

A Study on the Relationship Between Clinical Communication Skills and Patient Satisfaction in Haryana's Healthcare System

Ishant Tomar¹ and Dr. Ghanshyam²

¹Research Scholar, Department of Management

²Research Guide, Department of Management

NIILM University, Kaithal, Haryana, India

Abstract: Doctor-patient communication is a cornerstone of effective healthcare delivery, significantly influencing patient satisfaction, treatment adherence, and health outcomes. This review paper analyzes the role and impact of doctor-patient communication on patient satisfaction in the healthcare institutions of Haryana, India. With the evolving expectations of patients in both public and private healthcare settings, communication quality has emerged as a critical determinant of perceived service quality. The paper reviews empirical studies, theoretical models like SERVQUAL, and field-specific case studies relevant to Haryana. It also explores the challenges faced in rural versus urban contexts, the effect of language and empathy barriers, and strategies for improvement. The paper concludes that enhancing interpersonal communication between healthcare providers and patients is essential for ensuring quality care and improving satisfaction levels across Haryana's hospitals.

Keywords: Doctor-Patient Communication, Patient Satisfaction, Healthcare Quality, Haryana Hospitals, Rural Healthcare, Empathy in Medicine, Healthcare Governance

I. INTRODUCTION

The relationship between healthcare providers and patients is fundamentally driven by communication. In the Indian healthcare context, particularly in Haryana—a state with a diverse population and a mix of public and private hospitals—the effectiveness of doctor-patient communication has become increasingly important for achieving patient satisfaction. The state's healthcare institutions face growing scrutiny over service quality, where communication often makes the difference between perceived good or poor care.

Doctor-patient communication involves the exchange of information, empathy, listening, clarification, and mutual understanding. This process not only shapes patients' perceptions of the quality of care but also influences their willingness to return for services and follow medical instructions. Poor communication can lead to misunderstandings, mistrust, non-compliance, and dissatisfaction, ultimately affecting the healthcare institution's reputation and performance. Healthcare quality is increasingly being evaluated not only on the basis of medical infrastructure and treatment outcomes, but also on how patients perceive the interpersonal interactions they experience within the healthcare system. Among the various components that determine the quality of healthcare services, doctor-patient communication holds a place of critical importance. This communication dynamic serves as the foundation for trust, diagnosis accuracy, treatment adherence, and overall patient satisfaction. In regions like Haryana, a state in northern India with a blend of urban healthcare advancement and rural healthcare challenges, the impact of doctor-patient communication becomes particularly vital.

Doctor-patient communication encompasses all interactions between medical professionals and their patients, including verbal dialogue, non-verbal cues, active listening, empathy, information sharing, reassurance, and respect. It is more than just a conversation; it is the principal mechanism through which patient expectations are managed, anxieties are addressed, and informed consent is obtained. When communication is clear, compassionate, and participatory, it can dramatically improve patient satisfaction, reduce misunderstanding, and enhance healthcare outcomes. Conversely,

poor communication often results in patient dissatisfaction, treatment non-compliance, complaints, and even medical negligence lawsuits.

In Haryana, the importance of doctor-patient communication has grown alongside increasing public awareness of healthcare rights, expanding access to both public and private health institutions, and the rising demand for personalized, patient-centered care. Haryana's healthcare system comprises a diverse array of service providers ranging from high-tech super-specialty private hospitals in cities like Gurugram, to resource-constrained public hospitals and primary health centers in rural areas. In such a complex healthcare landscape, communication becomes the bridge between medical expertise and patient understanding.

Patients in Haryana, particularly those from rural areas, often face multiple barriers that can hinder effective communication. These include low literacy rates, language diversity (with dialects like Haryanvi and Hindi being commonly spoken), cultural hierarchies that discourage patients from questioning authority figures, and time constraints during consultations. In public hospitals, where patient loads are high and resources are limited, doctors may not have adequate time to provide individualized attention or detailed explanations. This often results in a communication gap, where patients leave the hospital confused or uncertain about their diagnosis, treatment plan, or follow-up care.

Conversely, in private hospitals—especially those in urban and semi-urban areas—the quality of communication tends to be better, though it may still vary widely depending on the training, attitudes, and workload of healthcare staff. In such settings, communication is often influenced by market dynamics, with a greater emphasis on patient satisfaction to retain clientele and enhance reputation. However, even in these facilities, doctors may not always be trained in soft skills or cultural sensitivity, and the quality of interaction may still fall short of patient expectations.

