



PATIENT SATISFACTION WITH OUTPATIENT SERVICES AND ITS SOCIO-DEMOGRAPHIC CORRELATES IN A TERTIARY CARE HOSPITAL IN UTTAR PRADESH

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ABSTRACT **Background:** Patient satisfaction is a key determinant of healthcare quality, influencing treatment adherence, health outcomes, and service utilization. In low- and middle-income countries like India, outpatient services face challenges such as overcrowding, resource constraints, and financial accessibility issues. This study evaluates patient satisfaction and its socio-demographic correlates in a tertiary care hospital in Uttar Pradesh. **Methods:** A cross-sectional study was conducted in a tertiary care medical college institution from April to June 2024. A total of 82 outpatients were selected through systematic random sampling. Data were collected using the PSQ-18 questionnaire, covering seven domains of patient satisfaction. Statistical analysis, including ordinal logistic regression, was performed to assess associations between socio-demographic factors and satisfaction levels. **Results:** The mean age of participants was 41.5 ± 15.8 years, with an almost equal gender distribution. Satisfaction was highest in accessibility and convenience (77.2%) and lowest in financial aspects (35.2%). Younger patients, females, and less-educated individuals reported higher satisfaction. Significant predictors included age, gender, education, and distance to the health facility. **Conclusion:** While overall satisfaction was high, financial accessibility and doctor-patient interaction need improvement. Enhancing communication, expanding insurance coverage, and implementing patient feedback mechanisms are recommended to improve outpatient care.

KEYWORDS : Patient satisfaction, outpatient services, tertiary care, healthcare quality

INTRODUCTION

Since the quality of healthcare has recently become a global concern, the health care sector is required rapid transformation in order to keep up with the demands of its expanding patient mass [1,2]. In the last decade, patient perceptions of care have notably emerged as an important indicator for assessing the standards of medical care [3]. Current health system proceedings have demonstrated that health authorities recognize patients as the best arbiters who can accurately evaluate and provide suggestions that promote the overall improvement of high-quality healthcare delivery by addressing system flaws [1,2,4]. Measurable patient satisfaction data is an essential component of healthcare facility performance and efficacy enhancement initiatives, as demonstrated by the regulatory and accreditation mandates enacted by organizations like the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Committee on Quality Assurance (NCQA) [5,6].

Patient satisfaction is a key indicator of healthcare quality, influencing clinical outcomes, treatment adherence, and healthcare costs. It reflects various aspects of the patient experience, such as communication, waiting times, and the physical environment. Satisfied patients are more likely to adhere to treatment, return for future care, and recommend services, whereas dissatisfaction can lead to poor health outcomes and increased healthcare costs.

Several factors influence patient satisfaction, including healthcare provider competence, clinical effectiveness, and socio-demographic characteristics such as age, gender, education, and income. Managing patient expectations is crucial, as even effective treatments may not always result in high satisfaction. Patient satisfaction is also linked to healthcare utilization patterns, economic outcomes, and hospital reputation.

In Uttar Pradesh, outpatient services face significant challenges due to overcrowding, resource constraints, and diverse socio-demographic backgrounds. Overcrowding leads to long wait times and rushed consultations, while resource shortages affect the quality of care. Additionally, rural and urban populations have different healthcare needs, access barriers, and cultural influences, impacting their satisfaction levels.

Despite the importance of outpatient services, research on patient satisfaction in this setting remains limited, particularly in Uttar Pradesh. This study aims to address this gap by analysing patient satisfaction levels and identifying socio-demographic factors influencing satisfaction. The findings will help improve the quality of

outpatient care and ensure healthcare services meet patient needs effectively.

Aim & Objectives:

The aim of this study is to evaluate the level of patient satisfaction with outpatient services in a tertiary care hospital in Uttar Pradesh. The general objective is to assess patient satisfaction and examine its socio-demographic determinants in this setting. Specifically, the study seeks to assess the level of patient satisfaction with outpatient services and identify various factors associated with patient satisfaction in a tertiary care hospital.

METHODOLOGY:

Study Design: A cross-sectional approach was used in this study, which is suitable for determining the socio-demographic correlates of patient satisfaction and evaluating its prevalence at certain points in time.

