

Assessing the Relationship between Demographic Attributes and Patients' Views of Hospital Environment

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Received: January 23, 2024; Revised & Accepted: March 29, 2024

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Abstract

The objective of this study was to examine the relationship between patient demographic factors (gender, age, marital status) and their perception of a patient-friendly hospital environment. A cross-sectional study was conducted using a questionnaire to collect data from 41 patients at a hospital in Kathmandu, Nepal. The questionnaire assessed perceptions of privacy, visitation, amenities, way finding, and other aspects that contribute to a patient-friendly environment. Correlation analysis was used to analyze the relationship between demographic variables and overall satisfaction. Most respondents were younger, female patients. Descriptive analysis found neutral to average satisfaction across different environment domains. Correlation analysis showed no significant relationships between gender, age, marital status and perception of a patient-friendly environment ($p > 0.05$ for all). Patient demographics did not appear to influence perceptions of a patient-friendly environment in this study. While most domains scored neutrally, opportunities remain to enhance certain areas like bathroom accessibility and parking. Larger studies are needed to further understand how hospitals can optimize their physical environments to better support patients.

Keywords: Hospital, Environment, Gender, Patient, Sex

Introduction

This study forms part of a broader program of research, which examined the factors that influence the attitudes and perceptions of patients to Government hospital built environments. Douglas & Douglas, (2004) states that there is some evidence that the built environment of the hospital can influence the healing process and that it can have a direct impact on patient outcomes including for example reducing levels of anxiety and stress, shortening recovery periods following surgery through enabling views of nature, increasing social interaction through improved positioning of furniture and significantly decreasing pathological behavior through creation of a supportive, stabilized environment for patients. Emerging findings appears to support the assertion of a link between good surroundings and positive patient outcomes. There is a need to explore the issues surrounding patients' perceptions of and attitudes to hospital environments and to determine factors that contributed to their experience within that environment.

Recent attention in health care has been on the actual architectural design of a hospital facility, including its technology and equipment, and its effect on patient safety (Pokharel, Aryal, Yadav, & Pokharel, 2021). To address the problems of errors in health care and serious safety issues, fundamental changes of health care processes, culture, and the physical environment are necessary and need to be aligned, so that the caregivers and the resources that support them are set up for enabling safe care. The facility design of the hospital, with its equipment and technology, has not historically considered the impact on the quality and safety of patients, yet billions of dollars are and will be invested annually in health care facilities. This provides a unique opportunity to use current and emerging evidence to improve the physical environment in which nurses and other caregivers work, and thus improve both nurse and patient outcomes (Reiling, Hughes, & Murphy, 2008). The role of 'place' in the creation and maintenance of health has recently been acknowledged and studied. Researchers are increasingly noting that factors such as perception of and the nature of social relationships that occur affect health. The study suggests that the design of the built environment of the hospital can have a major effect on the degree of 'social k that takes place. Some describe this in relation to the importance of the positioning of beds or furniture within a ward that make it easier for patients to interact with each other. (Fadda, 2020) found that a successful health system has three dimensions: outcomes— means attaining the highest level of healthcare that is effective, safe, timely, patient-centered, and efficient; equity—meaning that treatment is applied without discrimination or disparities to all individuals and families, regardless of age, group identity, or place; and fairness—the system is fair to the health professionals, institutions, and businesses supporting and delivering care (Acharya, Kharel, & Upadhyaya, 2023).

Starkey and Parsons, (2014) observed that an unexpected stay in the hospital can be a traumatic and stressful experience. In addition to the pain and discomfort endured as a result of injury or illness, patients often experience increased stress associated with the healthcare facility itself

such as “ delirium, elevated blood pressure, increased need for pain medication and longer hospital stays following surgery” (Ulrich, 1992, p. 20). This stress is counterproductive for both the patient and hospital staff and may be preventable because patient centered design has been shown to counteract negative patient reactions related to the hospital stay (Devlin & Arneill, 2003; Ulrich, 1992).

