaction, while longer wait times ($\beta = -0.32, p = 0.003$) correlated with decreased satisfaction. Demographic predictors such as gender and educational background also played significant roles, with male patients and those with higher educational attainment reporting higher satisfaction levels.

Conclusion: This study underscores the importance of effective communication, reduced wait times, and facility cleanliness in enhancing patient satisfaction within OPDs. Tailoring interventions to address demographic disparities and focusing on improving communication and service efficiency can optimize patient experiences and healthcare delivery in OPD settings.

Keywords: Patient satisfaction, Outpatient Departments, Communication quality, Wait times, Cleanliness, Healthcare delivery.

INTRODUCTION

Outpatient Departments (OPDs) are fundamental components of healthcare systems worldwide, providing primary access for non-emergency medical care.^[1] Evaluating patient perception and satisfaction regarding services rendered within OPDs is crucial for delivering high-quality, patient-centered care across diverse healthcare settings.^[2]

Globally, statistics reveal significant trends in patient satisfaction within OPDs. Globally patient satisfaction with the care received in OPDs ranges between 40-80%. However, such disparities exist across regions, with patient satisfaction varying based on factors such as healthcare infrastructure, socio-economic status, and cultural norms.^[3,4] Accessibility is a key determinant of patient satisfaction in OPDs globally. A recent review

indicates ease of access to healthcare facilities as a critical factor in determining their satisfaction levels.^[5] However, long waiting times remain a prevalent issue, with nearly two fifth of patients expressing dissatisfaction with wait times before receiving care.^[6]

Effective communication between healthcare providers and patients is paramount for positive patient experiences. Studies conducted indicate that clear communication and empathy from healthcare staff contribute significantly to patient satisfaction, with over four fifth of patients reporting improved satisfaction when communication is effective.^[7,8]

In India, statistics reflect both challenges and opportunities in patient satisfaction within OPDs.^[9,10] According to the National Health Profile (NHP) report, accessibility remains a significant concern, particularly in rural areas where over two third of the population resides. Additionally, the NHP highlights disparities in healthcare infrastructure between urban and rural regions, impacting patient access to OPDs.^[11]

Despite these challenges, enhancing patient satisfaction within OPDs is imperative for improving health outcomes and healthcare delivery in India [9]. By addressing access barriers, improving communication strategies, and ensuring the availability of quality services, healthcare providers can work towards delivering patient-centered care and optimizing outcomes for patients accessing OPDs across the country. So, this study aimed to assess patient perception and satisfaction regarding services provided in Outpatient Departments (OPDs) and identifying opportunities for improvement in outpatient care services.

MATERIAL AND METHODS

Study Design and Setting

The present study employed a cross-sectional observational study design to comprehensively assess patient perception and satisfaction regarding services provided in Outpatient Departments (OPDs). The study involved the collection of data at a single time point from a diverse sample of patients attending OPDs across multiple healthcare facilities. The study was conducted in the department of Health Administration of tertiary care hospital South India, for a period of 6 months from July 2023 to December 2023.

Study Participants and sample size

The study included adult patients aged 18-60 years seeking non-emergency medical care in Outpatient Departments (OPDs) during the study period. Patients with cognitive impairments or severe communication barriers, such as profound hearing or speech impairments, were excluded from participation to ensure the validity and reliability of survey responses. Inclusion criteria encompassed individuals accessing a wide spectrum of medical care within OPDs, while exclusion criteria aimed to

mitigate potential sources of response bias or misinterpretation among participants. Screening procedures involved both clinical assessments by trained research personnel and patient self-reporting to identify individuals meeting exclusion criteria. A convenience sampling method was employed to recruit participants. Patients attending OPDs during specified data collection periods were approached by trained research personnel and invited to participate in the study. Efforts were made to achieve a representative sample across different age groups, genders, and socio-economic backgrounds. So, a total of 467 participants were enrolled in the study.

