Patient Satisfaction on the Utilization of Health Service in Bhaktapur Hospital, Nepal

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Abstract

Patient satisfaction is a critical indicator of healthcare quality, reflecting the extent to which services meet patients' expectations. This study aimed to evaluate patient satisfaction with health services at Bhaktapur Hospital, Nepal, to inform quality improvement initiatives and healthcare policy development. Using a cross-sectional design, data were collected from 120 in patients who met inclusion criteria through structured interviews. The study utilized a validated questionnaire, translated into Nepali and English, and analyzed the data using IBM SPSS version 20. Findings reveal high levels of satisfaction with safety, cleanliness, and interpersonal skills of staff, particularly in communication and treatment explanation, with a mean satisfaction score of 3.836 ± 0.468. Accessibility to emergency services, admission processes, and laboratory facilities also received favorable ratings (mean score 3.837 ± 0.439). However, dissatisfaction was noted in toilet services, drinking water facilities, and room service (mean score 3.4476 ± 0.587). Additionally, challenges in specialist availability and pharmacy services were highlighted. Socio-demographic factors such as educational and marital status significantly influenced satisfaction, with graduates and unmarried patients reporting higher dissatisfaction. These findings underscore the need for targeted interventions to address hygiene, basic amenities, and service delivery inconsistencies, particularly in room services and pharmacy access. Enhancing doctors' attentiveness and respect in patient interactions could further improve interpersonal satisfaction. Addressing these areas is critical for achieving a balanced, high-quality patient experience and advancing healthcare delivery at Bhaktapur Hospital, Nepal.

Keywords: Patient satisfaction, Healthcare quality, Interpersonal skills, Accessibility, Bhaktapur Hospital

Introduction

The Constitution of Nepal enshrines health as a fundamental right of every citizen, emphasizing the provision of basic health services free of cost and ensuring that no individual is deprived of emergency health services. It guarantees equal access to health services and the right to be informed about one's health treatment (Government of Nepal, 2072 BS). These constitutional provisions underscore the state's obligation to deliver equitable healthcare, thereby reinforcing the need to evaluate and enhance the quality of health services to meet citizens' expectations. Patient satisfaction, in this context, becomes an essential indicator for assessing the quality and effectiveness of healthcare systems.

The concept of patient satisfaction gained prominence in healthcare research during the late 1970s and early 1980s. Human satisfaction is a multifaceted construct influenced by lifestyle, past experiences, expectations, and societal norms (Gill & White, 2007). Over the years, patient satisfaction has evolved as a critical parameter for measuring the quality of services, especially in public health systems. In France, for example, patient satisfaction surveys have been

mandatory in hospitals since 1998, aimed at improving service quality and patient experiences (Gill & White, 2007). Similarly, in Nepal, assessing patient satisfaction within public hospitals such as Bhaktapur Hospital is crucial for identifying service delivery gaps and addressing the needs of diverse populations, particularly marginalized and vulnerable groups.

Healthcare systems in Nepal face numerous challenges, including the dual burden of communicable and non-communicable diseases, high infant and maternal mortality rates, and the need to manage health emergencies effectively. The government's health strategy emphasizes providing comprehensive, accessible, and affordable healthcare services, aligned with the public's expectations and needs (Government of Nepal, 2014/15). Patient satisfaction surveys have emerged as a valuable tool to measure healthcare quality, offering insights into patient perceptions and enabling providers to address systemic inefficiencies (Murante, 2017). Literature suggests that satisfied patients are more likely to adhere to medical regimens, maintain continuity of care, and exhibit loyalty to healthcare providers (Saultz & Lochner, 2005; Segal, 2009).

Dissatisfaction, conversely, can result in negative outcomes, including loss of trust, legal disputes, and adverse impacts on healthcare providers' reputations (Saultz & Lochner, 2005). By identifying factors contributing to patient satisfaction and dissatisfaction, healthcare institutions can implement targeted reforms to enhance service quality and patient safety (Quintana et al., 2006). Patient satisfaction surveys not only hold healthcare providers accountable but also promote continuous improvement and alignment with patient expectations. Furthermore, they serve as critical tools for policy-making and resource allocation, ultimately improving the overall efficiency and effectiveness of healthcare systems (Merkouris et al., 2004).