Study Period: The study was carried over a period of 3 months from April 2024 to June 2024

Study Setting: This study was conducted at a tertiary care hospital affiliated with a private medical teaching institution in Sitapur district, Uttar Pradesh. The hospital provides a range of healthcare services, including outpatient, inpatient, emergency, laboratory, and radiology services, catering to a diverse patient population from surrounding rural areas.

Study Population: The study population consists of patients attending the outpatient department during the study period.

Inclusion Criteria: The sampling frame includes patients receiving OPD services. If selected patient refused to participate or was ineligible, the next patient was recruited.

Exclusion Criteria: Patients working in the healthcare facility and patients who were severely ill, who are 10 years or younger, or who are not able to communicate verbally were excluded.

Sampling Method: A systematic random sampling method was used to select participants. Every 10th patient registered in the outpatient department was approached for participation, starting from first OPD patient each day. If the selected patient refused to participate or was ineligible, the next patient was recruited. This process was continued till the required sample size was completed.

Sample Size: Sample size was calculated by using formula $n = z^2pq/12$ where estimated proportion of patient satisfied with outpatient services $p = 86\%$ as observed in a previous study (ref. Shrestha S et al. [7]) with 95% confidence interval and margin of error was set at 8%. After

accounting of 10% non-responsive rate the total sample size was opted as 81 patients.

Data Collection Tools: Pre-structured questionnaire was used to collect the information. The questionnaire was divided into two parts, Part-I contained details of socio demographic profile of the patients and Part-II was an already available validated questionnaire “The Patient Satisfaction Questionnaire Short Form (PSQ18)” to assess the level of satisfaction. The Patient Satisfaction Questionnaire (PSQ-18), is a validated tool developed by Grant N. Marshall and Ron D. Hays [8]. The questionnaire consists of 18 items probing seven dimensions of patient satisfaction, including general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with the doctor, and accessibility and convenience.

Data Collection Procedure: All the patients were interviewed after they had consulted the doctor. Written informed consent was obtained prior to collection of data. After explaining the purpose of study and ensuring that all participants fully understood the questions, data was collected. The socio-demographic data were collected simultaneously to allow for comprehensive analysis. The patients were interviewed about their experience in the hospital regarding different aspects. To prevent bias in their interactions with the patient, the prescribing physician was mainly kept unaware about the procedure, unless it was absolutely necessary.

Pre Testing and Validation of Questionnaire: Pre-testing of the questionnaire was done on initial small group of participants to check any difficulty in obtaining data, ensuring clarity and making necessary adjustments before proceeding towards full-scale data collection.

Analysis: Data was tabulated in Excel sheet. Statistical analysis was performed using SPSS software. Descriptive statistics such as mean scores and standard deviations was used for overall patient satisfactions across the different dimensions measured by the PSQ-18 were calculated. After categorization of the satisfaction score of each domain into three ordinal variables: satisfied, neutral and dissatisfied, ordinal logistic regression was used to assess socio-demographic variables associated with satisfaction level. Adjusted odds ratios with a 95% confidence interval and a p-value were calculated. A p-value of less than 0.05 was considered statistically significant.

Ethical Considerations: Necessary permissions were obtained from the Institutional authorities. Informed consent was obtained from all participants before data collection, ensuring that they were fully aware of the study's purpose and their rights. Confidentiality was strictly maintained by anonymizing the data and securely storing all information collected. Participants were assured that their participation was voluntary and that they could withdraw from the study at any time without any impact on their medical care.

OBSERVATIONS & RESULTS:

Table 1: Socio-demographic and Economic Distribution of the Participants:

Characteristics	Frequency	Percentage
Age		
<18	0	00%
18-34	31	37.8%
35-44	18	21.9%
45-64	22	26.8%
>65	11	13.4%
Gender		
Male	42	51.2%
Female	40	48.8%
Education Level		
Illiterate	16	19.5%
Primary School	16	19.5%
Secondary School	10	12.3%
High School	24	29.2%
Intermediate	14	17.1%
Graduate	2	2.4%
Occupation		
Agriculture	17	20.7%
Service/Job	7	8.5%
Business	6	7.3%
Homemaker	34	41.4%
Student	0	00%
Labor	15	18.2%
Retired/ Unemployed	2	2.4%
Other	1	1.2%