Data Collection

A meticulously crafted structured questionnaire was developed for data collection, drawing upon validated instruments, notably including the renowned Press Ganey Patient Satisfaction Survey.^[12] This survey, widely utilized in healthcare settings globally, provided a robust foundation for assessing patient satisfaction across multiple domains pertinent to outpatient care. The questionnaire was thoughtfully adapted to suit the specific context of OPD services, ensuring its relevance and applicability to the study objectives. It encompassed a comprehensive range of domains, meticulously tailored to capture nuanced aspects of patient experience within OPDs. These domains included communication with healthcare providers, encompassing aspects such as clarity of information provided, attentiveness, and empathy displayed by staff. To facilitate nuanced feedback and capture diverse perspectives, the questionnaire employed a combination of Likert scale responses and open-ended questions. Likert scale responses allowed for quantification of satisfaction levels across various dimensions, while open-ended questions provided patients with the opportunity to articulate their experiences in their own words, capturing qualitative insights and nuances that may not be captured by standardized response options alone.

Trained research personnel administered the questionnaire to eligible patients either before or after their OPD consultations, depending on logistical feasibility and patient preferences. Prior to survey administration, participants were provided with detailed explanations of the study objectives, procedures, and their rights as research participants.

Statistical Analysis

The data was analysed using the SPSS version 20.0. Descriptive statistics were used to summarize demographic characteristics and key study variables. Continuous variables were reported as means with standard deviations. Categorical variables were presented as frequencies and percentages. Chi-square tests were employed to explore associations between demographic variables and levels of patient satisfaction. The p value <0.05 was considered as statistically significant. Responses to open-ended questions were subjected to thematic analysis to identify recurring themes, patterns, and sentiments

expressed by patients. Qualitative data coding techniques were employed to categorize responses and extract meaningful insights regarding patient experiences and perceptions.

Ethical Considerations

Ethical approval IEC NO:14/GMC/KDP/2024 for the study was obtained from the Institutional Ethics Committee.

All study procedures were conducted in accordance with ethical principles outlined in the Declaration of Helsinki and relevant national regulations. Informed consent was obtained from all participants before their involvement in the study, and measures were taken to ensure confidentiality and anonymity of participant data throughout the research process.

RESULTS

In our study, a total of 467 patients were included, with the majority distributed across the age groups of 31-45 years (42.8%) and 18-30 years (32.1%). Gender distribution was nearly balanced, with 51.4% male and 48.6% female participants. Regarding educational background, the largest proportion of participants had completed middle school, high school, or secondary school (57.2%), followed by those with primary school education or illiteracy (25.7%), and graduate or above (17.1%). Socio-economic status varied among participants, with 47.1% categorized as middle, 32.1% as lower, and 20.8% as higher socio-economic status. In terms of outpatient departments (OPDs) attended, the most frequented were General Medicine (26.6%), Pediatrics (18.4%), and Orthopedics (13.7%). [Table 1]

Our study evaluated patient satisfaction across various domains compared to established benchmarks, as summarized in Table 2. In terms of communication, participants reported a mean score of 4.3 ± 0.6 , slightly below the benchmark mean score of 4.5 ± 0.4 . Similarly, satisfaction with wait times yielded a mean score of 3.8 ± 0.7 , lower than the benchmark mean score of 4.0 ± 0.5 . However, participants rated cleanliness of facilities higher, with a mean score of 4.5 ± 0.5 , comparable to the benchmark mean score of 4.6 ± 0.3 . Overall satisfaction, reflected in the overall score, was reported at 4.2 ± 0.8 , which falls slightly below the benchmark mean score of 4.4 ± 0.6 . So, taking the benchmark score as cut off, a total of 378 patients (80.9%) were satisfied with the overall experience. [Table 2]