In the specific context of Bhaktapur Hospital, a public healthcare institution serving a diverse demographic, understanding patient satisfaction is particularly significant. Modern hospitals are expected to provide not only effective medical treatment but also a comfortable and supportive environment for patients. Studies highlight that multiple dimensions influence patient satisfaction, including technical quality, interpersonal communication, accessibility, affordability, and facility conditions (Kumari et al., 2009; Abramowitz et al., 1987). These factors underscore the complex interplay between patients' expectations and their actual healthcare experiences (Ware et al., 1983).

In essence, patient satisfaction is a fundamental metric for assessing healthcare quality and reflects the extent to which health services meet patients' expectations and needs. For Bhaktapur Hospital, evaluating patient satisfaction provides an opportunity to identify strengths and weaknesses, implement evidence-based improvements, and enhance the overall healthcare experience. This study aims to explore patient satisfaction with health services at Bhaktapur Hospital, contributing to the broader discourse on healthcare quality improvement and policy development in Nepal.

Literature Review

Patient satisfaction is a crucial indicator of healthcare quality, serving as a reflection of patients' experiences and expectations within a healthcare facility. In the context of patient satisfaction, the literatures can be analyzed through four central themes: satisfaction with room service, interpersonal skills of healthcare providers, accessibility, and hospital policies. These themes are fundamental in understanding the overall patient experience and identifying key areas for improvement.

Room service satisfaction is strongly influenced by the physical facilities and amenities available within the hospital. A study conducted at a tertiary cardiac center in Nepal revealed that 89.86% of patients expressed satisfaction with the hospital's physical facilities, emphasizing the importance of a comfortable and well-equipped environment for patients' recovery (Dhungana et al., 2023). The quality of room service plays a significant role in patient satisfaction, as it directly affects patients' comfort and overall recovery during their hospital stay (Subedi & Panta, 2023).

Interpersonal skills of healthcare providers, such as empathy, effective communication, and reassurance, are critical determinants of patient satisfaction. In one study, 93.36% of patients expressed satisfaction with the services provided by physicians and nurses, underscoring the importance of empathetic communication in healthcare settings (Dhungana et al., 2023). Additionally, a separate study indicated that positive interpersonal relationships between healthcare providers and patients were a key factor contributing to higher satisfaction levels (Bhatt et al., 2024).

Accessibility to healthcare services, which includes the ease with which patients can reach the facility and the availability of necessary services, is another vital factor influencing patient satisfaction. Research has shown that factors such as the time it takes to reach the healthcare facility and insurance enrollment status are significantly

associated with overall satisfaction levels (Bhatt et al., 2024). Ensuring easy access to healthcare services can significantly improve patient satisfaction, fostering continued utilization of services (Kalaja, 2023).

Hospital policies that prioritize patient-centered care and promote continuous improvement are essential for maintaining high levels of patient satisfaction. Feedback mechanisms and policy adjustments based on patient experiences have been shown to enhance healthcare outcomes (Subedi & Panta, 2023). Effective hospital policies should address the diverse needs of patients, taking into account demographic characteristics and patient expectations (Kalaja, 2023).

Research indicates that patient satisfaction levels vary across different dimensions. For instance, a study found that 39% of patients expressed general satisfaction, while 92% were satisfied with interpersonal interactions (Adhikari et al., 2021). This highlights the importance of staff-patient relationships in enhancing overall satisfaction. The socio-demographic factors play a crucial role in shaping patient satisfaction. Age, gender, and ethnicity were identified as significant correlates, with older patients reporting higher satisfaction levels (Adhikari et al., 2021). Additionally, educational status and occupation also influenced satisfaction, suggesting targeted interventions may be necessary to address disparities (Subedi & Panta, 2023).

The quality of health services directly impacts patient satisfaction. Studies emphasize the need for reliable, responsive, and empathetic care, with significant relationships found between these service dimensions and patient satisfaction levels (Nuraeni et al., 2019). Continuous improvement in service quality is essential for meeting patient expectations (Bhatt et al., 2024).