Marital status	Married		66	80.6%
	Unmarried		8	9.7%
	Widowed/ Divorced		8	9.7%
Religion	Hindu		66	80.6%
	Islam		16	19.4%
	Others		00	00%
Annual Income (INR)	<1000		6	7.4%
	1000-9999		57	69.6%
	10,000-49,999		18	21.9%
	50,000-99,999		1	1.21%
	1 Lac or more		0	00%
Health Schemes	Have		54	65.8%
	Don't have		28	34.2%
Visiting Status	Previously reported	Yes	36	43.9%
		No	46	56.1%
Payment status	Paying		38	46.3%
	Free		44	53.7%
Distance from health facility	<30 Mins.		24	29.2%
	30-60 Mins.		29	35.4%
	>1 Hour		29	35.4%
Concerned Department	Medicine		23	28.0%
	Surgery		16	19.5%
	OBGY		22	26.8%
	Dermatology		2	2.4%
	Psychiatry		1	1.2%
	Emergency/Triage		4	4.8%
	Cardiology/ Neurology		4	4.8%
	Ophthalmology/ENT		10	12.1%
	Other		0	00%

The socio-demographic distribution of participants is summarized in Table 1. The mean age was 41.5 years (SD $\pm$ 15.8), with the majority (37.8%) aged 18–34 years. Males (51.2%) slightly outnumbered females (48.8%). Most participants had completed high school (29.2%), while 19.5% were illiterate. Homemakers (41.7%) were the largest occupational group, followed by farmers (20.7%) and labourers (18.2%). The majority were married (80.6%) and Hindu (80.6%).

A significant proportion (69.6%) had an annual income of ₹1,000–9,999, and 65.8% were covered under health insurance. Over half (56.1%) were first-time hospital visitors, with 53.7% receiving free treatment. Travel time varied, with 35.4% taking 30–60 minutes or over an hour. Most sought treatment in medicine (28.0%) and gynaecology (26.8%), while fewer visited surgery (19.5%), ophthalmology (12.1%), and other departments.

Table 2: - Satisfaction of Patients Segregated by Each Item of Patient Satisfaction Questionnaire

Satisfaction Of Patients Segregated by Each Items of Patient Satisfaction Questionnaire						
Item Question		No (Strongly Disagree+ Disagree) N (%)	Un-certain N (%)	Yes (Strongly Agree + Agree) N (%)	Mean Score	S.D.
1	Doctors are good about explaining the reason about medical test	0 (0%)	26 (31.7%)	56 (68.3%)	2.1	0.7
2	I think my doctor's office has everything needed to provide complete medical care	0 (0%)	0 (0%)	82 (100%)	1.3	0.4
3	The medical care I have been receiving is just about perfect	0 (0%)	11 (13.4%)	71 (86.6%)	1.8	0.3
4	Sometimes doctors make me wonder if their diagnosis is correct	8 (9.7%)	11 (13.4%)	63 (76.8%)	1.9	0.9
5	I feel confident that I can get the medical care I need without being set back financially	82 (100%)	0 (0%)	0 (0%)	4.4	0.4

6	When I go for medical care, they are careful to check everything when treating and examining me	18 (21.9%)	11 (13.4%)	53 (64.7%)	2.3	1.0
7	I have to pay for more of my medical care than I can afford	0 (0%)	29 (35.3%)	53 (64.7%)	1.9	0.8
8	I have easy access to the medical specialists I need	0 (0%)	0 (0%)	82 (100%)	1.4	0.4
9	Where I get medical care, people have to wait too long for emergency treatment	17 (20.7%)	17 (20.7%)	48 (58.6%)	2.2	1.6
10	Doctors act too business like and impersonal toward me	29 (35.3%)	19 (23.1%)	34 (41.4%)	2.9	0.8
11	My doctors treat me in a very friendly and courteous manner	0 (0%)	11 (13.4%)	71 (86.6%)	1.9	0.5
12	Those who provide my medical care sometimes hurry too much when they treat me	17 (20.7%)	18 (22%)	47 (57.3%)	2.8	1.1
13	Doctors sometimes ignore what I tell them	35 (42.6%)	19 (23.2%)	28 (34.2%)	3.3	1.1
14	I have some doubts about the ability of the doctors who treat me	82 (100%)	0 (0%)	0(0%)	4.2	0.4
15	Doctors usually spend plenty of time with me	54 (65.8%)	11 (13.4%)	17 (20.8%)	3.2	1.2
16	I find it hard to get an appointment for medical care right away	71 (86.5%)	0 (0%)	11 (13.5%)	4	0.9
17	I am dissatisfied with some things about the medical care I received	46 (56%)	19 (23.2%)	17 (20.8%)	3.4	1
18	I am able to get medical care whenever I need it	0 (0%)	0 (0%)	82 (100%)	2	0.0

