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Original Research Article

Patient satisfaction with comprehensive cataract surgical services in southern India: a multi-centre cross-sectional study

Lijiraj Sundararaj[1], Pankaj Vishwakarma[1]*, Shobhana Chavan[1], S. G. Prem Kumar[1], Elizabeth Kurian[2]

[1]Department of Programme Impact and Learning, Mission for Vision, Chennai, Tamil Nadu, India
[2]Mission for Vision, Mumbai, Maharashtra, India

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***Correspondence:**
Pankaj Vishwakarma,
E-mail: pvishwakarma@missionforvision.org.in

ABSTRACT

Background: Patient satisfaction is an important tool for healthcare providers to monitor and improve the quality of care, yet there is limited information on patient satisfaction with cataract surgical services in India.
Methods: This cross-sectional study used a random sample from five not for profit eye hospitals in southern India. Patient satisfaction was assessed in three domains (i) provider communications, (ii) provider-patient interactions, and (iii) availability and accessibility. Data were collected using a structured questionnaire.
Results: A total of 322 patients provided interviews. The median ages were 62 and 59 years for males and females, respectively. The overall patient satisfaction was 96% (95% CI: 93.2-97.8%) but ranged from 79.2% for provider-patient interactions to 82.6% for provider communications. The self-rated patient satisfaction was 91.9% (95% CI: 88.4-94.7%). Female patients (62.1%, p=0.049) and those who travelled 50 km or less to reach base hospital (51.8%, p=0.026) were significantly more likely to report higher overall satisfaction. Similarly, female patients (62.5%, p=0.048) and those who opted to travel by vehicle provided by base hospital (69.9%, p=0.038) reported significantly higher self-rated satisfaction.
Conclusions: This study provides evidence supporting high levels of patient satisfaction with cataract surgical service provision in southern India. Female patients, those travelling for 50 km or less and availing free-of-cost transportation offered by base hospitals were more likely to report higher overall satisfaction. Employing staff that speaks the local language would enable better provider-patient communication and interactions leading to seamless service provision leaving patients more satisfied.

Keywords: Cataract, Eye health care services, India, Patient satisfaction

INTRODUCTION

India has achieved high cataract surgical coverage and currently, nearly 6.5 million cataract surgeries are performed every year with an average cataract surgical rate of more than 5,000 surgeries per million population per year.[1] Modern cataract surgery is effective in terms of postoperative increase in vision and safe with respect to the low incidence of surgical complications.[2-5] Evidence indicates that patient satisfaction (PS) after cataract surgery is generally high and these studies primarily focused on clinical or physiological outcomes such as the effectiveness of a treatment or improved visual outcome.[6-9] A general problem of satisfaction studies is the high number of satisfied patients, which accounts for the low sensitivity of measurement methods.[10] The quality of care can be perceived from both providers' and patients' perspectives and has three components: technical care, interpersonal relationship, and the availability of amenities.[11,12] Patients judge the quality of treatment

mostly by the characteristics of their interpersonal relationship with the practitioners since they lack the ability to evaluate technical and clinical care.[13] Evidence on PS with service delivery modalities such as quality of communications, intrapersonal interactions between patients and healthcare providers, waiting times, availability, cleanliness and comfort of facilities, and the level of support from healthcare providers has been negligible.

One of the main performance indicators of the quality of healthcare is PS, which is increasingly utilised to evaluate the effectiveness of healthcare institutions or interventions. It is, therefore, crucial to include observable metrics in patient quality assessments, such as waiting times, provider-patient interactions and communications, and availability, accessibility, and comfort of facilities, in order to deduce the true extent of satisfaction. Healthcare providers can benefit from measuring patients' needs, priorities, and preferences in relation to service delivery methods since it can point out areas for improvement and guide patient experience improvement initiatives. With this objective, this study aimed to gauge and identify the main predictors of patient satisfaction following cataract extraction amongst the southern Indian population.