Despite the existing literature, there is a contrasting perspective that emphasizes the subjective nature of patient satisfaction, which can vary widely based on individual experiences and expectations. This variability suggests that a one-size-fits-all approach to improving satisfaction may not be effective, necessitating tailored strategies for different patient demographics and healthcare contexts.

Materials and Methods

The study was conducted at Bhaktapur District Hospital, targeting patients admitted to the inpatient department (IPD) who stayed for at least three days and were aged 16 years or older. A descriptive, cross-sectional design was employed, and a purposive sampling technique was used to select 120 respondents. The sample size was calculated using the infinite population correction formula ($Z^2 pq/d^2$), considering a prevalence of patient satisfaction (75.9%) reported in a study 2014 (Rajbanshi et al., 2014), with a 95% confidence interval and 8% allowable error. An additional 10% was added to account for non-response. Individual patients served as the study units, and data were collected through face-to-face interviews using a structured interview schedule. Only patients meeting the inclusion criteria, such as being aged 16 years or older, providing voluntary consent, and staying in the hospital for at least three overnight stays, were included, while critically ill patients, those under 16, and those with behavioral or terminal illnesses were excluded.

To ensure validity and reliability, the research objectives and tools were clearly defined, and a validated questionnaire developed through extensive literature review and expert consultation was used. The questionnaire was translated into Nepali and English and edited for consistency. Data coding and immediate edits followed data collection to facilitate accurate entry and analysis. The data were managed and analyzed using IBM SPSS version 20. This systematic approach ensured robust data collection and meaningful analysis of patient satisfaction regarding the utilization of health services at Bhaktapur Hospital.

Results

Socio-demographic Characteristics

The socio-demographic profile of the 120 respondents reveals that the majority (49.2%) were aged 20-39 years, with a mean age of 37.21 ± 17.814 years. Most participants were female (74.2%) and married (85.8%). In terms of education, 35.8% were illiterate, while 31.7% had attained secondary-level education (9-12 grades). Regarding occupation, 33.3% were engaged in service, followed by 23.3% in agriculture.

The majority of respondents belonged to nuclear families (51.7%) and were admitted primarily to maternity wards (40%). Ethnically, Newars constituted the largest group (39.2%), followed by Tamangs (25%). Hinduism was the dominant religion (71.5%), with 25.2% identifying as Buddhists.

Table 1: Socio-demographic Characteristics (n = 120)

Variables	No.	%
Age (in year)*		
<20	17	14.2
20-39	59	49.2
40-59	24	20.0
>60	20	16.7
Sex		
Male	31	25.8
Female	89	74.2
Marital status		
Unmarried	9	7.5
Married	103	85.8
Widow(er)	8	6.7
Education		
Illiterate	43	35.8
Literate	3	2.5
Primary (1-8)	28	23.3
Secondary (9-12)	38	31.7
Graduated	8	6.7
Occupation		
Agriculture	28	23.3
Business	14	11.7
Labor	14	11.7
Service	40	33.3
Foreign employment	15	12.5
others(specify)	9	7.5
Family type		
Nuclear	62	51.7
Joint	36	30
Extended	22	18.3
Admitted in which ward		
Medical Ward	43	35.8
Surgical Ward	29	24.2
Maternity Ward	48	40.0
Ethnicity		
Newar	47	39.2
Tamang	30	25
Brahmin	19	15.8
Chhetri	14	11.7
Gurung	1	0.8
Magar	1	0.8
Other(specify)	8	6.7
Religion		
Hindu	88	71.5
Buddhist	31	25.2
Christian	4	3.3

Mean ± SD = 37.21±17.814

Patients' Satisfaction with Room Services

The study has assessed patient satisfaction with room services, revealing both strengths and areas for improvement. Patients expressed high satisfaction with the cleanliness of hospital wards, safety, and comfort for rest, with over 45% satisfied in these categories. Safety and security received the most positive feedback, with 84.2% of patients rating it as very satisfied or satisfied. However, the cleanliness of beds and food service received mixed responses, with notable proportions of patients (25% and 21.7%, respectively) expressing dissatisfaction. These findings highlight moderate satisfaction with these aspects, indicating the need for focused efforts in hygiene and food quality.

