ACHSM Asia-Pacific Journal of Health Management

RESEARCH ARTICLE

PERCEPTION OF PATIENTS TOWARDS OUTPATIENT SERVICE OF GYNECOLOGY DEPARTMENT IN PRIVATE AND PUBLIC HOSPITALS IN KATHMANDU, NEPAL

*Shurakchhya Aryal[1,2], Rameshower Aryal[3], Maheshor Kaphle[*4], Sudan Prasad Dotel[3]*

1. Department of Health Care Management, National Open College, Sanepa, Lalitpur, Nepal
2. Rukum East Hospital (Government Hospital of Nepal)
3. School of Education, Kathmandu University, Dhulikhel, Nepal
4. Asian College for Advanced Studies, Purbnchal University, Lalitpur, Nepal

*Correspondence: kafmahesh@gmail.com

ABSTRACT

BACKGROUND:

Patient satisfaction is an essential indicator of healthcare quality, significantly impacting patient outcomes.

OBJECTIVE:

This study aimed to evaluate patient's perceptions and satisfaction with gynecology services at a private and a government hospital in Kathmandu, Nepal.

DESIGN:

A descriptive, cross-sectional research design was employed, involving 330 patients (165 from each hospital) who were selected using purposive and non-probability convenience sampling.

SETTING:

The study was conducted in one private and one public tertiary level hospital. Data were collected using the patient's satisfaction questionnaire (PSQ-18) on a five-point Likert scale and analyzed with SPSS. Scores from each of the seven domains of the PSQ were identified and summed to calculate mean and standard deviation. To compare the satisfaction levels between two hospitals, the Mann-Whitney U-test was applied and Bonferroni correction was used to reduce the Type I error due to multiple comparisons.

RESULTS:

Our study revealed that, 42.53% of female attending the gynecology OPD were satisfied in public hospital and 47.85% from private hospital. Public hospital scored better in terms of financial aspects, indicating a lower financial burden for patients. Overall, patients visiting private hospital expressed greater satisfaction with the services provided. The findings revealed significant differences in patient's satisfaction between the two hospitals. Private hospital outperformed public hospital in general satisfaction, technical quality, communication, and accessibility ($p < 0.001$).

CONCLUSION:

Satisfaction was found to better in the private hospital. These results suggest that improving the quality of care in government hospital, particularly in communication and interpersonal interactions, while maintaining affordability, could enhance overall patient satisfaction.

KEYWORDS

Perception, satisfaction, patient oriented care, service, gynecology OPD.

INTRODUCTION

Hospitals are central to the healthcare system, providing essential services to improve the health and well-being of patients. The effectiveness of hospital management is critical, as it directly influences the quality of care provided[1]. Hospital managers play an essential role in translating policies into practice, ensuring the efficient delivery of services, and overseeing the management of healthcare resources[2]. Inadequate managerial competencies and poor human resource management can negatively impact the quality of healthcare services and lead to inefficiencies in patient care[3].

In developing countries like Nepal, the perception of patients regarding healthcare services is often overlooked, which may affect the quality of care and patient outcomes[4]. Patients satisfaction has therefore emerged as a crucial indicator of healthcare quality and plays an important role in shaping the overall patient experience[5]. Previous studies in Nepal have reported high satisfaction levels in private hospitals[6], while research in Northern India has found satisfaction rates as high as 87.8% across the health[7].

Patient satisfaction is a multi-dimensional concept that includes factors such as the quality of medical care, the communication between patients and healthcare providers, accessibility to services, and the financial implications of treatment[8]. One of the key elements of patient-centered care, which considers the needs, preferences, and experiences of patients in the decision-making process[9]. These factors not only influence the quality of healthcare services but also affect patients' overall satisfaction and their likelihood of returning to or recommending a healthcare facility.

While government hospitals are generally more affordable than private hospitals, many patients still prefer private healthcare facilities due to the perceived higher quality of care, reduced waiting times, and greater comfort[10]. For example, Zhu, Heng, and Teow found that long waiting times in government hospitals often drive patients to wards private facilities, where quicker access to care is available[11] . The urgency for timely care, particularly in the maternity wards where immediate attention is required, plays a critical role in patients' satisfaction levels[12]. This preference is further supported by studies such as those by other study[13], which highlighted the faster service and personalized care often associated with private hospitals.

