

PATIENT SATISFACTION IN NEPAL MEDICAL COLLEGE TEACHING HOSPITAL

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ABSTRACT

Patient satisfaction is considered as a vital indicator to assess the quality of care. Being such an important aspect, evidence has shown that this has not been on a priority list of health care system and thus needs to be addressed. This study was therefore, conducted to assess patient satisfaction in Nepal Medical College Teaching Hospital.

It was a descriptive cross sectional study that involved the participation of 470 participants via convenience sampling method. Face to face interview technique was employed to collect data using semi-structured questionnaire. Both descriptive and inferential statistic (chi square test and independent t test) was used for data analysis. The study finding revealed that more than two third of participants (86.0%) were satisfied with the hospital services and patient satisfaction level was not associated with the variables of the study. Of all the five domains, patients were satisfied with the doctors' care, accessibility of services, and nursing care while they were unsatisfied with hospital policy and hospital facilities. On one hand, patients were satisfied with majority of items of five domains but patients also revealed their dissatisfaction with few items such as: explanation of procedures and way of giving health advice by nurses; cleanliness of bed, toilet, water facilities; payment system and in patient visiting time.

Even though, most of the participants were satisfied with majority of dimensions of care; dissatisfaction with the hospital facilities, hospital policy, nurses' explanation of procedures and health advice calls for the need to take necessary actions in these aspects to enhance patient satisfaction.

KEYWORDS

Nepal, patient satisfaction, teaching hospital

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INTRODUCTION

Patient care is one of the essential aspects of both nursing and medical profession. Over the years, dimension of patient care has changed along with technological advancement, yet the core component remains the same that is, providing quality patient care.¹ One of the effective measures to evaluate the quality of care is to assess the level of patient satisfaction.² Assessment of patient satisfaction helps to identify the gaps and work on those gaps to render effective, efficient, accessible, acceptable, equitable and safe health care services.³⁻¹⁰ Even though, patient satisfaction is an integral component of health care system, in the resource constraint countries like ours, where the priority of health care management is to deliver quality services at affordable cost, assessing patient satisfaction level has gained no limelight. This study was therefore conducted with the motive to assess the level of patients' satisfaction and to identify principal drivers to patient satisfaction among the patients admitted in Nepal Medical College Teaching Hospital (NMCTH).

MATERIALS AND METHODS

This descriptive cross sectional study was conducted in a 750 bedded tertiary level, private teaching hospital (NMCTH) which is located in the capital city of Nepal, Kathmandu. Ethical approval was sought from Nepal Medical College Institutional Research/Review Committee (NMC-IRC) and verbal consent was obtained from the participants before commencing study. A convenience sampling method was employed to collect data from the total of 470 participants (235 each from medical and surgical ward) after calculating the sample size¹¹ using the formula Z^2PQ/d^2 where, P (probability of attribute) was taken in reference to the study by Khan *et al* (2007)⁴ as 45%; $Z=1.96$, d (allowable error) = 10% of P. Participants of 18 or more years of age, admitted for two or more nights, alert and in condition to express their opinion were included in the study while those not willing to participate were excluded.

A semi-structured questionnaire was developed after an extensive literature review to match the context of hospitals in Nepal. The questionnaire consisted of a 34 item five point likert scale and an open ended question which was aimed to collect suggestions from participants to improve patient satisfaction. There was a total of 34 items under the five domains namely: satisfaction towards the hospital basic amenities (6 items), satisfaction towards nursing care (10 items), satisfaction towards doctors' care (8 items), satisfaction towards hospital accessibilities (6 items) and satisfaction towards hospital policy (4 items). The five point likert scale ranged between 1 (indicating very unsatisfied) to 5 (indicating very satisfied). Higher the score, higher was the satisfaction level. The mean score

of three or less was considered as unsatisfied towards service while that of more than three was considered as satisfied in each domain. Similarly, while classifying overall satisfaction level in the total of 34 items, total 34 was multiplied with the midpoint '3' yielding a score of 102 as per the reference by Kothari.¹² Therefore, participants securing score of 102 or less were classified as unsatisfied and more than that were kept under satisfied participants. Data was collected via face to face interview technique.