According to the guidelines of the patient satisfaction questionnaire (PSQ-18)

- 'Strongly agree' or 'Agree' = Satisfied for Items 1, 2, 3, 5, 6, 8, 11, 15 and 18
- 'Strongly disagree' or 'Disagree' = Satisfied for Items 4, 7, 9, 10, 12, 13, 14, 16 and 17
- For all items, the score ranges from 1 (strongly dissatisfied) to 5 (strongly satisfied). The mean score for each item was calculated in the manner that higher the score more the satisfaction level for all the items in the PSQ-18.

Table 2 summarizes participants' satisfaction levels based on PSQ-18. In the general satisfaction domain, 86.6% felt the care was nearly perfect, though 20.8% expressed some dissatisfaction. In technical quality, all participants (100%) believed the hospital had necessary resources and trusted their doctors, though 76.8% sometimes questioned diagnoses. Most (64.7%) felt doctors were careful in examinations.

Regarding interpersonal manner, 41.4% found doctors too businesslike, while 86.6% described them as friendly and courteous. In communication, 68.3% appreciated doctors' explanations, but 34.2% felt ignored at times. Financially, none felt confident about affording care, and 64.7% reported costs exceeding their means.

Table 3: - Satisfaction in Seven Dimensions of the Patient Satisfaction Questionnaire

Satisfaction In Seven Dimensions of The Patient Satisfaction Questionnaire
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Satisfaction Domain	Mean of Each Domain	Mean of Satisfaction Scale (Average of Mean from Component Items)	SD of Each Domain	% Satisfied (Average of Percentage of Satisfaction of Items of Each Dimensions)
General Satisfaction	7.3	3.7	1.2	74
Technical Quality	14.5	7.2	1.1	72.3
Interpersonal Manner	7.0	3.5	0.8	70.1
Communication	7.2	3.6	1.5	72
Financial Aspects	3.5	1.8	1.3	35.2
Time Spent with Doctor	5.9	3	0.6	59.1
Accessibility And Convenience	15.4	7.7	2	77.2

Table 3 presents the mean scores and satisfaction percentages across seven dimensions. The highest satisfaction was in accessibility and convenience (77.2%), while the lowest was in financial aspects (35.2%). Satisfaction was also high in communication (72%), technical quality (72.3%), and interpersonal manner (70.1%). Additionally, 59.1% were satisfied with the time spent with doctors.

Table 4: - Association Between Independent Variables and Seven Domains of Patient Satisfaction Using Multi-ordinal Logistic Regression

Association Between Independent Variables and Seven Domains of Patient Satisfaction Using Multi-Ordinal Logistic Regression				
Satisfaction Domain	Explanatory Variables	AOR	95% CI	P-Value
General Satisfaction	Age	5.2	(1.2-41)	0.020*
	Gender Female	2.0	(1.6-4.6)	0.000**
	Education	0.1	(0.09-0.8)	0.02*
	Occupation	0.2	(0.08-0.9)	0.03*
	Marital Status	1.0	(0.9-1)	0.002**
	Religion	3.08	(1.18-8.3)	0.02*
	Distance from the health facility	3.1	(1.15-5.2)	0.000***
Technical Quality	Age	10	(1.5-75)	0.03*
	Gender Female	2.1	(1.4-4.2)	0.00*
	Education	9.1	(2-30)	0.000**
	Occupation	0.04	(0-0.1)	0.005**
	Marital Status	0.02	(0-0.2)	0.00*
	Religion	0.1	(0.02-0.3)	0.001**
	Distance from the health facility	3	(1.5-20)	0.0002***
Interpersonal Manner	Age	12	(1.2-65)	0.0001 ***
	Gender Female	2.4	(1-34)	0.02*
	Education	0.09	(0.01-0.40)	0.001**
	Occupation	0.10	(0.03-0.50)	0.002**
	Marital Status	2	(1-25)	0.001**
	Religion	10	(2-45)	0.00**
	Distance from the health facility	2.9	(1.5-10)	0.00**
Communication	Age	6	(1-50)	0.030*
	Gender Female	2	(1-25)	0.01*
	Education	0.05	(0.02-0.30)	0.01*
	Occupation	0.03	(0.00-0.2)	0.001**
	Marital Status	3	(2.9-45)	0.0020**
	Religion	3.5	(1.0-35)	0.001**
	Distance from the health facility	2.9	(1.5-20)	0.001**
Financial Aspects	Age	5	(2-29)	0.001**
	Gender Female	2	(1.9-4.9)	0.01*
	Education	0.09	(0.05-0.32)	0.02 *
	Occupation	0.29	(0.10-0.82)	0.001 **
	Marital Status	2	(1-75)	0.0000***
	Religion	12	(2-65)	0.002**
	Distance from the health facility	3	(1-18)	0.001**
Time Spent with Doctor	Age	6.1	(1.3-39)	0.02*
	Gender Female	2.5	(1.1-5.5)	0.003**