Despite these insights, earlier studies in Nepal have largely focused only on private hospitals. Our study makes a novel contribution by directly comparing patient perceptions of outpatient services between the country's first public women's hospital, historically significant, serving the largest number of gynecology patients at the lowest cost, and leading private hospitals with advanced facilities. By examining dimensions such as accessibility, affordability, waiting time, infrastructure, and doctor–patient interaction, the study highlights contrast in service delivery and patient perceptions across the public–private divide in gynecology care.

Accordingly, this study aimed to determine whether patient satisfaction differs between public and private hospitals in Kathmandu. We hypothesized that there would be no significant difference in satisfaction levels between public and private hospitals. The research aimed to answer the following question: *How do patient perceptions of gynecology services differ between government and private hospitals in Kathmandu?* Through this comparison, the study aimed to identify factors that influence patient's satisfaction and highlight potential areas for improvement in both public and private healthcare services in Nepal.

METHODS

STUDY DESIGN

This study utilized both descriptive and cross-sectional research designs. Descriptive research was aimed at accurately portraying phenomena as they naturally occur, providing a clear depiction of current conditions[14] whereas cross-sectional study design was used to measure the prevalence of disease, attitudes and knowledge among patients and health personnel[15] and also comparing in validation among them. .

The study was carried out in adherence to the ethical principles outlined in the Declaration of Helsinki throughout the research. Permission was taken from both hospitals, before the data collection. Written informed consent was taken from every respondent through an anonymous questionnaire after explaining the study's objectives and the importance of their participation. Approval was taken (Ref. No: 079/080/658) from the research committee of the National Open College Sanepa, Lalitpur, Nepal. Confidentiality was rigorously maintained throughout the research process, and all collected data were securely stored in a password protected computer.

STUDY SITE

The study was conducted at two hospitals in Kathmandu District: one is a prominent private hospital, Norvic Hospital and the other is the oldest government maternity hospital, Paropakar Maternity and Women's Hospital in Kathmandu, Nepal. These hospitals were selected due to their accessibility to the researcher and their significant contributions to obstetrics and gynecology, including services related to pregnancy, childbirth, postpartum care, and female reproductive health. These hospitals are tertiary-level facilities with a high patients flow, providing valuable insights into healthcare practices in Nepal, especially in the field of maternal health.

SOURCES OF DATA

The primary sources of data were collected from both public and private hospitals using a structured questionnaire.

DATA COLLECTION METHODS AND TOOLS

Primary data were collected through face-to-face interviews with patients in the gynecology department using a structured questionnaire. The questionnaire was designed to assess patient perceptions of gynecological services, with standardized, predetermined questions allowing respondents to choose from predefined answers[16].

Primary data were collected using a scheduled structure questionnaire. Patients perception-related questionnaires (PSQ-18) were used to measure their satisfaction/perception towards different factors[17]. The first part includes the questionnaire widely measures the patient's perception with 18 items which yields seven spheres of patient perception that are general satisfaction (2 questions i.e. QN 3 & 17), technical quality (4 questions i. e. QN 2, 4, 6 & 14), interpersonal manner (2 questions i.e. QN 10 & 11), communication (2 questions i.e. QN 1 & 13), financial aspect (2 questions i.e. QN 5 & 7), time spent with doctor (2 questions i.e. QN 12 & 15) and accessibility and convenience (4 questions i.e. QN 8, 9, 16 & 18). Respondents were asked to rate each statement on a five-point Likert scale, ranging from 'strongly disagree' (1) to 'strongly agree' (5). The second part of the questionnaire gathered socio-demographic details, including age, education, occupation, ethnicity, place of residence, and hospital type. The third part allowed patients to provide feedback on how

services could be improved. Table 1 outlines the categorization of the seven domains and the specific variables used during data collection.