The content validity of instrument was maintained through comprehensive literature review and consultation with subject experts. Pre-test was done in 10% of total samples (among 47 participants) and were excluded in the main study. The internal consistency of the instrument was measured using the Cronbach alpha test, which yielded the value of 0.77. Data were entered and analyzed via SPSS v. 16. Descriptive statistics was used for socio demographic data and overall patient satisfaction score. Chi square test was used to assess the association between the independent variables and patient satisfaction and independent t test was used to assess any difference in patient satisfaction level between medical and surgical ward.

RESULTS

Half of the respondents (50.9%) fall in the age group of 35 to 64 years, with nearly equal proportion of male and female study participants. Majority of participants (48.3%) were illiterate and agriculture was the main occupation for maximum number of participants. Two third of respondents (67.7%) were never hospitalized at NMCTH. Regarding hospital stay, duration of stay was less than seven days for 81.7% of participants. More than half (56.8%) of the patients were from outside the Kathmandu valley (Table 1). Patient satisfaction was found to be influenced by none of the independent variables assessed such as age, gender, marital status, educational status, ward type, previous hospitalization and length of hospital stay (Table 2).

Cleanliness of ward, physical and psychological safety of ward topped the list of satisfaction among basic hospital amenities (Table 3). With regard to satisfaction with nursing care, respondents were found to be satisfied with all the items assessed, except on the way nurses provided advice about the illness (2.74 ± 1.11) and explained about the nursing procedures (2.72 ± 0.98) to be carried out (Table 4). However, the overall mean score (3.41 ± 0.41) reveals that patients were satisfied with overall nursing care. There was a significant difference ($p < 0.05$) in the satisfaction level in the way nurses gave advice ($p = 0.04$) and explained about the procedure ($p = 0.00$) between medical and surgical ward (Table 4). While analyzing satisfaction with doctors' care, patients seemed to be satisfied with all the items assessed. A significant difference was observed in the way politeness ($p = 0.01$) and respect/dignity ($p = 0.00$)

was maintained by doctors while comparing between medical and surgical ward (Table 5). The aspect of accessibility of services revealed that most of the patients were satisfied with all the items under this domain (Table 6). Visiting hours and payment system in

the counter was the highly rated item of dissatisfaction among study participants under the domain 'Hospital policy'. While, participants were found to be satisfied with hospital charges and ease to information (Table 6).

Table 1: Socio-demographic description of respondents.		n=470	
Variables	Medical Ward n (%)	Surgery Ward n (%)	Total n (%)
Age groups (in years)			
18-34	39 (8.3)	71 (15.1)	110 (23.4)
35-64	122 (26.0)	117 (24.9)	239 (50.9)
≥65	74 (15.7)	47 (10.0)	121 (25.7)
Mean age ±SD= 49.48± 17.820			
Gender			
Male	113 (24.0)	118 (25.1)	231 (49.1)
Female	112 (26.0)	117 (24.9)	239 (50.9)
Marital Status			
Unmarried	29 (6.2)	37 (7.9)	66 (14.0)
Married	185 (39.4)	186 (39.6)	371 (78.9)
Divorce	1 (0.20)	1 (0.20)	2 (0.40)
Widow/widower	20 (4.3)	11 (2.3)	31 (6.6)
Educational Status			
Illiterate	126 (26.8)	101 (21.5)	227 (48.3)
Informal education	28 (6.0)	32 (6.8)	60 (12.8)
Primary education	23 (4.9)	20 (4.3)	43 (9.1)
Secondary education	37 (7.9)	30 (6.4)	67 (14.3)
Intermediate level	15 (3.2)	38 (8.1)	53 (11.3)
Bachelors and above	6 (1.3)	14 (3.0)	20 (4.3)
Occupational Status			
Agriculture	76 (16.2)	80 (17.0)	156 (33.2)
Service	22 (4.7)	21 (4.5)	43 (9.1)
Business	13 (2.8)	21 (4.5)	34 (7.2)
Homemaker	46 (9.8)	54 (11.5)	100 (21.3)
Labor	13 (2.8)	21 (4.5)	34 (7.2)
Student	26 (5.5)	33 (7.0)	59 (12.6)
Retired/Can't work because of work and disease	39 (8.3)	5 (1.1)	44 (9.4)
Previous hospitalization			
Yes	96 (20.4)	56 (11.9)	152 (32.3)
No	139 (29.6)	179 (38.1)	318 (67.7)
Length of stay (at the time of data collection)			
≤ 7 days	210 (44.7)	174 (37.0)	384 (81.7)
>7days	25 (5.3)	61 (13.0)	86 (18.3)
Average length of stay: 6.68±6.94 days			
Address of Patient			
Within Kathmandu Valley	113 (24.0)	90 (19.1)	203 (43.2)
Outside Kathmandu Valley	122 (26.0)	145 (30.9)	267 (56.8)