METHODS

The study was conducted between May 2020 and October 2021. A multi-site, cross-sectional survey was carried out across five tertiary not-for-profit eye hospitals located in the southern Indian states of Tamil Nadu and Karnataka. In Tamil Nadu, participants were recruited from tertiary eye hospitals in Chennai, Coimbatore, and Krishnan Koil, while in Karnataka, participants were selected from hospitals in Bangalore and Shimoga. Ethical approval for the study was obtained from the institutional ethics committee.

Study design and setting

The study population comprised adults aged 18 years or above, who were operated on for first eye cataract surgery, with no obvious cognitive or auditory deficits, and who could understand at least one of the following four languages- Tamil, Kannada, Hindi, and English- were considered eligible for participation.

Sample size

Sample size calculations were based on a pre-test on 30 patients where 21 patients were found to be satisfied. We, therefore, have assumed that about 70% of patients discharged following successful cataract surgery would be satisfied, and with a statistical significance of 5% and 95% power, 323 patients would be required. This was increased to about 355 to account for a 10% loss-to-follow-up. The sample was proportionately distributed amongst the five hospitals based on the annual number of cataract surgeries done during the preceding financial year. A random sampling technique was adopted to sample all eligible participants.

Data collection

Figure 1 details the standard flow of patients through various stages of identification and referrals for cataract surgical services via the community outreach activity adopted by the participating base hospitals. The data collection included face-to-face interviews post-surgery at the residence of the participant within three to five days after the initial first eye cataract surgery. Standard research protocols were followed during data collection in accordance with the Helsinki Declaration.

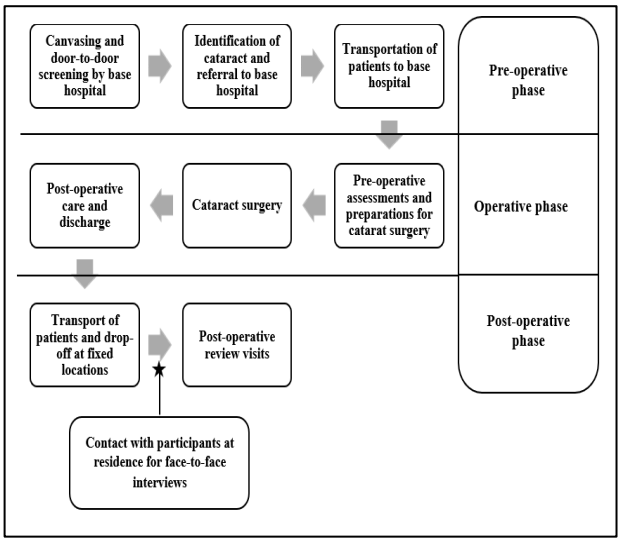

Figure 1: Schematics of process flow for identification and referral of patients for cataract surgical services as part of community eye health outreach followed by base hospitals in southern India.

A list of all the patients who were operated on and discharged at all the participating hospitals was obtained and was used to assess the eligibility for participation.

Inclusion criteria for the study comprised patients who had undergone first eye cataract surgery at the participating hospitals, were discharged during the study period, and were available for follow-up within three to five days post-surgery. Only those participants who provided written informed consent for participation were included in the study.

Exclusion criteria included patients who could not be contacted even after three attempts, those who refused to participate, and those who were not available for interview within the specified post-operative period. Patients who were unable to provide consent or complete the interview were also excluded from the study.

Once eligibility was fixed, patients were randomly selected based on a class interval and subsequent

preparations for face-to-face interviews were made. Prior intimation and appointment from the participant were taken for an interview telephonically. After contacting the participant and briefly explaining the study, written informed consent for participation was sought. If the participant agreed to participate, the interviewer then administered the study instrument on a one-to-one basis with no other person present other than the participant and interviewer. The interview took around 45 minutes, and the responses were recorded digitally using a tablet. All interviews were conducted by trained interviewers who were regularly observed by supervisors. If the participant refused to participate, a refusal form was used to record reasons for refusal. If the participant was not contacted even after three attempts, the reasons for the same were recorded in the listing sheet.