TABLE 1: SEVEN DOMAINS OF PATIENT'S PERCEPTION

SN	Seven subscales of PSQ-18	Average of questions
1	General Satisfaction	3 + 17
2	Technical Quality	2 + 4 + 6 + 14
3	Interpersonal Manner	10 +11
4	Communication	1 + 13
5	Financial Aspect	5 + 7
6	Time Spent with Doctor	12 + 15
7	Accessibility and Convenience	8 + 9 + 16 + 18
Overall perceptions		All 18 questions

STUDY POPULATION

The study population consisted of female patients attending the gynecology department of two selected hospitals who were willing to participate. Participation was voluntary, and respondents were not coerced into the study. Women of reproductive age attending the gynecology OPD were included in the study.

SAMPLE SIZE

The sample size for the study was determined by the number of patients visiting the gynaecology department of the selected hospitals in Kathmandu District. The sample size was calculated using the following formula:

$$Sample\ Size\ (n) = PQ\left(\frac{Z}{e}\right)^2$$

Where Z = 1.96 (the standard statistical value of Normal distribution)

P = Prevalence of satisfaction level from previous study = 0.3 [18]

Q = 1 – P and e = permissible error (is taken as 0.05)

Now, $n = PQ\left(\frac{Z}{e}\right)^2 = 0.3\ x\ 0.7\left(\frac{1.96}{0.05}\right)^2 = 322.69 \approx 323.$

But for the convenience of data collection procedure, researchers took sample size (n) = 330 (165 in each hospital) who was the outpatient of Gynaecology department.

SAMPLING PROCEDURE

This study employed a non-probability convenience sampling method, selecting two tertiary level hospitals: one government and one private. These hospitals were chosen for their complementary roles in the healthcare sector and because the researcher had worked as an employee at the private hospital for three years during the study period. The researcher spent one month in the outpatient departments (OPD) of each hospital, allocating 15 days to collect primary data using semi-structured questionnaires at each location.

DATA MANAGEMENT AND STATISTICAL ANALYSIS

The collected data were entered into IBM SPSS (version 25) for analysis. Descriptive statistics, including frequency percentages, means, and standard deviations, were calculated. The PSQ-18 questions, using a five-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree," were scored as follows: items 1, 2, 3, 5, 6, 8, 11, 15, and 18 were considered "satisfied" if rated as "Agree" or "Strongly Agree," while the remaining items were considered "satisfied" when rated as "Strongly Disagree" or "Disagree." Each item's score ranged from 1 (strongly dissatisfied) to 5 (strongly satisfied), following the PSQ-18 guidelines.

Satisfaction/perception scores were calculated by summing the scores as per the PSQ-18 questionnaire. The seven domains assessed were: General Satisfaction, Technical Quality, Interpersonal Manner, Communication, Financial Aspect, Time Spent with Doctor, and Accessibility and Convenience. Scores for each domain were calculated separately.

The distribution of the PSQ-18 scores was tested for normality. Since the data were not normally distributed, the Mann-Whitney U-test was used to compare patient satisfaction between the two hospitals. Separate Mann-Whitney tests were conducted for each of the seven domains to compare satisfaction levels between public and private hospitals. To control for Type I error due to multiple comparisons, the Bonferroni correction was applied. The level of significance was initially set at a p-value of 0.05 for the Mann-Whitney test, and after the Bonferroni correction (calculated as: $(\alpha - corrected) = 0.05/7 \approx 0.0071$), the adjusted significance level was set at $p < 0.0071$.

RESULTS

TABLE 2: SOCIO-DEMOGRAPHIC CHARACTERISTIC OF RESPONDENTS

Educational Status	Public Hospital (n = 165)		Private Hospital (n = 165)	
	Frequency	Percent (%)	Frequency	Percent (%)
Illiterate	15	9.1	13	7.9
Primary	23	13.9	25	15.2
Secondary	20	12.1	31	18.8
Higher secondary	55	33.3	36	21.8
Bachelor and above	52	31.5	59	35.8
Occupation				
House wife	34	20.6	58	35.2
Service	65	39.4	52	31.5
Business	11	6.7	12	7.3
Labour	6	3.6	4	2.4
Others	49	29.7	39	23.6
Ethnicity				
Brahmin/Chettri	80	48.5	84	50.9
Janajati	53	32.1	44	26.7
Dalit	12	7.3	11	6.7
Madhesi	19	11.5	26	15.8
Other	1	0.6	165	100
Place of Residence				
Rural	70	42.4	75	45.5
Urban	95	57.6	90	54.5

Among the 330 respondents, 15 (9.1%) in the public hospitals and 13 (7.9%) in the private hospitals were illiterate. Regarding higher secondary education, 55 (33.3%) were in the public hospital, compared to 36 (21.8%) in the private hospital and, 52 (31.5%) respondents in the public hospital and 59 (35.8%) in the private hospital had completed at least a bachelor's degree. Regarding the occupation, nearly one-third of patients from both private and public hospital were service holders. In terms of ethnicity, most of the patients were Brahmin/Chettri followed by Janajatis. Regarding patient residence, most of them were from urban areas (Table 2).