Table 2: Association between independent variables and Patient Satisfaction. n=470

Variables	Patient Satisfaction			χ^2	p value
	Unsatisfied n (%)	Satisfied n (%)	Total n (%)		
Age groups (in years)					
18-34	19 (4.0)	91 (19.4)	110 (23.4)	1.391	0.499
35-64	30 (6.4)	209 (44.5)	239 (50.9)		
≥65	17 (3.6)	104 (22.1)	121 (25.7)		
Gender					
Male	33(7.0)	198 (42.1)	231 (49.1)	0.022	0.881
Female	33 (7.0)	206 (43.8)	239 (50.9)		
Marital Status					
Unmarried	7 (1.5)	59 (12.6)	66 (14.0)	0.751	0.386
Married	59 (12.6)	345 (73.4)	404 (86.0)		
Educational Status					
Literate	41 (8.72)	202 (42.97)	243 (51.70)	3.338	0.068
Illiterate	25 (5.31)	202 (42.97)	227(48.29)		
Ward Type					
Medical Ward	31 (6.59)	204 (43.40)	235 (50.0)	0.282	0.595
Surgery Ward	35 (7.44)	200 (42.55)	235 (50.0)		
Previous hospitalization					
Yes	21 (4.46)	131 (27.87)	152 (32.34)	0.010	0.922
No	45 (9.57)	273 (58.08)	318(67.65)		
Length of Stay at the time of data collection					
≤ 7 days	52 (11.06)	332 (70.63)	384(81.70)	0.436	0.509
>7 days	14 (2.97)	72 (15.31)	86(18.29)		

Pearson Chi Square (χ^2) Test *: p value significant at < 0.05 level
 Unsatisfied: ≤ 102 score; Satisfied: ≥ 102 score (Total score =170)

Table 3: Patient satisfaction towards basic hospital amenities.

Statements	Patient Satisfaction Mean Score			t test	p value
	Medical Ward (Mean ± SD)	Surgery Ward (Mean ± SD)	Total Mean Score (Mean± SD)		
Domain 1: Basic Hospital amenities (6 items)					
Cleanliness of ward	3.22 ± 0.80	3.31 ± 0.96	3.26 ± 0.88	-1.093	0.275
Physical and psychological safety in ward	3.26 ± 0.96	3.16±0.91	3.21 ± 0.94	1.177	0.240
Elevator facilities	2.99 ± 0.92	3.01 ± 0.90	3.0 ±0.91	-0.25	0.80
Cleanliness of bed	3.06 ± 0.96	2.91 ± 1.02	2.98 ± 0.99	1.624	0.105
Water facilities	2.44 ± 1.07	2.18 ± 1.00	2.31 ± 1.05	2.74	0.006*
Cleanliness of bathroom and toilet facilities	2.17 ± 1.09	2.29 ± 1.06	2.23 ± 1.07	-1.11	0.26
Overall Mean score	2.85 ± 0.48	2.80 ± 0.57	2.83 ± 0.52	1.003	0.018*

Table 4: Patient satisfaction towards nurses' care.