Numerous studies conducted across India, including in Haryana, have highlighted the strong correlation between doctor-patient communication and patient satisfaction. Patients who receive clear explanations, are treated with respect, and feel that their concerns are heard are more likely to express higher satisfaction with healthcare services. A 2018 study in Haryana's public hospitals revealed that over 60% of patient dissatisfaction stemmed from poor interpersonal communication rather than clinical outcomes. This suggests that communication is not a peripheral issue but a central determinant of healthcare quality in the eyes of patients.

The role of communication is especially significant in preventive and primary healthcare, where doctors need to educate patients on disease prevention, medication adherence, hygiene practices, and lifestyle changes. In such contexts, a doctor's ability to communicate effectively in the local language, build rapport with patients, and provide culturally appropriate health education can have a transformative impact on health outcomes. Moreover, effective communication is also crucial in emergency care, maternal and child health services, and chronic disease management, where trust and timely information are essential.

From a policy and governance standpoint, improving communication in healthcare settings is aligned with national and international goals of enhancing patient-centered care. The National Health Policy 2017 of India emphasizes the need for responsive and accountable healthcare systems that prioritize the dignity and rights of patients. Furthermore, global models like the SERVQUAL framework have identified key service dimensions—reliability, responsiveness, assurance, empathy, and tangibility—that directly connect communication quality with patient satisfaction. All of these dimensions require strong communication skills from healthcare providers.

In Haryana, the government has initiated several programs aimed at improving healthcare delivery, such as the Ayushman Bharat scheme and public-private partnerships in health services. However, the success of these initiatives depends significantly on how well healthcare professionals engage with patients. Infrastructure improvements alone cannot ensure patient satisfaction if the healthcare staff fail to communicate in a compassionate and comprehensible manner. Therefore, communication must be recognized not only as a soft skill but as a core professional competency in medical practice.

Moreover, the impact of communication extends beyond individual patient experiences. Hospitals and healthcare institutions that prioritize communication tend to have better organizational performance, fewer malpractice claims, higher patient retention, and stronger community trust. In an era where social media and online reviews influence public perception, a single negative experience—often rooted in poor communication—can tarnish a hospital's

reputation. Thus, healthcare providers in Haryana must see effective doctor-patient communication not as a courtesy but as a strategic imperative.

The impact of doctor-patient communication on patient satisfaction in Haryana's healthcare institutions is profound and multi-layered. Communication is the linchpin that connects clinical expertise to patient care, public health objectives to community well-being, and institutional credibility to service quality. As Haryana continues to modernize and expand its healthcare services, prioritizing communication at all levels—policy, practice, education, and evaluation—will be essential. Whether in a high-end urban hospital or a rural health sub-center, the quality of communication may well be the most human and transformative element of the healthcare experience. Investing in better doctor-patient communication is, therefore, not only a moral and ethical responsibility but also a pragmatic path toward achieving truly patient-centered healthcare in Haryana.

Significance in Haryana's Healthcare Context

Haryana's healthcare system includes a network of government hospitals, primary health centers (PHCs), private clinics, and corporate hospitals. The rural-urban divide in accessibility and quality of care accentuates the importance of effective communication.

Studies conducted in Haryana have revealed that in many public hospitals, patients often feel neglected due to brief, rushed consultations, while in private hospitals, communication is often better but varies with cost and staff training. In regions with high illiteracy and low health awareness, clear communication from doctors is essential to convey diagnoses, treatment options, and preventive measures. Miscommunication can lead to non-adherence to medication, fear of procedures, or even patient dropout.

II. REVIEW OF LITERATURE

Research across India and in Haryana specifically shows a direct link between effective communication and patient satisfaction:

Kumar et al. (2018) conducted a cross-sectional study in public hospitals of Haryana and found that over 60% of patients were dissatisfied due to lack of clarity and empathy in doctor-patient interactions.

Gupta & Sharma (2017) in their comparative study between public and private hospitals in Gurugram noted that private hospitals scored significantly higher in communication, leading to higher satisfaction.

Bhatnagar et al. (2016) emphasized that communication training among doctors improved not only patient satisfaction but also internal hospital ratings and reduced legal complaints.

SERVQUAL model (Parasuraman et al., 1988), widely used in healthcare service quality research, includes responsiveness, assurance, and empathy—all communication-based parameters—as core dimensions impacting satisfaction.