	Education	0.1	(0.08-0.65)	0.01 *
	Occupation	0.25	(0.12-0.9)	0.02*
	Marital Status	0.9	(0.8-5)	0.001**
	Religion	10	(1.9-59)	0.003**
	Distance from the health facility	2.5	(2-5)	0.001**
Accessibility And Convenience	Age	4.1	(1.0-15.8)	0.01*
	Gender Female	2.0	(1.5-4.5)	0.001**
	Education	2.5	(1.21-6)	0.01*
	Occupation	1.9	(1.0-3)	0.02*
	Marital Status	1	(1-6)	0.001**
	Religion	3.0	(1.1-7.0)	0.02 *
	Distance from the health facility	3	(1.5-10)	0.001**

*P-value less than 0.05 at 5% level of significant

**P-value less than 0.01 at 5% level of significant

***P-value less than 0.001 at 5% level of significant

Table 4 presents associations between patient satisfaction dimensions and socio-demographic characteristics. Younger patients (18–34 years) reported significantly higher satisfaction across multiple domains, including general satisfaction (AOR=5.2; 95% CI=1.2–41), interpersonal manner (AOR=12; 95% CI=1.2–65), and technical quality (AOR=10; 95% CI=1.5–75). Females were more likely to be satisfied than males (AOR=2.0; 95% CI=1.6–4.6).

Education level influenced satisfaction, with those having high school education showing higher satisfaction in technical quality (AOR=9.1; 95% CI=2–30). Religion also played a role, as Hindu patients reported higher satisfaction in financial aspects (AOR=12; 95% CI=2–65) and time spent with doctors (AOR=10; 95% CI=1.9–59).

Patients traveling less than 60 minutes had 2–3 times higher odds of satisfaction across most domains, emphasizing distance as a key factor in patient experience. Overall, socio-demographic factors significantly influenced patient satisfaction levels.

DISCUSSION

The Indian health system includes both public and private sectors, with accessibility and affordability influencing service usage. However, patient satisfaction, shaped by clinical care, medication availability, staff behaviour, cost, and infrastructure, plays a vital role in improving healthcare services.

This cross-sectional study assessed patient satisfaction at a tertiary care hospital across seven dimensions. The highest satisfaction was in accessibility and convenience (77.2%), while financial aspects had the lowest (35.2%), highlighting cost challenges. Communication (72%), technical quality (72.3%), and interpersonal manner (70.1%) also showed high satisfaction. Age was a key predictor, with significant variations across dimensions.

General Satisfaction reflects patients' overall experience with healthcare services. In our study, 86.6% of patients were satisfied, aligning with findings from other studies [7,9]. However, a study by Adhikari et al. in Nepal reported lower satisfaction levels [10], possibly due to inadequate nonmedical facilities like sanitation and drinking water, which can impact overall patient experience.

The Technical Quality dimension assesses healthcare providers' competence. In our study, all participants (100%) believed the hospital had the necessary resources and trusted their doctors' abilities. While 76.8% occasionally questioned diagnoses, 64.7% felt doctors were thorough in examinations and treatment. Overall, patients were confident in the clinical expertise of their providers, reflecting positively on the facility's medical care quality. These findings align with previous literature.