Measures

Socio-demographic and clinical parameters

An interview schedule was designed by the authors of this study that included socio-demographic characteristics of subjects including age, sex, education, occupation, place of residence, and current living arrangements. Details on pre-operative visual acuity, type of cataract, date of surgery, cataract in the fellow eye and eye selected for cataract surgery were extracted from the individual patient medical records available with the treating hospitals. Additionally, other access-related parameters like reasons for opting the hospital to undergo surgery, distance travelled and mode of transportation to reach hospital were also recorded.

Patient satisfaction

Through an extensive literature search, quality domains and items for quality assessment were ascertained to develop the study tool, which was adapted and further simplified. The questionnaire was adapted from the patient satisfaction questionnaire-short form (PSQ-18), which is a validated and reliable tool for assessing patient satisfaction with medical care.[14] The PSQ-18 was designed based on the Donabedian framework.[11] The adaptation process involved rephrasing some statements to reflect the local context, dropping items that were not applicable locally, and substituting such items with those that were locally relevant. All new additions were based on literature. The tool was pre-tested to validate the responses. The objectives of the pre-test were to check whether the respondents could understand the questions and respond to yield the desired information and to check the sequence in which the questions should be asked. The pre-test also informed the method used to enrol the patients. Based on the pre-test findings, the questionnaire and enrolment strategy were modified. Interviewers were trained in data collection tools and procedures before deployment.

The questionnaire consisted of 16 statements grouped into three domains of care: (i) provider communication (6 statements), (ii) provider-patient interactions (4 statements), (iii) availability and accessibility (6 statements). Statements under the provider communication domain solicited information from patients on whether healthcare providers provided adequate and patient-tailored information during both pre-and post-operative phases and adequately addressed patient concerns. Provider-patient interaction domain comprised statements seeking information on whether patients were treated with respect and empathy by providers, waiting time, patient privacy, and were adequately involved in decision-making. Statements under availability and accessibility domain solicited information on whether staff was readily available and accessible to patients and whether boarding, dining, toilets, clinical diagnostic services and functional medical equipment were also available and accessible.

Patients were asked to indicate their level of agreement with the statements on a five-point Likert scale: (1) Strongly disagree, (2) disagree, (3) not sure, (4) agree, and (5) strongly agree. Together, the 16 statements provided a composite measure of satisfaction which we call “overall patient satisfaction”. The questionnaire also contained one more question “overall, how satisfied are you with the services you have received?” with responses on a five-point Likert scale- very dissatisfied to very satisfied. The objective of this question was to solicit patients’ own subjective assessment of their eye healthcare-seeking experience, herein referred to as “self-rated satisfaction”.

Statistical analysis

Microsoft Office Excel 2013 and SPSS software (version 20.0, IBM SPSS Science Inc., Chicago, IL) were used for data analysis. Descriptive statistics are reported for relevant quantitative variables. Chi-square tests were conducted to assess the association between the three satisfaction domains with select sociodemographic and clinical characteristics variables. Overall patient satisfaction was calculated by summing up individual satisfaction scores across the three domains of care to get an overall score and then dividing this overall score by the total number of statements in the three domains. This calculation brought the overall scores back into the scale of 1 to 5. An overall mean score of more than 3 was treated as ‘satisfied’ while an overall mean score of 3 or less was treated as ‘dissatisfied’. This analysis was repeated for each domain to calculate domain-specific satisfaction. Overall patient satisfaction was dichotomized because very few patients were dissatisfied with the care they received and splitting it further would have scattered the data even more, making it unlikely to observe any association between satisfaction and predictor variables. Similarly, for self-rated satisfaction, responses options extremely dissatisfied, dissatisfied and neither satisfied nor dissatisfied constituted dissatisfaction, whereas extremely satisfied and satisfied formed satisfaction. 95% confidence interval (CI) were reported as appropriate. $P \leq 0.05$ was considered statistically significant for all the estimates.

RESULTS

A total of 355 adults were approached for which 322 (90.7%) adult participants consented to the study and completed both face-to-face interviews.

Socio-demographic characteristics

Table 1 describes the socio-demographics, clinical and access-related characteristics of the study population. Of the 322 participants, over 61% were female. The median ages were 62 (Range 38-80 years) for males and 59 years (Range 34-80 years) for females. Over two-thirds were currently married (67.7%) and about half were uneducated (51.2%). Most participants were unemployed or currently not working (59.9%), and a greater majority (87.9%) were living with their families.