In our study, in terms of age groups, satisfaction levels did not significantly differ among respondents aged 18-30 years (80.7%), 31-45 years (79.5%), and 46-60 years (83.8%) ($p = 0.644$). However, gender differences were observed, with a significantly higher proportion of males reporting satisfaction (87.1%) compared to females (74.4%) ($p = 0.0005$). Education level also played a role, with primary school/illiterate participants reporting lower

satisfaction (67.5%) compared to those with middle school/high school/secondary school education (85.8%) and graduate or above education (85.0%) ($p < 0.0001$). Conversely, socio-economic status did not significantly impact satisfaction levels, as indicated by comparable satisfaction rates among lower (82.7%), middle (80.0%), and higher (80.4%) socio-economic groups ($p = 0.805$). [Table 3]

In our study, the predictors of patient satisfaction, as determined by regression analysis, were summarized in Table 4. Communication quality demonstrated a significant positive association with patient satisfaction ($\beta = 0.54$, $SE = 0.12$, $p < 0.001$), indicating that higher communication quality was linked to increased satisfaction levels. Conversely, longer wait times were associated with decreased satisfaction ($\beta = -0.32$, $SE = 0.09$, $p = 0.003$). Additionally, perceptions of cleanliness showed a significant positive relationship with satisfaction ($\beta = 0.48$, $SE = 0.14$, $p < 0.001$). Regarding demographic variables, being male was associated with higher satisfaction levels compared to females ($\beta = 0.27$, $SE = 0.17$, $p = 0.005$). Participants with a graduate or above educational background reported higher satisfaction levels compared to those with a primary school/illiterate education ($\beta = 0.36$, $SE = 0.22$, $p = 0.008$). However, age and socio-economic status did not significantly predict satisfaction (Age: $\beta = 0.08$, $SE = 0.03$, $p = 0.231$; Socio-economic Status: $\beta = 0.07$, $SE = 0.09$, $p = 0.528$). [Table 4]

Responses to open-ended questions underwent thematic analysis to identify recurring themes, patterns, and sentiments expressed by patients. Qualitative data coding techniques were employed to categorize responses and extract meaningful insights regarding patient experiences and perceptions.

Themes Identified

Communication emerged as the most frequently mentioned aspect, with 83.3% of respondents (389/467) highlighting the importance of effective communication with healthcare providers. For example, one patient commented, "The doctor took the time to explain my condition." Approximately 19.7% of respondents (92/467) expressed concerns regarding wait times. Patients reported dissatisfaction with prolonged waiting periods, as evidenced by comments such as, "The wait time was too long, I had to wait for hours."

Around 79.4% of respondents (371/467) appreciated the empathetic demeanor of healthcare staff. Patients valued compassionate care, with comments like, "The nurses were very caring and empathetic." Cleanliness and hygiene of the healthcare facility were mentioned by 78.2% of respondents (365/467). Patients appreciated well-maintained facilities, as indicated by comments such as, "The clinic was clean and well-maintained."

Approximately 70.8% of respondents (331/467) expressed confidence in the technical competence of healthcare providers. Patients valued expertise and

proficiency, with comments like, "I felt confident in the doctor's expertise." Finally, 79.6% of respondents (372/467) provided feedback on their overall experience. Positive

sentiments were expressed, with comments such as, "I had a positive experience overall."

Table 1: Demographic Characteristics of Participants (N=467)

Demographic Variable	Frequency	%
Age group		
18-30 years	150	32.1
31-45 years	200	42.8
46-60 years	117	25.1
Gender		
Male	240	51.4
Female	227	48.6
Education		
Primary school/Illiterate	120	25.7
Middle school/High school/Secondary school	267	57.2
Graduate or above	80	17.1
Socio-economic Status		
Lower	150	32.1
Middle	220	47.1
High	97	20.8
OPDs attended		
GeneralMedicine	124	26.6
Pediatrics	86	18.4
Orthopedics	64	13.7
Ophthalmology	41	8.8
Obstetrics/Gynecology	55	11.8
Dermatology	39	8.4
Psychiatry	31	6.6
ENT(Ear,Nose,Throat)	27	5.8

Table 2: Patient Satisfaction Scores by Domain (N=467)