Domain 2: Nursing care (10 items)					
Statements	Medical Ward (Mean ± SD)	Surgery Ward (Mean ± SD)	Total Mean Score (Mean± SD)	t test	p value
Friendly and courteous manner of nurses	3.96 ± 0.54	3.88 ± 0.68	3.92 ± 0.62	1.416	0.157
Confidence and trust in nurses	3.79 ± 0.72	3.75 ± 0.82	3.77 ± 0.77	0.53	0.59
Answers your questions in a way you could understand	3.60 ± 0.89	3.57 ± 0.79	3.59 ± 0.84	0.273	0.785
Treats you with respect , dignity and maintains privacy	3.53 ± 0.86	3.65 ± 0.83	3.59 ± 0.84	-1.579	0.11
Addresses your worries and concerns	3.50 ± 0.85	3.58 ± 0.81	3.54 ± 0.83	-1.050	0.29
Involves you and your family in making decisions about your care.	3.49 ± 0.89	3.59 ± 0.91	3.54 ± 0.90	-1.22	0.22
Knows about your latest condition	3.42 ± 0.83	3.53 ± 0.74	3.47 ± 0.78	-1.465	0.14
Attends you immediately when called for help without delaying	3.26 ± 0.95	3.29 ± 1.01	3.27 ± 0.98	-0.32	0.74
Gives you advice about the ways to avoid illness and stay healthy	2.64 ± 1.13	2.84 ± 1.08	2.74 ± 1.11	-1.99	0.04*
Explains about every details before, during and after procedure	2.58 ± 0.97	2.86 ± 0.97	2.72 ± 0.98	-3.077	0.002*
Overall Mean Score	3.37 ± 0.37	3.45 ± 0.43	3.41 ± 0.41	-2.068	0.033*

Scores of each domain converted out of 5 (Minimum Score = 1 and maximum score =5; Overall Mean Scores ≤ 3: unsatisfied; Overall mean score >3: satisfied) *:p value significant at <0.05 level

Table 5: Patient satisfaction towards doctors' care.

Domain 2: Doctors' care (8 items)					
Statements	Medical Ward (Mean ± SD)	Surgery Ward (Mean ± SD)	Total Mean Score (Mean± SD)	t test	p value
Confidence and trust in doctors	3.94 ± 0.67	3.94 ± 0.62	3.94 ± 0.64	0.14	0.88
Speaks to you politely	3.86 ± 0.71	4.00 ± 0.65	3.93 ± 0.68	-2.35	0.019*
Addresses your worries and concerns	3.69 ± 0.75	3.69 ± 0.79	3.69 ± 0.77	-0.60	0.95
Involves you and your family in making decisions about your treatment and care	3.60 ± 0.75	3.65 ± 0.83	3.63 ± 0.79	-0.63	0.52
Knows about your latest condition/ Progress	3.61 ± 0.75	3.60 ± 0.74	3.60 ± 0.75	0.24	0.80
Gives information about your disease condition and treatment modalities to your satisfaction	3.50 ± 0.90	3.53 ± 0.82	3.51 ± 0.86	-0.42	0.67
Explains in details about every procedures before, during and after procedure	3.32 ± 0.94	3.32 ± 0.92	3.32 ± 0.93	0.00	1.00
Treats you with respect, dignity and maintains privacy	3.00 ± 1.05	3.29 ± 0.95	3.14 ± 1.016	-3.20	0.001*
Overall Mean Score	3.56 ± 0.43	3.62 ± 0.44	3.59 ± 0.43	-1.568	0.896

Scores of each domain converted out of 5 (Minimum Score = 1 and maximum score = 5; Overall Mean Scores ≤ 3: unsatisfied; Overall mean score >3: satisfied) *:pvalue significant at <0.05 level

Table 6: Patient satisfaction towards accessibility of services and hospital policy