TABLE 3: SATISFACTION OF PATIENTS SEGREGATED BY EACH ITEM OF PATIENTS SATISFACTION QUESTIONNAIRE

	Public Hospital				Private Hospital			
PSQ Questions with Domains	Mean (SD)	No (SD+D), n(%)	Uncertain, n(%)	Yes (A+SA), n(%)	Mean (SD)	No (SD+D), n(%)	Uncertain, n (%)	Yes (A+SA) n(%)
General Satisfaction (3 + 17)								
QN 03. The medical care I have been receiving is just about perfect.	2.83 (0.74)	58 (35.2)	75 (45.5)	32 (19.4)	3.45 (0.91)	30 (18.2)	48 (29.1)	87 (52.7)
QN 17. I am dissatisfied with some things about the medical care I receive.	1.85 (0.80)	7 (4.2)	22 (13.3)	136 (82.4)	2.63 (1.001)	37 (22.)	53 (32.1)	75 (45.5)
Technical Quality (2 + 4 + 6 + 14)								
QN 02. I think my doctor's office has everything needed to provide complete care.	3.64 (0.68)	19 (11.5)	21 (12.7)	125 (75.8)	2.8 (1.06)	76 (46.1)	50. (30.3)	39 (23.6)
QN 04. Sometimes doctors make me wonder if their diagnosis is correct.	2.03 (0.84)	10 (6.1)	31(18.8)	124 (75.2)	2.61 (1.12)	47 (28.5)	37 (22.4)	81 (49.1)
QN 06. When I go for medical care, they are careful to check everything when treating and examining me.	2.28 (0.74)	106 (64.2)	51 (30.9)	8 (4.8)	3.15 (1.04)	39 (23.6)	61 (37)	65 (39.4)
QN 14. I have some doubts about the ability of the doctors who treat me.	2.67 (1.08)	29 (17.6)	65 (39.4)	71(43)	3.21 (1.15)	72 (43.3)	47 (28.5)	46 (27.9)
Interpersonal Manner (10 + 11)								
QN 10. Doctors act too business like and impersonal towards me.	3.98 (0.86)	120 (72.2)	36 (21.8)	9(5.5)	3.38 (0.99)	87 (52.7)	38 (23)	40 (24.2)
QN 11. My doctors treat me in a friendly and courteous manner.	3.05 (0.99)	62 (37.6)	48 (29.2)	55 (33.3)	3.67 (0.92)	20 (12.2)	47 (28.5)	98(59.4)
Communication (1 + 13)								
QN 01. Doctors are good about explaining the reason for medical tests.	3.03 (0.67)	35 (21.2)	90 (54.5)	40 (24.2)	3.55 (1.08)	17 (10.3)	62 (37.6)	86 (52.1)
QN 13. Doctors sometimes ignore what I tell them.	2.14 (1.05)	27 (16.4)	22 (13.3)	116 (70.3)	2.79 (1.06)	52 (31.5)	44 (26.7)	69 (41.8)
Financial Aspect (5 + 7)								
QN 05. I feel confident that I get the medical care I need without being set back financially.	4.29 (0.91)	12 (7.3)	16 (9.7)	137 (83)	3.06 (1.07)	61 (37)	47 (28.5)	57 (34.5)
QN 07. I have to pay for more of my medical care than I can afford.	4.09(0.78)	139 (84.2)	17 (10.3)	9 (5.5)	2.92 (1.06)	48 (29.9)	43 (26.1)	74 (44.8)
Time Spent with Doctor (12 + 15)								
QN 12. Those who provide my medical care sometimes hurry too much when they treat me.	1.85 (0.82)	1 (0.6)	42(25.5)	122 (73.9)	2.87 (1.02)	58 (35.2)	46 (27.9)	61 (37)
QN 15. Doctors usually spend plenty of time with me.	2.33 (0.8)	104 (63)	49 (29.7)	12 (7.3)	2.82 (1.09)	68 (41.2)	43 (26.1)	54 (32.7)
Accessibility and Convenience (8 + 9 + 16 + 18)								