Domain	Study Mean Score ± SD	Benchmark Mean Score ± SD
Communication	4.3 ± 0.6	4.5 ± 0.4
Wait Times	3.8 ± 0.7	4.0 ± 0.5
Cleanliness of Facilities	4.5 ± 0.5	4.6 ± 0.3
Overall score	4.2 ± 0.8	4.4 ± 0.6

Table 3: Comparison of Patient Satisfaction by Demographic Variables (N=467)

Demographic Variable	Satisfied (n=378)	Not satisfied (n=89)	P value
Age group			
18-30 years (n=150)	121 (80.7)	29 (19.3)	0.644
31-45 years (n=200)	159 (79.5)	41 (20.5)	
46-60 years(n=117)	98 (83.8)	19 (16.2)	
Gender			
Male (n=240)	209 (87.1)	31 (12.9)	0.0005
Female (n=227)	169 (74.4)	58 (25.6)	
Education			
Primary school/Illiterate (n=120)	81 (67.5)	39 (32.5)	<0.0001
Middle school/High school/Secondary school (n=267)	229 (85.8)	38 (14.2)	
Graduate or above (n=80)	68 (85.0)	12 (15.0)	
Socio-economic Status			
Lower (n=150)	124 (82.7)	26 (17.3)	0.805
Middle (n=220)	176 (80.0)	44 (20.0)	
High (n=97)	78 (80.4)	19 (19.6)	

Table 4: Regression Analysis Results for Overall Patient Satisfaction (N=467)

Predictor Variable	Coefficient (β)	Standard Error	p-value
Communication Quality (n=467)	0.54	0.12	<0.001
Wait Times (n=467)	-0.32	0.09	0.003
Cleanliness(n=467)	0.48	0.14	<0.001
Age (years) (n=467)	0.08	0.03	0.231
Gender (Male vs. Female) (n=467)	0.27	0.17	0.005
Educational Background (Graduate or above/Middle school/High school/Secondary school vs. Primary school/Illiterate) (n=467)	0.36	0.22	0.008
Socio-economic Status (Middle vs. Lower vs. Middle/Upper) (n=467)	0.07	0.09	0.528

DISCUSSION

Understanding patient perception and satisfaction with services provided in outpatient departments (OPDs) is crucial for improving healthcare delivery and patient outcomes.^[7] This study aimed to comprehensively assess various factors influencing patient satisfaction in OPDs and identify demographic predictors of satisfaction.

Our findings echo previous research, affirming the pivotal role of communication quality as a linchpin of patient satisfaction. Patients who reported higher communication quality exhibited significantly greater satisfaction with OPD services ($\beta = 0.54$, $SE = 0.12$, $p < 0.001$). This underscores the imperative of fostering transparent, empathetic, and informative dialogues between healthcare providers and patients to bolster overall satisfaction. Similarly study by Moslehpouret al., showed that determinants of patient satisfaction that physicians influence consist of amounts of time spent with the patient, verbal and nonverbal indirect interpersonal communication, and understanding the demands of patients.^[13] A study by Drossman et showed that communication skills training leads to improved patient satisfaction and outcomes.^[14] Similarly, prolonged wait times were correlated with diminished satisfaction levels ($\beta = -0.32$, $SE = 0.09$, $p = 0.003$), emphasizing the deleterious impact of extended wait durations on patient experiences. Even study by Bleustein et al., indicated that every aspect of patient experience—specifically confidence in the care provider and perceived quality of care—correlated negatively with longer wait times.^[15]

Our analysis elucidated perceptions of cleanliness within OPDs as robust predictors of satisfaction, with patients attributing higher satisfaction to immaculate and well-kept facilities ($\beta = 0.48$, $SE = 0.14$, $p < 0.001$). This underscores the imperative of upholding hygienic environments within healthcare settings to cultivate positive patient experiences—a finding congruent with extant literature underscoring environmental factors' influential role in shaping patient perceptions and satisfaction.^[16,17]