Domain 4: Accessibility (6 items)						
Statements	Medical Ward (Mean ± SD)	Surgery Ward (Mean ± SD)	Total Mean Score (Mean± SD)	t test	p value	
Prescribed medicines available at hospital pharmacy	3.74 ± 0 .80	3.75 ± 0 .76	3.74 ± 0.78	-0.23	0.81	
Scheduled procedures performed at an appointed time	3.66 ± 0.74	3.65 ± 0.74	3.66 ± 0.74	-0.18	0.85	
Admission process is well organized.	3.54 ± 0 .91	3.65 ± 0.887	3.59 ± 0.99	-1.38	0.16	
Investigations : USG, CT scan, X-ray are done in time without delay	3.35 ± 0.85	3.40 ± 0.89	3.37 ± 0 .87	-0.63	0.52	
Lab services: (availability of staff, report dispatched timely)	3.34 ± 0 .99	3.34 ± 0.97	3.34 ± 0 .98	-0.47	0.96	
Availability of consultant doctors.	3.01 ± 0.90	3.18 ± 0 .91	3.10 ± 0 .91	-1.98	0.04*	
Overall Mean Score	3.43 ±0.43	3.49 ± 0.46	3.46 ± 0.44	-1.371	0.373	
Domain 5: Hospital Policy (4 Items)						
Hospital charges are reasonable	3.26 ± 0.79	3.34 ± 0.75	3.30 ± 0.77	-1.01	0.31	
Information regarding hospital services can be easily obtained	2.91 ± 1.06	3.36 ± 0 .98	3.14 ± 1.05	-4.66	0.00*	
The visiting time and hours allocated in ward is systematic and adequate	2.94 ± 1.14	2.79 ± 1.08	2.86 ± 1.11	1.448	0.14	
Easy to pay bills in counter	2.61 ± 0 .90	2.51 ± 1.02	2.56 ± 0.96	1.143	0.25	
Overall Mean Score	2.93 ± 0.51	2.99 ± 0.52	2.96 ± 0.51	1.377	0.832	

Scores of each domain converted out of 5 (Minimum Score = 1 and maximum score = 5; Overall Mean Scores ≤ 3: unsatisfied; Overall mean score >3: satisfied) *:pvalue significant at <0.05 level

An open ended question was asked to explore the required improvements to be made by the hospital to enhance patient satisfaction. The responses of participants were analyzed descriptively and grouped to identify the main themes. Patients emphasized on: cleanliness of toilet (27.02%), and separate registration counter for emergency, outpatient department (OPD) and ward patients (26.38%) as the major improvements to be done by the hospital. Similarly, 17.87% stressed on the need of clean drinkable water facilities while, 16.80% participants focused on the need of visitor room. Some of the patients (11.07%) did felt the need of explanation about the disease process, treatment, state of patient, prognosis by doctors to enhance quality care. Besides these, other felt need of patients were, clean bed sheets (7.02%), cleanliness of bed (6.17%), facility of hot and cold water (6.17%), increment in the number of toilet (5.31%), proper communication by doctors and nurses (5.31%) and allocation of fixed visiting hours (5.74%).

The overall mean score indicates that the highest ranked item of satisfaction was the doctors' care, followed by accessibility of services and nursing care. While, the least was the satisfaction towards basic hospital amenities. More than two third of respondents (86.0%) were found to be satisfied with the services provided by NMCTH (Table 2).

DISCUSSION

There are mixed evidence on whether socio-

demographic factors could influence the patient satisfaction level. Age did not influence patient satisfaction in our study which is similar with the finding of other studies.^{13, 14} However, some studies^{15, 16} have reported that patient satisfaction increases with advancing age. This could be mainly because of the respect given to the older patients than younger patients or may be because older people did not expect much as they were unaware of their rights.¹⁵

Gender wise, patient satisfaction was found to be similar in male and female participants in this study which is comparable to other studies.¹⁷ Nevertheless, some studies,¹⁸ revealed more satisfied female than male while some, reported more satisfied male than female participants.^{13, 15} The possible explanation for this may be because females might have expected less due to ignorance about the standards of the care as they are more confined to home,¹⁹ while it may be equally possible that female are more likely to be aware of hygiene, practical skills and expect more from health care facility.¹⁵

Respondents who were illiterate were found to be more satisfied than literate which is agreed by few other studies.^{15, 17} This may be because, respondents who are illiterate tend to have less or no information regarding the patient's rights and therefore, might have believed that the care provided to them is adequate enough.

Type of ward was shown to have no impact in patient satisfaction level in this study, which coincides with the finding of another study.¹⁸ On the contrary, patient satisfaction was found to be slightly higher in surgical ward than in medical ward in a study by Ahsan *et al.*¹⁹ This could possibly attributed to the increased interaction between medical professionals and patient party as more procedures are conducted in surgery

than in medical ward such as taking informed consent, explaining about operative procedures.