Clinical and access-related characteristics

All participants had successful cataract surgery. A total of 57 (17.7%) were wearing spectacles prior to surgery. The grades of pre-operative VA in the eye selected for surgery are presented in Table 1.

Table 1: Participants' demographic, clinical and access-related characteristics following cataract surgery in southern India.

Variables	Categories	Total (%) n=322	Male (%) n=125	Female (%) n=197
Socio-demographics				
Age in years	<50	45 (14.0)	11 (8.8)	34 (17.3)
	51 to 70	261 (81.0)	107 (85.6)	154 (78.2)
	>70	16 (5.0)	7 (5.6)	9 (4.5)
Marital status	Never married	2 (0.6)	1 (0.8)	1 (0.5)
	Currently married	218 (67.7)	114 (91.2)	104 (52.8)
	Previously married	102 (31.7)	10 (8)	92 (46.7)
Education	Never been to school	165 (51.2)	45 (36)	120 (60.9)
	Primary (nursery to class 5)	75 (23.3)	32 (25.6)	43 (21.8)
	Secondary (class 6 to 12)	81 (25.2)	47 (37.6)	34 (17.3)
	College or more	1 (0.3)	1 (0.8)	0 (0)
Occupation	Employed	129 (40.1)	73 (58.4)	56 (28.4)
	Unemployed/not working	193 (59.9)	52 (41.6)	141 (71.6)
Living arrangement	Living with family	283 (87.9)	122 (97.6)	161 (81.7)
	Living with relatives/friends	6 (1.9)	1 (0.8)	5 (2.5)
	Living alone	33 (10.2)	2 (1.6)	31 (15.8)
Clinical and access-related characteristics				
Wearing spectacles prior to surgery	Yes	57 (17.7)	25 (20)	32 (16.2)
	No	265 (82.3)	100 (80)	165 (83.8)
Pre-operative visual acuity in the eye selected for surgery	Very good	4 (1.3)	0 (0)	4 (2.1)
	Good	17 (5.3)	9 (7.3)	8 (4.1)
	Borderline	89 (28.0)	24 (19.5)	65 (33.3)
	Poor	208 (65.4)	90 (73.2)	118 (60.5)
Suffered from poor vision (years)	1 year or less	249 (77.3)	100 (80)	149 (75.6)
	Greater than 1 year	73 (22.7)	25 (20)	48 (24.4)
First visit to the hospital	Yes	281 (87.3)	105 (84)	176 (89.3)
	No	41 (12.7)	20 (16)	21 (10.7)
Distance travelled from pick-up location to base hospital	50 km or less	164 (50.9)	63 (50.4)	101 (51.3)
	51-100 km	74 (23)	27 (21.6)	47 (23.9)
	>100 km	84 (26.1)	35 (28)	49 (24.9)
Mode of transportation to reach base hospital	Hospital vehicle	227 (70.5)	93 (74.4)	134 (68)
	Public transportation	19 (5.9)	7 (5.6)	12 (6.1)
	Own transportation	76 (23.6)	25 (20)	51 (25.9)
Transportation pick-up timing convenient	Yes	227 (70.5)	93 (74.4)	134 (68)
	No	95 (29.5)	32 (25.6)	63 (32)

Table 2: Patient satisfaction with cataract surgical services offered by tertiary not-for-profit eye hospitals in southern India.