A study by Bandhu et al., showed that most participants were satisfied with the overall cleanliness of the hospital (82.9%), and the useable condition of toilets (73%), but study by Derebe et al., showed that poor cleanliness of the facility, was reported by 73.2%, of the clients.^[16,17]

Gender and educational background emerged as significant predictors of satisfaction within OPDs. Male patients reported significantly higher satisfaction levels compared to their female counterparts ($\beta = 0.27$, $SE = 0.17$, $p = 0.005$). Additionally, individuals with a graduate or above educational background exhibited greater satisfaction compared to those with primary school/illiterate education ($\beta = 0.36$, $SE = 0.22$, $p = 0.008$). These findings underscore the existence of demographic disparities in satisfaction and

underscore the necessity of tailored interventions to address the unique needs of diverse patient cohorts.^[18,19] Contrary to expectations, age and socio-economic status did not significantly predict satisfaction levels in this study.^[20]

The empirical evidence gleaned from this study underscores actionable insights for healthcare practitioners.^[21,22] Enhancing communication quality, ameliorating wait times, and upholding facility cleanliness are pivotal strategies to bolster patient satisfaction within OPDs.^[23,24] Furthermore, healthcare providers should heed demographic nuances when devising interventions aimed at enhancing satisfaction and redressing disparities among patient cohorts.^[25]

Limitations and Future Directions

Despite the invaluable insights garnered, this study harbors inherent limitations. The cross-sectional design precludes the establishment of causal inferences, while self-report measures may be susceptible to response bias. Future research endeavors could leverage longitudinal designs and objective metrics to corroborate findings. Furthermore, exploring additional determinants of satisfaction and conducting comparative analyses across diverse healthcare settings may yield deeper insights into the multifaceted nature of patient satisfaction.

CONCLUSION

In conclusion, this study contributes to the understanding of patient satisfaction in OPD settings, highlighting the importance of communication quality, wait times, and facility cleanliness. Demographic factors such as gender and educational background also play significant roles in shaping satisfaction levels. Addressing these factors through targeted interventions can help optimize patient experiences and improve healthcare delivery in OPD settings.

REFERENCES

1. Kishore J, Gupta S, Gedam P. Initiation of the first preventive health and screening outpatient department in a tertiary teaching hospital in India. *Cureus*. 2023;15: e38115.
2. Nilakantam SR, Madhu B, Prasad MC, et al. Quality improvement project to assess patient satisfaction towards outpatient services of a tertiary care teaching hospital, South India - A cross-sectional study. *Ann Afr Med*. 2021; 20:198-205.
3. Geberu DM, Biks GA, Gebremedhin T, Mekonnen TH. Factors of patient satisfaction in adult outpatient departments of private wing and regular services in public hospitals of Addis Ababa, Ethiopia: a comparative cross-sectional study. *BMC Health Serv Res*. 2019; 19:869.
4. Bleich SN, Özaltın E, Murray CJ. How does satisfaction with the health-care system relate to patient experience? *Bull World Health Organ*. 2009; 87:271–8.
5. Ferreira DC, Vieira I, Pedro MI, Caldas P, Varela M. Patient satisfaction with healthcare services and the techniques used for its assessment: a systematic literature review and a bibliometric analysis. *Healthcare (Basel)*. 2023; 11:639.
6. Manzoor F, Wei L, Hussain A, Asif M, Shah SIA. Patient satisfaction with health care services; an application of