An optimal hospital environment (the “healing environment”) can enhance patients’ postoperative recovery and shorten length of stay. However, insights lack into patients’ lived environmental needs for optimal healing after surgery and how these needs are being met. Modern hospital indoor environment aims at fulfilling the psychological needs and preferences of the people who use it. Nowadays, physical and non-physical and healing environments are perceived as potential contributors to recovery processes. Unlike curing, healing relates to aspects of health that are psychological and spiritual (Mahmood and Tayib, 2021).

Robinson, Gardiner, & Ingleton, (2018) recommended to pay attention to the things that can be changed, such as enabling family to stay and improving the flexibility of the physical environment while improving the social interplay between patients and health professionals, may be a more realistic approach than replicating the hospice environment in order to reduce the burden of hospitalizations for patients with palliative care needs.

Statement of the Problem

Patient friendly hospital environment has been achieved up-to certain extend in various private and government hospitals like installing curtains, locating toilets correctly and common rooms for visitors so on so forth. But if we look at a broader scenario patient friendly hospital environment is a need rather than just a criteria which is negligible or optional since it has a very vast and holistic impact on a patients’ health and mental wellbeing as a whole so to get deeper into the subject matter we need to look into various issues and address it such as:

This research addresses the following issues

- What role does privacy plays in providing patients with a hospital friendly environment?
- Is there any impact of physical design on patient friendly hospital environment and what are the physical design changes required to do so?
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Objective of the Study

- To examine relationship between Demographic Attributes and Patients' Views of an Hospital Environment

Research Hypothesis

- There is a significant relationship between sex and patient friendly hospital environment
- There is significant relationship age and patient friendly environment in hospitals.

- There is significant relationship marital status and patient friendly environment in hospitals.

Literature Review

Douglas and Douglas, (2004) conducted a research related to patient-friendly hospital environment. The main aim of this research was to explore patients' feelings about the environment, using SRHT as a case study, in order to gather information about what is best for the patient using the service and to identify what they and their families need. The objective of the research was to help to develop design excellence, to improve the built environment of hospitals so as to make future hospitals places and spaces responsive to patient needs. A number of studies, particularly from North America, have discussed the notion of healing environments in which the influence of the immediate surroundings helps people to get better. Such healing environments shorten people's post-operative recovery period and help to return them to a good state of mind and physical health. In one of the earliest studies of the important role of hospitals as healing environments, Ulrich suggested that stress was a major obstacle to healing and that the wellbeing and recovery of patients was directly related to the physical environment of the hospital and its health care facilities. Later studies suggest that the hospital environment is itself a 'healing landscape' that has a distinct effect on the health and recovery of patients.

A number of authors have discussed the relationship between mental stress and the healing effect of the natural and urban environment. Ulrich *et al* (2004) have shown that exposure to natural and urban environments has a direct impact on recovery from stress. Accordingly, the physical environment of a hospital has significant effects on patients' mental processes and their social wellbeing. Ulrich's ideas of supportive designs for health care environments suggest that hospitals should take steps to enhance the features of the patients' surroundings to hold their attention and interest without creating further difficulties that add to their fatigue and distress. Within the UK, Francis *et al.* discussed the fundamental shift that is taking place in the way that health professionals define health and evaluate health care buildings and pointed to the emergence of therapeutic environments as a factor which contributed positively to the healing process. Furthermore, Francis and Glanville, in considering a vision for future health care, pointed to the significance of the quality of design in the therapeutic environment. Research reviewed suggests that the built environment of a hospital influences the healing process and has a direct effect on patient health outcomes. A healing environment can help to reduce the stress that patients encounter during a period of hospitalization and thereby help them in their personal recovery and recuperation.

Adamson, Pow, Houston, & Redpath, (2017) conducted research on patient experience in the rural hospital in Scotland. The findings showed that relationships with staff and other patients were important. The patients also wanted to feel valued, and helping others was part of this. The patients had clear expectations of the service but had an acute awareness of the benefits of

attending the day hospital such as coordination of their care. Overall, the patients were highly satisfied, felt that care was person-centered and recognized the advantages of remaining close to home.