Domain of care	Satisfaction with care	Combined 322 (%) (95% CI)	Facility 1 80 (%) (95% CI)	Facility 2 53 (%) (95% CI)	Facility 3 71 (%) (95% CI)	Facility 4 75 (%) (95% CI)	Facility 5 43 (%) (95% CI)
Provider communications (p=0.005)	Satisfied	266 (82.6)	57 (71.2)	49 (92.5)	56 (78.9)	68 (90.7)	36 (83.7)
	Dissatisfied	56 (17.4)	23 (28.8)	4 (7.5)	15 (21.1)	7 (9.3)	7 (16.3)
Provider-patient interactions (p=0.081)	Satisfied	255 (79.2)	55 (68.8)	43 (81.1)	59 (83.1)	60 (80)	38 (88.4)
	Dissatisfied	67 (20.8)	25 (31.2)	10 (18.9)	12 (16.9)	15 (20)	5 (11.6)
Availability and accessibility (p=0.268)	Satisfied	261 (81.1)	60 (75)	44 (83)	55 (77.5)	66 (88)	36 (83.7)
	Dissatisfied	61 (18.9)	20 (25)	9 (17)	16 (22.5)	9 (12)	7 (16.3)
Overall satisfaction (p=0.008)	Satisfied	309 (96) (93.2-97.8)	72 (90) (81.2-95.6)	50 (94.3) (84.3-98.8)	71 (100) * (94.9-100)	75 (100) * (95.2-100)	41 (95.3) (84.2-99.4)
	Dissatisfied	13 (4)	8 (10)	3 (5.7)	0 (0)	0 (0)	2 (4.7)
Self-rated satisfaction (p=0.49)	Satisfied	296 (91.9) (88.4-94.7)	70 (87.5) (78.2-93.8)	50 (94.3) (84.3-98.8)	65 (91.5) (82.5-96.8)	70 (93.3) (85.1-97.8)	41 (95.3) (84.2-99.4)
	Dissatisfied	26 (8.1)	10 (12.5)	3 (5.7)	6 (8.5)	5 (6.7)	2 (4.7)

CI is confidence interval. * One-sided CI. Facility 1 = Centre of Excellence (CoE), located in a major metropolis. Facility 2 = Centre of Excellence (CoE), located in a major metropolis. Facility 3 = Tertiary-level eye hospital, located in a tier-two city. Facility 4 = Secondary-level eye hospital, located in a tier-two city. Facility 5 = Secondary-level eye hospital, located in a tier-two city.

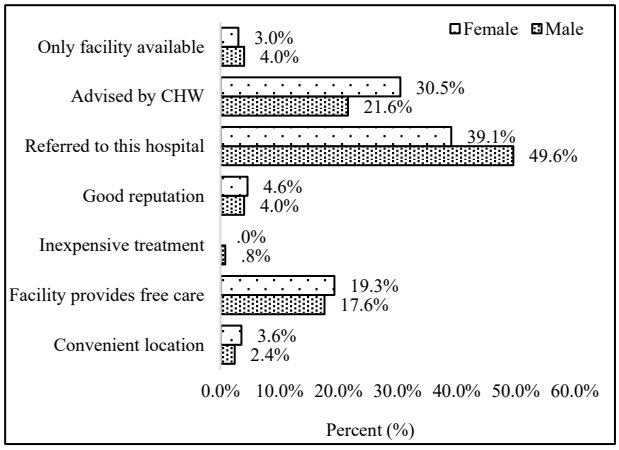

Figure 2: Reasons for selecting the base hospital for cataract surgery in southern India.

Before surgery, an overwhelming number of them had poor VA (65.4%), with males exhibiting a significantly higher proportion of poor vision as compared to female patients. Over three-quarters (77.3%) of patients had suffered from poor vision for a year or less, and for a greater majority of them, this was the first-ever visit to the base hospital. About half (50.9%) had to travel around 50 km or less to reach the hospital and majority (70.5%) availed the free transportation facility offered by the base hospital. 'Referred to this hospital from eye screening camp' (male: 49.6%; female: 39.1%) and advised by community health worker (male: 21.6%; female: 30.5%) were the two key reasons reported by both male and female patients for visiting the base hospital for cataract surgical services (Figure 2).

Patient satisfaction and attributes

Table 2, describes the level of patient satisfaction with cataract surgical services. The overall patient satisfaction was 96% (95% CI: 93.2-97.8%). Across specific domains, satisfaction for provider-patient interaction was 79.2%, provider communications were 82.6%, and availability and accessibility of services was 81.1%. The self-rated patient satisfaction was 91.9% (95% CI: 88.4-94.7%). Facility 2 had the highest proportion of patients reporting satisfaction with provider communications, while patients at facility 5 reported highest satisfaction for provider-patient interactions and facility 4 with regards to availability and accessibility of basic amenities and infrastructure. Comparatively, patients at facility 1 have consistently reported lowest levels of satisfaction across the three domains assessed.