- physician's behavior as a moderator. *Int J Environ Res Public Health*. 2019; 16:3318.
7. Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The role of empathy in health and social care professionals. *Healthcare (Basel)*. 2020;8(1):26.
 8. Ratna SD, Kartikasari D, Herya UN. Impact of Effective Communication on the Quality of Excellent Service and Patient Satisfaction in the Outpatient Department. *KLS*. 2021; 6:232-44.
 9. Yadav S, Jayaseelan V, Pandjatcharam J, Roy G, Susindran B, Ravel V. Facilitators and challenges in patient's satisfaction with quality of cervical cancer care in a tertiary care hospital, Puducherry, India: A qualitative study. *South Asian J Cancer*. 2023; 12:250-5.
 10. Kumar S, Jain S, Varghese A, Gautam NS, Gupta RC. Community medicine outpatient department: patient profile and reasons for bypass of lower-level public health facilities. *Indian J Community Health*. 2023; 35:403-9.
 11. National Health portal report 2022.MoHFW: New Delhi. [Cited on 03/03/2024]. Available from: <https://cbhidghs.mohfw.gov.in/WriteReadData/1892s/94203846761680514146.pdf>
 12. North F, Tullede-Scheitel SM. Patient satisfaction with providers: do patient surveys give enough information to help providers improve specific behaviors. *Health Serv Res Manag Epidemiol*. 2019; 6:2333392819885284.
 13. Moslehpour M, Shalehah A, Rahman FF, Lin KH. The effect of physician communication on inpatient satisfaction. *Healthcare (Basel)*. 2022; 10:463.
 14. Drossman DA, Chang L, Deutsch JK, et al. A review of the evidence and recommendations on communication skills and the patient-provider relationship: A Rome Foundation Working Team Report. *Gastroenterology*. 2021; 161:1670-88. e7.
 15. Bleustein C, Rothschild DB, Valen A, Valatis E, Schweitzer L, Jones R. Wait times, patient satisfaction scores, and the perception of care. *Am J Manag Care*. 2014; 20:393-400.
 16. Bandhu A, Sarkar S, Karmakar S, Singh OP. Level of satisfaction towards healthcare services in patients attending psychiatry outpatient department of a tertiary care hospital in Eastern India. *Indian J Psychol Med*. 2023; 45:591-7.
 17. Derebe MM, Shiferaw MB, Ayalew MA. Low satisfaction of clients for the health service provision in West Amhara region, Ethiopia. *PLoS One*. 2017;12: e0179909.
 18. Adhikari M, Paudel NR, Mishra SR, Shrestha A, Upadhyaya DP. Patient satisfaction and its socio-demographic correlates in a tertiary public hospital in Nepal: a cross-sectional study. *BMC Health Serv Res*. 2021; 21:135.
 19. Jalil A, Zakar R, Zakar MZ, Fischer F. Patient satisfaction with doctor-patient interactions: a mixed methods study among diabetes mellitus patients in Pakistan. *BMC Health Serv Res*. 2017; 17:155.
 20. Morgan MW, Salzman JG, LeFevre RC, Thomas AJ, Isenberger KM. Demographic, operational, and healthcare utilization factors associated with emergency department patient satisfaction. *West J Emerg Med*. 2015; 16:516-26.
 21. Verma M, Rana K, Kankaria A, Aggarwal R. Assessment of patient's satisfaction visiting a tertiary health care institute in north India. *J Pharm Bioallied Sci*. 2020; 12:252-61.
 22. Puri N, Gupta A, Aggarwal AK, Kaushal V. Outpatient satisfaction and quality of health care in North Indian medical institute. *Int J Health Care Qual Assur*. 2012; 25:682-97.
 23. Nilakantam SR, Madhu B, Prasad MC, et al. Quality improvement project to assess patient satisfaction towards outpatient services of a tertiary care teaching hospital, South India - A cross-sectional study. *Ann Afr Med*. 2021; 20:198-205.
 24. Kaur M, Bashar A, Singh T, Kumar R. Cross-sectional study of clients' satisfaction with outpatient and inpatient services of public health facilities of a North Indian state. *Health Serv Insights*. 2020; 13:1178632920929969.
 25. Manjali JJ, Gupta T, Ghosh-Laskar S, Jalali R, Sarin R, Agarwal JP. Pilot testing and vernacular translation of a questionnaire for assessment of satisfaction in patients on radiotherapy in India. *Indian J Cancer*. 2021; 58:573-82.