QN 08. I have easy access to the medical specialists I need.	2.15 (1.05)	117 (70.9)	30 (18.2)	18 (10.9)	2.87 (1.12)	66 (40)	39 (23.6)	60 (36.4)
QN 09. Where I get medical care, people have to wait too long for emergency treatment.	2.07 (0.83)	11 (6.7)	27 (16.4)	127 (77)	2.83 (1.08)	57 (34.5)	44 (26.7)	64 (38.8)
QN 16. I find it hard to get an appointment for medical care right away.	1.68 (0.62)	0 (0)	14 (8.5)	151 (91.5)	2.84 (1.06)	59 (35.8)	37 (22.4)	69 (41.8)
QN 18. I am able to get medical care whenever I need it.	2.03 (0.82)	117 (70.9)	34 (26.1)	5 (3)	2.79 (0.97)	66 (40)	56 (33.9)	43 (26.1)

These results indicated that patients in the private hospital reported greater satisfaction with the medical care they received than those in the public hospital in general satisfaction. In technical quality, patients in the private hospital had more favorable perceptions regarding correct diagnosis, careful checking, treatment, and the doctors' ability to provide care. Interpersonal manner suggests a varied perception of interpersonal manner, with private hospital patients reporting better experiences in terms of friendliness and approachability, while public hospital patients perceived doctors as more businesslike. The result from communication suggested that doctors in the private hospital were better at explaining medical results and addressing patient concerns, as patients reported that doctors in the private hospital were more thorough in explaining the reasons for medical tests and less likely to ignore patient queries. The findings also suggested that patients in public hospital feel more confident about receiving care without financial hardship. Doctors from private hospital spent more time with patients and provided more attentive care than in the public hospital. Private hospital experienced better accessibility and convenience, including quicker access to medical care, shorter waiting times for emergency treatment, and easier access to specialist appointments compared to those in the public hospital (Table 3).

TABLE 4: AVERAGE MEAN ACCORDING TO SATISFACTION DOMAIN

	Mean (± SD) of each Domain		Average Mean (± SD)		Satisfied %	
Health Care Domains	**Public**	**Private**	**Public**	**Private**	**Public**	**Private**
General Satisfaction	4.68 (1.03)	6.08 (1.49)	2.34 (0.52)	3.04(0.75)	50.9	49.1
Technical Quality	10.62 (1.39)	11.77(2.13)	2.66 (0.35)	2.94 (0.53)	49.7	70.0
Interpersonal Manner	7.03 (1.76)	7.04 (1.5)	3.52 (0.88)	3.52 (0.75)	19.7	41.8
Communication	5.17 (1.07)	6.34 (1.55)	2.58 (0.53)	3.17 (0.78)	47.2	47.0
Financial Aspect	8.38 (1.28)	5.98 (1.79)	4.19 (0.64)	2.99 (0.89)	44.2	56.9
Time Spent with Doctor	4.18 (1.36)	5.69 (1.68)	2.09 (0.68)	2.85 (0.84)	40.6	34.5
Accessibility and Convenience	7.92 (1.95)	11.32 (2.7)	1.98 (0.49)	2.83 (0.67)	45.4	35.7
Overall			2.77(0.58)	3.05 (0.74)	42.53	47.85

Table 4 provides a comparative overview of patient satisfaction across various healthcare domains between public and private hospitals. In terms of general satisfaction, 50.9% of patients in the public hospital reported satisfaction, compared to 49.1% in the private hospital. For technical quality, satisfaction was lower in the public hospital (49.7%) compared to the private hospital (70%). Similarly, interpersonal manner satisfaction was lower in the public hospital (19.7%) than in the private hospital (41.8%). In the communication domain, satisfaction was nearly equal between the two hospitals.