Table 3 presents a Chi-square test was used to explore associations between overall and self-reported patient satisfaction and demographic characteristics of participants and clinical and other access-related variables. Female patients (62.1%, p=0.049) and those who travelled 50 km or less to reach base hospital (51.8%, p=0.026) were significantly more likely to report higher overall satisfaction. Similarly, female patients (62.5%, p=0.048) and those who opted to travel by vehicle provided by base hospital (69.9%, p=0.038) reported significantly higher self-rated satisfaction.

Table 3: Association between patient characteristics and overall patient satisfaction.

Variable	Categories	Total (%)	Overall satisfaction			Self-rated satisfaction		
			Satisfied n (%)	Dissatisfied n (%)	P value*	Satisfied n (%)	Dissatisfied n (%)	P value*
Age (years)	<50	45 (14.0)	44 (14.2)	1 (7.7)	0.739	43 (14.5)	2 (7.7)	0.588
	51 to 70	261 (81.0)	250 (80.9)	11 (84.6)		238 (80.4)	23 (88.5)	
	> 70	16 (5.0)	15 (4.9)	1 (7.7)		15 (5.1)	1 (3.8)	
Gender	Male	125 (38.8)	117 (37.9)	8 (61.5)	0.049	111 (37.5)	14 (53.8)	0.048
	Female	197 (61.2)	192 (62.1)	5 (38.5)		185 (62.5)	12 (46.2)	
Marital status	Never married	2 (0.6)	2 (0.6)	0 (0)	0.955	2 (0.7)	0 (0)	0.908
	Currently married	218 (67.7)	209 (67.6)	9 (69.2)		200 (67.6)	18 (69.2)	
	Previously married	102 (31.7)	98 (31.7)	4 (30.8)		94 (31.8)	8 (30.8)	
Education	Never been to school	165 (51.2)	156 (50.5)	9 (69.2)	0.506	148 (50)	17 (65.4)	0.504
	Primary (Class nursery to 5)	75 (23.3)	74 (23.9)	1 (7.7)		71 (24)	4 (15.4)	
	Secondary (Class 6 to 12)	81 (25.2)	78 (25.2)	3 (23.1)		76 (25.7)	5 (19.2)	
	College or more	1 (0.3)	1 (0.3)	0 (0)		1 (0.3)	0 (0)	
Occupation	Employed	129 (40.1)	122 (39.5)	7 (53.8)	0.226	117 (39.5)	12 (46.2)	0.322
	Unemployed/not working	193 (59.9)	187 (60.5)	6 (46.2)		179 (60.5)	14 (53.8)	
Suffer from poor vision (years)	1 year or less	249 (77.3)	239 (77.3)	10 (76.9)	0.597	229 (77.4)	20 (76.9)	0.562
	Greater than 1 year	73 (22.7)	70 (22.7)	3 (23.1)		67 (22.6)	6 (23.1)	
First visit to the hospital	Yes	281 (87.3)	269 (87.1)	12 (92.3)	0.489	256 (86.5)	25 (96.2)	0.128
	No	41 (12.7)	40 (12.9)	1 (7.7)		40 (13.5)	1 (3.8)	
Distance travelled	50 km or less	164 (50.9)	160 (51.8)	4 (30.8)	0.026	155 (52.4)	9 (34.6)	0.109
	51-100 km	74 (23)	67 (21.7)	7 (53.8)		64 (21.6)	10 (38.5)	
	>100 km	84 (26.1)	82 (26.5)	2 (15.4)		77 (26)	7 (26.9)	
Mode of transportation	Hospital vehicle	227 (70.5)	216 (69.9)	11 (84.6)	0.385	207 (69.9)	20 (76.9)	0.038
	Public transportation	19 (5.9)	18 (5.8)	1 (7.7)		16 (5.4)	3 (11.5)	
	Own transportation	76 (23.6)	75 (24.3)	1 (7.7)		73 (24.7)	3 (11.5)	

*Chi-square test of significance reported.