On the other hand, toilet services and drinking water facilities were the most criticized areas, with dissatisfaction rates exceeding 40% for both. The overall mean satisfaction score of **3.44 ± 0.587** reflects an average level of satisfaction with room services, showing room for substantial improvement. Addressing these weaker areas, particularly toilet and drinking water services, could significantly enhance patient experiences and satisfaction at Bhaktapur Hospital, aligning service quality with patient expectations.

Table 2: Satisfaction with Room Services

Room Service	Very Satisfied	Satisfied	Fair	Unsatisfied	Very Unsatisfied
Cleanliness of hospital ward	26 (21.7%)	54 (45%)	30 (25%)	8 (6.7%)	2 (1.7%)
Cleanliness of bed	9 (7.5%)	52 (43.3%)	28 (23.3%)	25 (20.8%)	6 (5%)
Safety and security	45 (37.5%)	56 (46.7%)	16 (13.3)	1 (0.8%)	2 (1.7%)
Food service of hospital canteen	15 (12.5%)	42 (35%)	35 (29.2%)	26 (21.7%)	2 (1.7%)
Comfort for rest and sleep	25 (20.8%)	58 (48.3%)	25 (20.8%)	10 (8.3%)	2 (1.7%)
Toilet service	10 (8.3%)	42 (35%)	17 (14.2%)	23 (19.2%)	28 (23.3%)
Drinking water facility	15 (12.5%)	39 (32.5%)	12 (10%)	28 (23.3%)	26 (21.7%)

Mean ± SD = 3.44±0.587

Patients' Satisfaction with Interpersonal Skill

Table 3 reveals positive feedback from patients regarding communication and interactions with staff, though certain areas require improvement. Nursing staff received the highest praise, with 85% of patients reporting "very often" or "often" effective communication and feeling comfortable with their services. Most patients also appreciated that nurses answered their questions attentively, though a small percentage (2.5%) expressed dissatisfaction with comfort and pleasantness. Similarly, a significant majority (over 90%) felt that doctors often or very often explained treatment procedures clearly, showcasing strong communication skills. However, fewer patients felt adequately listened to, with nearly half rating it as "fair" and only 5.8% feeling fully heard. Furthermore, satisfaction with the time spent by doctors with patients was moderate, with 41.7% rating it "fair" and 17.5% feeling it was only "sometimes" adequate.

Table 3: Satisfaction with Interpersonal Skill

Characteristics	Very often	Often	Fair	Sometime	Never
Communication with nurse	70 (58.3%)	32 (26.7%)	14 (11.7%)	2 (1.7%)	2 (1.7%)
Nursing staff bother to answer your question	63 (52.5%)	42 (35%)	13 (10.8%)	1 (0.8%)	1 (0.8%)
Feel comfortable and pleasant from nursing service	51 (42.5%)	37 (30.8%)	28 (23.3%)	1 (0.8%)	3 (2.5%)
Doctors listen to you carefully	7 (5.8%)	38 (31.7%)	59 (49.2%)	16 (13.3%)	0 (0%)
Doctors explain you what they are going to do for treatment	64 (53.3%)	46 (38.3%)	8 (6.7%)	1 (0.8%)	1 (0.8%)
Satisfied with Doctor's advice	18 (15%)	49 (40.8%)	43 (35.8%)	10 (8.3%)	0 (0%)
Doctors give you adequate Time	9 (7.5%)	40 (33.3%)	50 (41.7%)	21 (17.5%)	0 (0%)
Other staffs treat you with respect	5 (4.2%)	44 (36.7%)	46 (38.3%)	17 (14.2%)	8 (6.7%)

Mean ± SD= 3.836±0.468

Interactions with other hospital staff showed mixed results, with 36.7% often and 38.3% fair responses regarding respectful treatment, but a notable 6.7% felt they were never treated respectfully. The overall mean satisfaction score of **3.836 ± 0.468** suggests that patients are generally satisfied with interpersonal skills, particularly in communication

and clarity of care. However, improvements in doctors' attentiveness, adequate consultation time, and respectful interactions with other staff could significantly enhance the overall patient experience.