The Interpersonal Manner dimension reflects healthcare providers' empathy, respect, and attentiveness. While 41.4% of participants felt doctors were too businesslike, the majority (86.6%) found them friendly and courteous. Similar findings have been reported in other studies [10]. The high satisfaction in this area suggests that patients felt heard, understood, and respected, with doctors' polite and pleasant attitudes being a key contributing factor.

The Communication domain assesses the clarity and effectiveness of

information exchange between healthcare providers and patients. In our study, 68.3% of participants felt doctors explained medical tests well, while 34.2% reported occasionally feeling ignored. Effective communication is crucial for patient understanding of health conditions, treatment options, and self-care, making it a key factor in overall satisfaction.

The Financial Aspects dimension received one of the lowest satisfaction scores. All participants lacked confidence in affording medical care, and 64.7% felt they paid more than they could afford, consistent with other studies [10]. High healthcare costs negatively impacted satisfaction, especially in regions where expenses burden individuals and families. Regardless of care quality, financial strain can lead to dissatisfaction, emphasizing the need for more affordable and accessible healthcare services.

The Time Spent with the Doctor dimension influences patient satisfaction by reflecting both the duration and quality of consultations. In our study, 59.1% of participants were satisfied, aligning with previous findings [10]. However, doctor workload may limit time spent with patients. While some studies report higher satisfaction in this area [11], adequate consultation time remains crucial for patient confidence and overall care experience.

The Accessibility and Convenience dimension received high satisfaction (77.1%), largely due to the hospital's rural location, making specialist and tertiary care easily available to nearby villages. This dimension encompasses appointment scheduling, service availability, facility location, and efficiency. While our findings highlight strong accessibility, some studies have reported lower satisfaction in this domain [10].

The findings of this study emphasize the significant impact of socio-demographic factors on patient satisfaction in outpatient services, aligning with existing literature [10]. Individual patient characteristics influence satisfaction levels, though research has shown inconsistent relationships with factors like age, gender, marital status, education, and religion [12]. Our analysis found significant associations between socio-demographic variables and satisfaction, though some studies report no such influence [7].

Age was a key determinant of patient satisfaction, with younger patients (18–34 years) reporting higher satisfaction, particularly in Technical Quality and Interpersonal Manner. These findings align with previous research identifying age, education, and insurance status as influential factors [10]. However, studies in other low- and middle-income countries suggest that older patients tend to report higher satisfaction, likely due to differing expectations [10,13,14,15].

Gender differences in satisfaction were observed, with female patients reporting slightly higher satisfaction across most dimensions. Effective communication plays a crucial role for women, enhancing their sense of understanding and respect in healthcare interactions. Women are also more likely to engage in discussions, ask questions, and seek detailed explanations, contributing to higher satisfaction when providers demonstrate strong communication and interpersonal skills [12]. However, some studies report no significant gender effect [15], while others indicate that men, particularly older ones, report higher satisfaction [14].

Higher education levels were associated with lower satisfaction, particularly in the 'Financial Aspects' domain, likely due to heightened expectations. Educated patients tend to be more informed and critical of healthcare services, expecting greater transparency in costs and higher standards of care [10,15]. This trend has been observed in both high- and low-income settings [12]. However, some studies suggest that less educated patients may report higher satisfaction due to lower expectations or limited ability to assess healthcare quality [14].

Distance to the healthcare facility was positively associated with patient satisfaction across all dimensions, with patients traveling shorter distances reporting higher satisfaction. Similar findings have been documented in previous studies [10]. However, limited research exists on patient satisfaction in similar settings, making direct comparisons challenging. Despite this, the present study's findings provide valuable insights for improving healthcare quality.

CONCLUSION

This study underscores the influence of socio-demographic factors on

patient satisfaction, with younger patients, females, and those with lower education levels reporting higher satisfaction. Key areas for improvement include financial accessibility and doctor-patient interaction time. Strengthening communication about treatment plans and preventive care can enhance adherence and trust in the healthcare system.

Targeted interventions, continuous monitoring, and improved financial accessibility are essential for patient-centred care. Transparent cost communication, better insurance coverage, and regular patient feedback can help reduce disparities and improve healthcare experiences.

While the study benefits from standardized assessments and a representative sample, its cross-sectional design, single-hospital setting, and reliance on self-reported data limit generalizability. Nonetheless, the findings offer valuable insights for policymakers to enhance patient satisfaction in tertiary care settings.

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