DISCUSSION

Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. This study assessed patient satisfaction in three domains of care (provider communication, provider-patient interactions, and availability and accessibility) and calculated an overall measure of patient satisfaction. This study also reported patient self-rated satisfaction with the services they received. Both overall patient satisfaction and self-rated satisfaction were high, suggesting that the quality of services in participating hospitals is very satisfactory. It is encouraging to note however, that our measured overall satisfaction was not different from patient self-rated satisfaction, giving confidence in the tool that we used to assess patient satisfaction objectively. Moreover, the satisfaction levels reported in our study were similar and comparable to previous studies.[6,9,15-21] Various studies looked at patient satisfaction on wide-ranging parameters that included visual outcomes and function, waiting time, provider interactions and follow-up services, satisfaction in public versus private hospitals, and sleep quality.[15-21]

The high levels of overall patient satisfaction found in our study could be attributed in part to the excellent quality of care provided by the partner base hospitals. Many patients noted that they received thorough information before and after the surgery, including post-operative precautions, implying that they felt knowledgeable and at ease with the care they received. Patients also mentioned that they felt that their healthcare professionals paid attention to their needs and concerns, which may have reduced anxiety and fostered a sense of confidence and trust in the healthcare system and were content with the facilities that were easily available and accessible. All the five base partner eye hospitals are long-standing, well-renowned, high-volume eye care centres providing quality eye care in the respective regions and operational zones. The organisation's core values and best practices enabled better patient-centric care and sustained emphasis on community engagement resulting in creating access for the

disadvantaged sections of the communities at no cost. Additionally, the quality of medical care and the attitudes of the healthcare providers may also have influenced patient satisfaction.

Female patients, those who had to travel 50 kilometres or less and those who commuted via vehicle arranged by partner base hospital to transport patients expressed higher levels of satisfaction. There is overwhelming evidence supporting gender disparities in accessing eye health care in India. Factors such as lack of accompanying male escort, or prioritisation of men's eye health needs were reported as common barriers faced by women in accessing basic eye care.[22-26] Ease and convenience of transportation or the perceived safety and reliability of the transportation provided by base partner hospitals would have influenced the satisfaction levels reported in this population.

Patients visiting facility 1, which is located in a major metropolis, have reported relatively lower satisfaction levels across the three domains assessed. This facility is a centre of excellence (CoE), and employs staff from various parts of the country who come here for training and employment. Compared to other hospitals that employ more local human resources, this hospital has a mix of staff from across the country that may have influenced patient communications and interactions, resulting in lower levels of satisfaction reported here. Employing staff that speak the local language would enable better provider-patient communication and interactions. Efforts to train staff in patient counselling and handling modalities would be needed to ensure seamless service provision leading to better quality of care leaving patients more satisfied. Moreover, the average distance travelled by patients to this hospital is around 116 kilometres, which is twice the distance travelled by patients at other hospitals assessed in this study, which could have influenced the satisfaction levels. Though a majority of the patients are transported at no cost to patients, efforts to reduce patient travel distance and time would be needed to ensure quality of care. Referrals of patients, particularly those with no ocular complications, to the nearby tertiary or secondary-level centres for the management of cataracts and post-operative follow-up visits would reduce patient travel fatigue leading to better service provision. The hospitals under study have good infrastructure, trained and professional staff. Third party assessment is done at the hospitals to review the status of services to patients at outreach activities like camps and at the base hospital. This is an important factor in delivering good quality care to patients.

The present findings need to be considered in light of the limitations of the study. First, the study design did not allow us to document the post-operative visual outcomes and hence the correlation and association between improved visual outcomes post-surgery and patient satisfaction were not possible. Second, all patients sampled in the study were given free-of-cost cataract surgical services may have influenced satisfaction levels.

CONCLUSION

This study provides evidence supporting high levels of patient satisfaction with cataract surgical service provision in southern India. Female patients, those travelling 50 kilometres or less and availing free-of-cost transportation offered by base hospitals were more likely to report higher overall satisfaction. Employing staff that speaks the local language would enable better provider-patient communication and interactions leading to seamless service provision leaving patients more satisfied.

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