Chegini, Janati, Bababie, & Pouraghaei, (2019) found that the role of patients in furthering their own safety whilst in hospital cannot be underestimated and the results from this study can be used to support the development of practical strategies that address the delivery of safe hospital care and which involve patients and their caregivers.

According to Franklin, Gandhi, Bates, Huancahuari, Morris, Pearson, & Goralnick, (2020), Navigating the healthcare system is stressful and, too often, unsafe for patients, family, and staff. Patient safety is a globally recognized concern with healthcare-associated infections (HAIs) affecting 1 in 25 hospitalized patients and medication errors costing an estimated US\$42 billion worldwide each year. Clinician well-being and job satisfaction are growing priorities as burnout rates rise and health information technologies pose new challenges to providing care. Most organizations are shifting care delivery models in response to the needs of the community and renewed patient and payer emphasis on patient experience as a key performance indicator.

The importance of personalized and dignified care is increasingly being recognized in health care policy and practice. Despite the known impact of clothing on social identity and self-expression, the impact of hospital clothing on patient well-being has been widely overlooked. Patients are often required to wear hospital clothing, commonly a backless gown, during medical procedures and surgeries. The impact of wearing patient clothing on well-being, during this time of vulnerability, was explored (Morton, 2020).

Methodology

The research is qualitative study with descriptive design (Mahat, Neupane, & Karki, 2023). Whoever were okay enough to attend were welcomed and given a set of questionnaires and a pen. They were provided with brief description about the purpose or aim of research. Patients were selected to provide diversity both in terms of their length of experience as a hospital inpatient and the type of specialty area across the four major clinical divisions of the hospital. These were general surgery, general medicine, care of the elderly and maternity. Patients were eligible to take part in the study if they had a length of inpatient hospital stay of 5 days or longer and were well enough to take part in a 15 min survey session. Of the 41 participants, 28 were female and 12 male. Their ages ranged from 19 to 68 years. The length of time they had been in hospital at the time of the session ranged from 5 to 60 days. Using the questionnaire survey method we collected the patients reviews and feedbacks regarding the hospital's environment and its friendliness level (Mahat, 2023). The questionnaire focused on examining the various

aesthetic, social and internal/external hospital policies in the hospital contributing to its patient friendly environment.

Results

In this research, new econometric model and different statistical tools was used to measure patient friendly hospital environment in hospitals. Different statistical tools such as correlation of coefficient, frequency were used to test hypothesis. The appropriate computer software (SPSS) was extensively used to measure the relationship between the variables under study (Mahat, 2024; Bhattarai, 2023; Parajuli, Mahat, & Kandel, 2023).

Data presentation and analysis

For the descriptive analysis a well-structured questionnaire was distributed to 41 respondents.

Table 1: Demographic analysis

| | | Frequency | Percentage | Mean |
|----------------|-----------|-----------|------------|-------|
| Sex | Male | 12 | 28.6% | |
| | Female | 30 | 71.4% | |
| | Others | 0 | 0.0% | |
| Age | | | | 27.88 |
| Marital status | Unmarried | 29 | 69.0% | |
| | Married | 13 | 31.0% | |

A total number of 41 respondents have been taken for conducting research in the survey for the purpose of obtaining search results. The respondents have been representing sex, age, and marital status from Kathmandu Valley.

Table 1 shows the respondents profile accordance with sex. Male respondent has found to be 28.6% percent and female respondents have recorded to be 71.4% percent. It can be concluded that majority of respondents were female (71.4%).The average mean of age is found to be 27.88. There are 69 percent respondents who are single and 31 percent who are married. According to result, the majority of respondents are single; it can be inferred (69%).