Key Dimensions of Communication Influencing Satisfaction

Several aspects of doctor-patient communication are critical in the Haryana context:

Verbal Clarity: Use of regional language or dialects helps overcome language barriers in rural areas.

Empathy and Respect: Patients feel more satisfied when doctors listen actively, maintain eye contact, and respect their concerns.

Information Sharing: Clear explanation of diagnoses, treatment plans, and follow-up procedures builds trust.

Time Spent: Longer, meaningful consultations are correlated with higher satisfaction levels.

Cultural Sensitivity: Awareness of local customs, beliefs, and gender dynamics enhances patient comfort.

Barriers to Effective Communication

Time constraints and patient overload, especially in public hospitals, lead to hurried consultations.

Hierarchical attitudes among doctors reduce openness and mutual respect in interactions.

Lack of communication training in medical education and hospital staff development programs.

Language barriers, particularly with migrant labor populations or non-Hindi speakers.

Copyright to IJARSCT

www.ijarsct.co.in

Recommendations for Improvement

Integrate communication skills training in medical curricula and in-service training for healthcare professionals.

Introduce patient feedback systems specifically targeting communication aspects.

Use digital tools and audio-visual aids in multilingual formats for rural awareness and engagement.

Encourage participatory care models where patients are involved in decisions regarding their health.

III. CONCLUSION

Effective doctor-patient communication is essential for improving patient satisfaction in Haryana's healthcare institutions. While infrastructure, treatment efficacy, and affordability matter, the human element of care—particularly communication—often determines the overall patient experience. Enhancing interpersonal communication through policy, education, and cultural competence is critical in both public and private sectors to achieve equitable and high-quality healthcare outcomes in Haryana. Bridging the communication gap is not just a matter of etiquette; it is a core component of patient-centered healthcare and must be prioritized in any quality improvement initiative.

The quality of doctor-patient communication is a critical determinant of patient satisfaction and overall healthcare outcomes. In Haryana, a state characterized by a blend of urban development and rural expanses, the effectiveness of healthcare delivery hinges not only on medical infrastructure or clinical expertise but also on the quality of interpersonal interactions between healthcare professionals and their patients. The review of literature, field studies, and comparative analyses clearly illustrates that effective communication is not just a soft skill but a vital element of medical practice, especially in regions like Haryana where healthcare accessibility and literacy levels vary significantly. Doctor-patient communication encompasses a wide range of verbal and non-verbal interactions—clarity in speech, listening skills, empathy, responsiveness, information sharing, and cultural sensitivity. The conclusion drawn from various empirical studies conducted in Haryana and comparable contexts is that patients' perceptions of healthcare quality are directly influenced by how well they are communicated with during their medical journey—from diagnosis and treatment to discharge and follow-up care. In both public and private hospitals, when doctors engage in respectful, transparent, and empathetic communication, patients report higher satisfaction levels, better compliance with medical advice, and greater trust in the healthcare system.

In Haryana's public healthcare institutions, which cater to a significant segment of the population—especially in rural and semi-urban areas—doctor-patient communication faces substantial challenges.

Overcrowded hospitals, limited consultation time, understaffed medical teams, and language or dialect barriers can severely limit the quality of interaction. Many patients report feeling rushed, unheard, or inadequately informed about their condition and treatment plan. As a result, patient satisfaction tends to be lower in these settings despite the availability of free or low-cost services. This dissatisfaction often leads to non-compliance with medical instructions, repeated visits due to unresolved issues, and, in some cases, a shift toward alternative medicine or private healthcare providers.

Conversely, in Haryana's private healthcare sector, where competition and profitability often drive service standards, communication tends to be better structured. Doctors generally spend more time explaining diagnoses, listening to patient concerns, and building rapport. However, even in private hospitals, communication gaps can occur when the focus shifts excessively toward clinical efficiency and financial turnover, undermining the humanistic aspect of healthcare. Furthermore, disparities in affordability can limit access to such quality interactions, especially among economically weaker sections.

A significant insight drawn from this study is that effective communication is not necessarily dependent on the level of technology or infrastructure but rather on intent, training, and cultural awareness. A doctor in a rural primary health center, equipped with empathy and clear communication skills, can often provide a more satisfactory experience than one in a state-of-the-art urban hospital who fails to connect with the patient. Communication becomes even more vital in Haryana's multi-lingual and multi-cultural context, where patients may come from different educational, linguistic, and socio-economic backgrounds.