Patients' bitter or better experience in the past might play the role on how they take the present hospital stay. Our study findings shares similarity with few studies,^{16,20} to support that previous hospitalization does not influence in patient satisfaction level. In contradiction, Ahmed *et al*²¹ reported that the patients who were never hospitalized before were 3.8 times more likely to be satisfied than those who were previously hospitalized. It has been mentioned that with the increase in hospital stay, attention of health care personnel tends to decrease.¹⁴ Yet, there are studies which have mentioned that patient satisfaction increases with the increase in stay,²² which is likely due to increased interaction and attachment between health care professionals and patients.

Among all the basic pre-requisites, patients reported least satisfaction with cleanliness of toilet/bathroom in our study and this finding is in accordance with that of other studies.^{6,23} Dissatisfaction with water facilities was identified in this study and other two studies,^{17,24} where only 45.7% and 35% agreed that the clean drinking water was easily available. Unlike our study finding, another study conducted in Nepal have revealed lower percentage (7.20%) of patient satisfaction with safety.¹⁰ This may be because many hospitals of Nepal are still striving to fulfill other services such as logistics need and extension of outpatient services than focusing on safety and security need of patients.

The most liked aspects of nursing care in our study were the friendliness and courteous behavior of nurses which is in line with the study conducted in India.²⁵ Inconsistently, Jawahar,²⁶ reported that only 40% of patients thought that nurses were friendly while in the study by Khan *et al*⁴ 90% of the patients were not feeling comfortable talking to nurses. This variation could be because of the individual differences in the attitude of nurses and may be due to the working environment of nurses. Explanation of procedures and delivering information about the disease condition are not only among the least rated items in our study, but similar finding was mentioned in other studies.^{6,15} The possible reasons for this could be varied but the main influence may be due to short-staffing pattern, increased workload of nurses or ignorance on the part of nurses.^{15,27}

Findings of the present study show that, respondents were satisfied with the overall services provided by doctors which shares similarity with few other studies.^{13,28} This may be due to societal value and prestige given to the doctors as a high level professionals which may have led to form positive perception towards doctors care. Most of the patients who were seeking care at NMCTH were satisfied with the doctors' care as they felt that their worries/concerns were addressed and patients were satisfied with the way doctors informed them about the disease condition. These results are consistent with the study conducted in Nepal by Subedi and Uprety¹⁰ which mentioned that 75.2% of patients did felt that doctors listened to them carefully. One of the least rated items in our study was: explanation of

procedures by doctors. This finding coincides with the study finding by Subedi and Uprety¹⁰ which reported that only 49.1% were satisfied with the explanation of procedures by doctors. This could possibly be due to work load of doctors because of which they may not have got time to explain about the procedures or may be due to little value given about the importance of explaining about the procedures by doctors. It is also possible that doctors might have thought that patients won't understand technical words, so they may not have felt the need to explain in detail about the procedures to the patients.

Patients were not satisfied (2.56 ± 0.96) with the payment system in the counter in this study. Studies have documented mixed findings on this regard revealing excellent patient satisfaction (86.2%) in one of the study¹³ and moderate level of satisfaction (65.8%)¹⁰ in another study. Hospital charges were one of the highest rated items of satisfaction in this study which contradicts with the finding of another study conducted in Western Regional Hospital of Nepal.³ This could be because, poor rural people generally visit government hospital and they expect some sort of subsidization from the government as they cannot afford even the minimal expense. While, NMCTH is a private hospital and people visiting a private hospital may assume that the cost is high. But, since the cost may have been reasonable than what they thought, patient may have been satisfied with the hospital charges.

No study is devoid of limitation and this study is not an exception. Lack of random sampling method in selecting sample, small sample size, and inclusion of only one setting might influence the result of this study and may limit its generalizability.

In conclusion, majority of patients were satisfied with the services and the care delivered in NMCTH. Cleanliness of bed, toilet, proper water facilities, separate counter system for ward/OPD/emergency cases, provision of visitors room were the major suggestions given by patients to improve. Explanation of procedures and health advice to patients are the two main aspects that nurses have to improve. While, doctors should try to maintain privacy of the patients and explain them about the procedures properly. To fix all these loop holes, there is a necessity for regular tracking of various aspects of patient care by health care providers to stimulate mechanism to foster patient satisfaction and quality patient care.

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Conflict of Interest: None

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