Regarding financial aspects, patients in the private hospital reported a higher financial burden, with 56.9% indicating dissatisfaction, compared to 44.2% in the public hospital. For time spent with doctors, satisfaction was higher in the public hospital (40.6%) compared to the private hospital (34.5%). Lastly, in terms of accessibility and convenience, satisfaction was higher in the public hospital (45.4%) than in the private hospital (35.5%).

TABLE 5: ASSOCIATION BETWEEN SATISFACTION DOMAINS ACCORDING TO HOSPITAL TYPES

Mann Whitney U-test						Bonferroni Correction
PSQ Domain	Hospital type	N	Mean rank	U-test	p-value (0.05)	(a) correction (0.0071)
General satisfaction	Public	165	120.85	20980.5	<0.001	Significant
	Private	165	210.15			
Tech quality average	Public	165	137.95	18159.00	<0.001	Significant
	Private	165	193.05			
Interpersonal manner average	Public	165	164.04	13853.00	0.778	Not significant
	Private	165	166.96			
Communication average	Public	165	129.85	19494.50	<0.001	Significant
	Private	165	201.15			
Financial aspect average	Public	165	222.74	4168.00	<0.001	Significant
	Private	165	108.26			
Accessibility and convenience average	Public	165	124.56	20368.00	<0.001	Significant
	Private	165	206.44			
Overall score	Public	165	118.18	21420.50	<0.001	
	Private	165	212.82			

Table 5 presents the results from a Mann-Whitney U-test that analyzes patient satisfaction across various domains between public and private hospitals, with a Bonferroni correction ($a = 0.0071$) applied to control for multiple comparisons. Significant differences were found in general satisfaction, technical quality, and accessibility and convenience between the two hospital types. However, no significant difference was observed in the interpersonal manner domain ($p = 0.778$), and there were no significant differences in the interpersonal average domain.

DISCUSSION

The socio-demographic characteristics of the respondents were analyzed in four domains: educational status, occupation, ethnicity, and place of residence. A study by Batbaatar et al.[19] Identified age as a significant predictor of patient satisfaction, showing a strong positive association with satisfaction levels. In this study, educational status was categorized into illiterate, primary, secondary, higher secondary, and bachelor and above. Among respondents, the highest proportion of patients in the public hospital (33.3%) had completed higher secondary education, while in the private hospital, 59% had completed at least a bachelor's degree. This data suggests that more educated individuals tend to be more engaged with their healthcare[20].

Occupation was sub-categorized into housewives, service holders, business owners, laborers, and others. The highest proportion of service holders was found in the public hospital (39.4%), while housewives made up the highest proportion in the private hospital (58%). Jafari et al.[21] found that patients with higher education were often less satisfied, possibly due to higher expectations. Ethnicity was divided into Brahmin/Chettri, Janajati, Dalit, Madhesi, and other categories. The majority of respondents in both hospitals were Brahmin/Chettri (48.5% in the public hospital and 50.9% in the private hospital), with lower participation from other ethnic groups, possibly due to lower health awareness[22]. Regarding place of residence, the majority of respondents were from urban areas, with 57.6% in the public hospital and 54.5% in the private hospital.

In terms of patient satisfaction, Table 4 shows that private hospitals generally had higher satisfaction scores across most domains, except for financial aspects, where public hospitals scored higher (8.38 vs. 5.98), reflecting a lower financial burden for patients. The average scores indicate a trend of higher satisfaction in private hospitals for general satisfaction, technical quality, communication, and accessibility. Private hospitals also scored significantly higher in technical quality (70% vs. 49.7%) and interpersonal manner (41.8% vs. 19.7%), although public hospitals scored better for accessibility and financial aspects. Overall, private hospitals had a slight edge in patient satisfaction (47.85% vs. 42.53%).

In the area of general satisfaction, the public hospital scored higher (50.9%) than the private hospital (49.1%)[23], although general satisfaction in our study was higher than reported in other study [24], where only 39% of patients expressed satisfaction. A study showed that general satisfaction ranged from 87% to 88%, indicating a higher level of satisfaction in other settings[25]. For technical quality, 49.7% of public hospital patients reported satisfaction, compared to 70% in private hospitals. In interpersonal manner, satisfaction was significantly lower in the public hospital (19.7%) compared to the private hospital (41.8%), which may be due to a lack of friendly and courteous behavior from doctors. In the communication domain, satisfaction was nearly equal between both hospitals.