Patients' Satisfactions with Accessibility

Patients reported ease in accessing treatment through OPD/Emergency services, with 77.2% rating it as very easy or easy, and the admission process was similarly praised by 87.5%. Access to beds and laboratory services received the highest satisfaction, with 75.8% rating them as very easy and no major difficulties reported. However, the availability of specialists was a significant concern, as 53.4% of patients found it difficult or very difficult, and only 4.2% rated it as very easy. Drug availability in the hospital pharmacy also presented challenges, with 61.7% expressing dissatisfaction due to difficulties in obtaining necessary medications.

Table 4: Satisfactions with Accessibility (n=120)

Characteristics	Very Easy	Easy	Somehow Easy	Difficult	Very Difficult
Easy for getting treatment in OPD/emergency	50 (41.7%)	42 (35.5%)	17 (14.2%)	9 (7.5%)	2 (1.7%)
Easy for admission	77 (64.2%)	28 (23.3%)	9 (7.5%)	3 (2.5%)	3 (2.5%)
Easy for getting bed	91 (75.8%)	25 (20.8%)	2 (1.7%)	2 (1.7%)	0 (0%)
Easy for availability specialist	5 (4.2%)	28 (23.3%)	23 (19.2%)	50 (41.7%)	14 (11.7%)
Drugs in Pharmacy are available	10 (8.3%)	22 (18.3%)	14 (11.7%)	30 (25%)	44 (36.7%)
Overall quality service	14 (11.7%)	57 (47.5%)	44 (36.7%)	4 (3.3%)	1 (0.8%)
Easy access lab facility/service	91 (75.8%)	21 (17.5%)	5 (4.2%)	3 (2.5%)	0 (0%)
Refer your family	42 (35%)	62 (51.7%)	6 (5%)	8 (6.7%)	2 (1.7%)

Mean ± SD = 3.837 ± 0.439

Despite these challenges, the overall quality of service was positively rated by 59.2% of patients, and 86.7% indicated they would recommend the hospital to their family based on accessibility. The mean satisfaction score of **3.837 ± 0.439** reflects a favorable perception of accessibility overall. Addressing key issues such as specialist availability and drug accessibility in the pharmacy could significantly enhance patient experiences and strengthen the hospital's reputation for accessibility.

Patients' Satisfaction with Hospital Policy

Table 5 provides insights into satisfaction levels with four aspects of hospital policy: hospital system, admission/discharge, visiting hours, and payment system based on responses from 120 individuals. Among these, the visiting hours and hospital system received the highest proportion of "Good" ratings, at 66.7% and 55.8%, respectively, reflecting overall satisfaction in these areas. The payment system stood out for having the highest percentage of "Very Good" ratings (23.3%) but also showed relatively higher dissatisfaction with 3.3% rating it as "Poor" and 1.7% as "Very Poor." Admission/discharge processes also exhibited a notable share of dissatisfaction, with 3.3% rating it as "Poor" and 0.8% as "Very Poor," highlighting room for improvement in this area. The consistency of responses is evident from the mean score of 3.86 ± 0.396, suggesting satisfaction levels hover between "Good" and "Very Good" across all aspects.