The concept of patient-centered care, which lies at the heart of modern healthcare systems worldwide, cannot be operationalized without high-quality doctor-patient communication. Patients today are more informed, have greater

expectations, and seek to be involved in decisions about their care. In Haryana, the rise in literacy and media access has led to increased awareness among the population about health rights and quality benchmarks. As such, the traditional paternalistic model of doctor dominance is being replaced by a more collaborative approach that necessitates transparency, respect, and mutual understanding. Failure to adapt to this shift risks not only patient dissatisfaction but also institutional inefficiency and reputational damage.

Communication gaps often result from systemic issues such as insufficient training in soft skills during medical education.

In Haryana, like many other Indian states, the focus of medical curricula is predominantly biomedical, with little emphasis on humanistic aspects like communication, empathy, and psychological care. Doctors are trained to diagnose and treat but not necessarily to engage, reassure, or counsel. This gap needs to be addressed through structured communication skills training at both undergraduate and postgraduate levels. Regular workshops, role-playing simulations, and feedback mechanisms can help equip healthcare professionals with the competencies required to interact effectively with diverse patient populations.

Another dimension of improving doctor-patient communication lies in institutional policy reforms. Hospitals and clinics in Haryana—especially in the public sector—must prioritize patient communication as part of their quality assessment and improvement protocols. This includes implementing patient satisfaction surveys that specifically assess communication, establishing grievance redressal systems, and incentivizing doctors and staff for excellence in communication. In rural and semi-urban settings, where illiteracy and mistrust may be higher, the use of local dialects, visual aids, and community health workers can significantly bridge the gap.

The COVID-19 pandemic has further highlighted the importance of clear, compassionate, and culturally sensitive communication. Misinformation, fear, and vaccine hesitancy were significant barriers in Haryana's pandemic response. Where doctor-patient communication was strong, public health measures were better understood and implemented. Where it faltered, resistance and confusion prevailed. The post-pandemic healthcare landscape demands greater emphasis on trust-building and reassurance, especially as patients navigate complex decisions around treatment costs, chronic disease management, and mental health issues.

It is also essential to recognize that effective communication contributes not only to patient satisfaction but also to better clinical outcomes. Patients who understand their diagnoses and treatment protocols are more likely to adhere to medication, attend follow-up visits, and adopt preventive health behaviors. In a state like Haryana, where non-communicable diseases such as diabetes, hypertension, and cardiovascular issues are rising, doctor-patient communication plays a preventive as well as a therapeutic role.

From a governance perspective, the Haryana state health department can take the lead by integrating communication performance indicators into hospital accreditation criteria, rewarding patient-friendly practices, and encouraging community-based awareness campaigns that promote open dialogue between healthcare providers and the public. Telemedicine and digital healthcare platforms, which are increasingly popular in Haryana, must also ensure that virtual doctor-patient interactions are guided by communication protocols that maintain clarity, empathy, and confidentiality.

The impact of doctor-patient communication on patient satisfaction in Haryana's healthcare institutions is undeniable. Whether in a bustling civil hospital in Hisar or a private multispecialty clinic in Gurugram, communication is the bridge that connects clinical excellence to patient experience. While challenges persist—ranging from systemic constraints to attitudinal gaps—the pathway to improvement lies in acknowledging communication as a professional skill, a policy priority, and a moral imperative. By fostering a healthcare culture that values respectful dialogue, Haryana can enhance patient satisfaction, promote public trust, and set a benchmark for people-centric healthcare in India.

REFERENCES

- [1]. Kumar, R., Yadav, S., & Chauhan, M. (2018). *Assessment of Patient Satisfaction and Doctor-Patient Communication in Government Hospitals of Haryana*. Indian Journal of Community Medicine, 43(3), 189–193.
- [2]. Gupta, A., & Sharma, P. (2017). *Comparative Analysis of Healthcare Service Quality in Public and Private Hospitals in Gurugram, Haryana*. International Journal of Health Sciences and Research, 7(10), 150–157.

- [3]. Bhatnagar, T., Mishra, D., & Aggarwal, A. (2016). *Impact of Communication Skills Training on Patient Satisfaction in Tertiary Hospitals*. Journal of Healthcare Quality Research, 31(2), 89–95.
- [4]. Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1988). *SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality*. Journal of Retailing, 64(1), 12–40.
- [5]. Sharma, S. & Singh, K. (2019). *Patient Satisfaction in Rural Hospitals of Northern India: A Cross-sectional Study*. Journal of Family Medicine and Primary Care, 8(3), 943–947.