Regarding financial aspects, patients in private hospitals reported a higher financial burden (56.9%) compared to public hospitals (44.2%), which aligns with study conducted in Nepal[24], where financial satisfaction was higher in public hospitals (87.4%). The lower financial satisfaction in our study may be due to patients' financial backgrounds. Similarly, a study from India found that satisfaction with time spent with doctors was higher in their study (71.4%) compared to our study, where 40.6% of public hospital patients and 34.5% of private hospital patients were satisfied[26].

In terms of accessibility and convenience, public hospitals scored higher (45.4%) than private hospitals (35.5%), which aligns with findings from study in Nepal[24].

Our study hypothesized that there would be no significant difference in satisfaction levels between public and private hospitals. However, significant differences were found in general satisfaction, technical quality, communication, accessibility, and overall satisfaction, with private hospitals generally scoring higher (all p-values < 0.001). Public hospitals scored better in the financial aspect, reflecting a lower financial burden for patients. No significant difference was found between hospital types in the interpersonal manner domain ($p = 0.778$).

In a study conducted in Morang district, Nepal, patients in public hospitals were more satisfied with the overall cost and services than those in private hospitals[27]. However, another study in Indonesia found that satisfaction was generally higher in private hospitals, where superior amenities, personalized care, and shorter wait times aligned with patient preferences[28]. While public hospitals provide more affordable essential services to vulnerable populations, private hospitals focus more on quality, offering better amenities and personalized care, which can lead to higher patient satisfaction.

CONCLUSIONS

The analysis of the data revealed that patients visiting private hospitals generally expressed higher levels of satisfaction compared to those visiting public hospitals. Despite potential financial drawbacks, patients preferred private hospitals for the quality of communication and the time doctors dedicated to each patient. In contrast, doctors in public hospitals were often perceived as being too occupied, leading to shorter interactions and, consequently, lower patient satisfaction.

To attract a broader patient base, private hospitals could consider reducing their service costs without compromising on quality. This approach would help them provide excellent care for a wider population. Meanwhile, public hospitals could improve their services, particularly in communication and interpersonal interactions, to enhance the patient experience while maintaining their affordability.

The study also found that individuals with higher education were more likely to visit private hospitals, while illiterate individuals tended to seek services at public hospitals. This may be due to the perception that private hospitals are more expensive than public ones. Addressing this misconception and providing clearer information about cost differences could help balance patient distribution between the two types of hospitals. Additionally, both hospitals should focus on catering to patients from diverse educational backgrounds to ensure equitable access to healthcare services.

LIMITATIONS

The findings obtained from this research may not be universally applicable to all hospitals in Kathmandu District or throughout Nepal. The results are specific to the two hospitals being investigated and may not fully represent the broader healthcare landscape. This study focused exclusively on understanding the perceptions of patients utilizing gynecology department services in the two sampled hospitals. Consequently, the results may not be generalizable to other departments within the same hospitals, as patient satisfaction might vary across different medical specialties and services.

CONFLICTS OF INTEREST:

The authors declared they have no conflicts of interest.

DATA AVAILABILITY STATEMENT:

The data used for preparing this manuscript will be available with reasoned request from corresponding author.

Reference

1. Lehmann U, Saunders D. Investigating the roles and functions of clinic supervisors in three districts in the Eastern Cape Province. HST Technical Report. Durban: Health Systems Trust; 2002.
2. James BC. Quality management for health care delivery: Hospital Research and Educational Trust Chicago; 1989.
3. Dorgan S. Management in healthcare: why good practice really matters: Centre for Economic Performance, LSE; 2010.
4. Devkota HR, Clarke A, Murray E, Groce N. Do experiences and perceptions about quality of care differ among social groups in Nepal?: A study of maternal healthcare experiences of women with and without disabilities, and Dalit and non-Dalit women. PLoS One. 2017; 12(12):e0188554.
5. Gill L, White L. A critical review of patient satisfaction. Leadership in health services. 2009;22 (1):8-19.
6. Shrestha S, Devkota R, Shrestha S. Patient satisfaction in Nepal medical college teaching hospital. Nepal Med Coll J NMCJ. 2017;19: 196-203.
7. Goel S, Sharma D, Bahuguna P, Raj S, Singh A. Predictors of patient satisfaction in three tiers of health care facilities of North India. J Community Med Health Educ S. 2014;2: 2161-0711.