Table 5: Satisfaction with Hospital Policy (N=120)

Characteristics	Very Good	Good	Fair	Poor	Very Poor
Hospital system	17 (14.2%)	67 (55.8%)	35 (29.2%)	1 (0.8%)	0 (0%)
Admission/discharge	9 (7.5%)	76 (63.3%)	30 (25%)	4 (3.3%)	1 (0.8%)
Visiting Hour	20 (16.7%)	80 (66.7%)	15 (12.5%)	5 (4.2%)	0 (0%)
Payment system	28 (23.3%)	62 (51.7%)	24 (20%)	4 (3.3%)	2 (1.7%)

Mean ± SD = 3.86 ± 0.396

To improve overall satisfaction, targeted interventions are recommended for areas receiving "Fair" or lower ratings. The hospital system and admission/discharge processes could benefit from streamlined operations and feedback mechanisms to address specific concerns. Similarly, simplifying and enhancing transparency in the payment system may mitigate dissatisfaction and improve perceptions. The high satisfaction with visiting hours should be maintained, with minor adjustments to address concerns from a small percentage of respondents. Overall, while satisfaction levels are favorable, focused improvements in key areas could enhance the patient experience and ensure more consistent satisfaction across all dimensions.

Descriptive Statistics of Overall Patients' Satisfaction

The descriptive statistics in Table 6 provide an overview of patients' satisfaction across four key characteristics: hospital policy, accessibility, interpersonal skills, and room service. Among these, hospital policy has the highest

mean satisfaction score of 3.8604, with a relatively low standard deviation of 0.39667, indicating consistent and high satisfaction levels among patients. Accessibility and interpersonal skills follow closely with mean scores of 3.8375 and 3.8365, respectively, suggesting that patients are generally satisfied with these aspects, though their slightly higher standard deviations (0.43921 and 0.46849) indicate a slightly greater variability in responses.

Room service, with a mean score of 3.4476, shows the lowest satisfaction level among the four characteristics. Additionally, it exhibits the highest standard deviation (0.58739), suggesting more variability in patient experiences, with some respondents rating it poorly (minimum score of 1.71). This wide range indicates significant disparities in how room service is perceived, possibly pointing to inconsistencies in service quality. Overall, while satisfaction is generally favorable for hospital policy, accessibility, and interpersonal skills, room service stands out as an area requiring improvement to align with the higher satisfaction levels observed in other areas.

Table 6: Descriptive Statistics of Overall Patients' Satisfaction

Characteristics	Minimum	Maximum	Mean	Std. Deviation
Hospital policy	2.75	4.75	3.8604	.39667
Accessibility	2.63	4.88	3.8375	.43921
Satisfaction interpersonal skill	2.63	5.00	3.8365	.46849
Satisfaction room service	1.71	4.86	3.4476	.58739

Association between Socio-demographic Characteristics and Patient Satisfaction

The association between socio-demographic variables and patient satisfaction reveals significant links with educational and marital status. Illiterate patients reported the highest satisfaction (100%), while graduates showed a notable proportion of lower satisfaction (25%), indicating a significant association (p=0.001). Similarly, marital status was significantly associated with satisfaction (p=0.004), as married (98.1%) and widowed patients (100%) reported higher satisfaction compared to unmarried patients, who had the highest proportion of lower satisfaction (22.2%). These findings suggest that educational and marital status influence patient satisfaction levels, potentially reflecting varying expectations or experiences across these groups.

Table 7: Patient Satisfaction (Four Domains) according to Socio-demographic Variables

Overall Patient Satisfaction				
Characteristics		Lower Satisfaction	Higher Satisfaction	Chi-square(χ^2)	P-value
Sex of respondent	Male	0 (0)	31 (100)	1.441	0.230
	Female	4 (4.5)	85 (95.5)		
Age group	<20	2 (11.8)	15 (88.2)	5.268	0.153
	20-39	2 (3.4)	57 (96.6)		
	40-59	0 (0)	24 (100)		
	≥60	0 (0)	20 (100)		
Admitted ward	Medical	2 (4.7)	41 (95.3)	0.466	0.792
	Surgical	1 (3.4)	28 (96.6)		
	Maternity	1 (2.1)	47 (97.9)		
Family Type	Single	3 (4.8)	59 (95.2)	0.902	0.342
	Joint/extended	1 (1.7)	57 (98.3)		
Educational status	Illiterate	0 (0)	43 (100)	**13.178**	**0.001***
	literate-secondary	2 (2.9)0	67 (97.1)		
	Graduate	2 (25)	6 (75)		
Marital Status	Unmarried	2 (22.2)	7 (77.8)	**10.860**	**0.004***
	Married	2 (1.9)	101 (98.1)		
	Widow(er)	0 (0)	8 (100)		
Ethnicity	Newar	3 (6.4)	44 (93.6)	2.839	0.417
	Tamang	1 (3.3)	29 (96.7)		
	Brahmin/Chhetri	0 (0)	33 (100)		
	Others	0 (0)	10 (100)		

In contrast, other variables such as sex, age group, admitted ward, family type, and ethnicity did not exhibit statistically significant associations with satisfaction. Although males and older patients tended to report higher satisfaction levels, and joint/extended family patients showed slightly better outcomes, the differences were not significant ($p>0.05$). Satisfaction levels were also consistently high across different wards and ethnic groups, indicating minimal variability. These results suggest that interventions aimed at improving patient satisfaction should focus on addressing the specific needs of graduate and unmarried patients, as other demographic factors appear to have a limited impact.

Discussion

The discussion of patient satisfaction with health service utilization highlights the influence of socio-demographic factors, room services, interpersonal skills, accessibility, and hospital policy. Female respondents (74.2%), married individuals (85.8%), and those aged 20–39 years (49.2%) constituted the majority of the sample. Satisfaction levels showed significant associations with educational status ($p=0.001$) and marital status ($p=0.004$). Illiterate respondents reported the highest satisfaction (100%), consistent with studies indicating that less-educated groups may have lower expectations of healthcare services (Barve & Yeravdekar, 2023). Conversely, dissatisfaction among graduates (25%) may reflect their higher expectations or critical evaluation of service quality. Room services received moderate satisfaction, with safety and security highly rated (84.2%), in line with global priorities on patient safety (World Health Organization [WHO], 2018). However, dissatisfaction with toilet facilities (42.5%) and drinking water (45%) points to critical gaps in hygiene infrastructure, reinforcing the importance of physical environments in healthcare quality, as outlined by Donabedian's framework (Donabedian, 2005).

Interpersonal skills emerged as a strength, particularly nursing staff communication, with 85% of respondents either very satisfied or satisfied. Effective communication is a core element of patient-centered care, promoting trust and adherence to treatment protocols (Epstein & Street, 2011). Nonetheless, doctor-patient interactions showed areas for improvement, with only 5.8% of respondents reporting frequent attentiveness and 7.5% noting adequate consultation time. These findings align with research emphasizing the critical role of empathetic and thorough doctor-patient communication in enhancing patient satisfaction (Levinson et al., 2010). Addressing these shortcomings can significantly improve the patient experience.

Accessibility and hospital policy were rated favorably overall. Admission processes (87.5%) and access to beds (75.8%) received high satisfaction, while specialist availability (53.4% rated difficult) and pharmacy drug accessibility (61.7% dissatisfaction) posed challenges. These barriers align with existing studies highlighting resource constraints in healthcare systems (Kruk et al., 2018). Hospital policy showed the highest mean satisfaction (3.86 ± 0.396), with visiting hours and the hospital system earning good ratings. However, administrative delays in admission and discharge processes, as well as payment system transparency, require attention. Implementing streamlined processes and transparent financial systems, as advocated by health policy experts, can mitigate these challenges and align with patient expectations (Berwick, 2009). Collectively, addressing these areas while leveraging existing strengths in interpersonal communication and accessibility could enhance patient trust, satisfaction, and healthcare equity.

Conclusion and Implications

The study indicates that patients at Bhaktapur Hospital are generally satisfied with key aspects such as interpersonal skills, accessibility, safety, and cleanliness, with mean satisfaction scores consistently above 3.8. However, areas such as toilet services, drinking water facilities, doctors' attentiveness, and pharmacy accessibility show significant room for improvement. Additionally, socio-demographic factors like educational and marital status influence satisfaction levels, highlighting diverse patient expectations. Addressing critical areas like hygiene, specialist availability, and respectful interactions from staff can significantly enhance patient satisfaction and service quality. Tailored interventions considering educational and marital dynamics, as well as improvements in room service and pharmacy accessibility, will help create a more balanced and uniformly positive patient experience.

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