8. Joshi K, Sochaliya K, Purani S, Kartha G. Patient satisfaction about health care services: A cross sectional study of patients who visit the outpatient department of a civil hospital at Surendranagar, Gujarat. Int J Med Sci Public Health. 2013;2(3):659-64.
9. Lutz BJ, Bowers BJ. Patient-centered care: understanding its interpretation and implementation in health care. Research and Theory for Nursing Practice. 2000;14(2):165.
10. Boardman AE, Forbes D. A benefit-cost analysis of private and semi-private hospital rooms. Journal of Benefit-Cost Analysis. 2011;2(1):1-27.
11. Zhu Z, Heng BH, Teow KL. Analysis of factors causing long patient waiting time and clinic overtime in outpatient clinics. Journal of medical systems. 2012;36:707-13.
12. Douglas CH, Douglas MR. Patient-friendly hospital environments: exploring the patients' perspective. Health expectations. 2004;7(1):61-73.
13. Mehata S, Paudel YR, Dariang M, Aryal KK, Paudel S, Mehta R, et al. Factors determining satisfaction among facility-based maternity clients in Nepal. BMC pregnancy and childbirth. 2017;17:1-10.
14. Sandelowski M. Whatever happened to qualitative description? Research in nursing & health. 2000;23(4):334-40.
15. Kesmodel US. Cross-sectional studies–what are they good for? Acta Obstetricia et Gynecologica Scandinavica. 2018;97(4):388-93.
16. Roopa S, Rani MS. Questionnaire designing for a survey. Journal of Indian Orthodontic Society. 2012;46(4_suppl1):273-7.
17. Marshall GN, Hays RD. The patient satisfaction questionnaire short-form (PSQ-18): Rand Santa Monica, CA; 1994.
18. Khanal MC, Karki L, Rijal B, Joshi P, Bista NR, Nepal B, et al. Patient satisfaction in doctor patient communication in a tertiary care hospital of Kathmandu: a descriptive cross-sectional study. JNMA: Journal of the Nepal Medical Association. 2021; 59(236):317.
19. Batbaatar E, Dorjdagva J, Luvsannyam A, Amenta P. Conceptualisation of patient satisfaction: a systematic narrative literature review. Perspectives in public health. 2015; 135(5):243-50.
20. Bertakis KD, Franks P, Azari R. Effects of physician gender on patient satisfaction. Journal of the American Medical Women's Association (1972). 2003; 58(2):69-75.
21. Kelarijani SEJ, Jamshidi R, Heidarian AR, Khorshidi M. Evaluation of factors influencing patient satisfaction in social security hospitals in Mazandaran province, North of Iran. Caspian journal of internal medicine. 2014; 5(4):232.
22. Mai R, Hoffmann S. How to combat the unhealthy= tasty intuition: The influencing role of health consciousness. Journal of Public Policy & Marketing. 2015; 34(1):63-83.
23. 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 services research. 2021; 21 :1-10.
24. Poudel L, Baskota S, Mali P, Pradhananga P, Malla N, Rajbhandari B, et al. Patient satisfaction in out-patient services at a tertiary care center: a descriptive cross-sectional study. JNMA: Journal of the Nepal Medical Association. 2020; 58 (225):301.
25. Kleefstra SM, Zandbelt LC, de Haes HJ, Kool RB. Trends in patient satisfaction in Dutch university medical centers: room for improvement for all. BMC health services research. 2015; 15 :1-9.
26. Ardey R, Ardey R. Patient perceptions and expectations from primary health-care providers in India. Journal of family medicine and primary care. 2015; 4(1):53-63.
27. Sigdel A. Patients' Satisfaction in Public and Private Hospital of Morang District Nepal: a Comparative Cross Sectional Study. South American Journal of Academic Research. 2015; 2(1).
28. Mutiarasari D, Demak IPK, Bangkele EY, Nur R, Setyawati T. Patient satisfaction: Public vs. private hospital in Central Sulawesi, Indonesia. Gaceta Sanitaria. 2021; 35: S186-S90.