Descriptive Analysis

Table 2: Response Statistics

| | | Count | Column N % |
|---|-------------------|-------|------------|
| The conversation is highly confidential while talking with the doctors. | Strongly Disagree | 1 | 2.4% |
| | Disagree | 3 | 7.1% |
| | Neutral | 12 | 28.6% |

| | | | |
|---|-------------------|----|-------|
| | Agree | 19 | 45.2% |
| | Strongly Agree | 7 | 16.7% |
| You can communicate in private with the visitors. | Strongly Disagree | 3 | 7.1% |
| | Disagree | 12 | 28.6% |
| | Neutral | | 14.3% |
| | Agree | 18 | 42.9% |
| | Strongly Agree | 3 | 7.1% |
| There is enough facility for personal belongings. | Strongly Disagree | 3 | 7.1% |
| | Disagree | 7 | 16.7% |
| | Neutral | 17 | 40.5% |
| | Agree | 14 | 33.3% |
| | Strongly Agree | 1 | 2.4% |
| Bathrooms and toilets are privately accessible. | Strongly Disagree | 5 | 11.9% |
| | Disagree | 20 | 47.6% |
| | Neutral | 8 | 19.0% |
| | Agree | 7 | 16.7% |
| There is enough space for vehicle parking. | Strongly Agree | 2 | 4.8% |
| | Strongly Disagree | 6 | 14.3% |
| | Disagree | 8 | 19.0% |
| | Neutral | 12 | 28.6% |
| | Agree | 12 | 28.6% |
| | Strongly Agree | 4 | 9.5% |
| Nurses are easy to reach out and call when required. | Strongly Disagree | 6 | 14.3% |
| | Disagree | 11 | 26.2% |
| | Neutral | 11 | 26.2% |
| | Agree | 12 | 28.6% |
| | Strongly Agree | 2 | 4.8% |
| There are practical and flexible visiting hours for patients. | Strongly Disagree | 3 | 7.1% |
| | Disagree | 8 | 19.0% |
| | Neutral | 13 | 31.0% |
| | Agree | 16 | 38.1% |
| | Strongly Agree | 2 | 4.8% |
| | Strongly Disagree | 4 | 9.5% |
| The external and internal ambience of the hospital is pleasant. | Disagree | 7 | 16.7% |
| | Neutral | 16 | 38.1% |
| | Agree | 13 | 31.0% |

| | | | |
|--|-------------------|----|-------|
| | Strongly Agree | 2 | 4.8% |
| There is a proper mapping of directions for all departments of the hospital. | Strongly Disagree | 2 | 4.8% |
| | Disagree | 5 | 11.9% |
| | Neutral | 13 | 31.0% |
| | Agree | 15 | 35.7% |
| There is enough lifts and elevator facility for people movements as well as equipment movements. | Strongly Agree | 7 | 16.7% |
| | Strongly Disagree | 5 | 11.9% |
| | Disagree | 4 | 9.5% |
| | Neutral | 9 | 21.4% |
| | Agree | 11 | 26.2% |
| | Strongly Agree | 13 | 31.0% |

This section includes the statistical analysis of the 42 respondents' response to the different statements relating to the dependent and independent variables. The statements were analyzed using frequency and percentage in this section.

The respondents were asked whether, "The conversation is highly confidential while talking with the doctor". Out of 42 respondents 1(2.4%) responded "strongly disagree", 3(7.1%) responded "disagree", 12(28.6%), "neutral", 19(45.2%) replied that they "agreed", 7(16.7%) responded "strongly agreed". It can be concluded that the majority of the respondents agree that the conversation is confidential between patients and doctors.

The respondents were asked whether, "You can communicate in private with the visitors". Out of 42 respondents 3(7.1%) responded "strongly disagree", 12(28.6%) responded "disagree", 6(14.3%), "neutral", 6(14.3%) replied that they "agreed", 18(42.9%) responded "strongly agreed". We can see that many of the respondents strongly agree that communication can be private with the visitors.

The respondents were asked whether, "There is enough facility for personal belongings". Out of 42 respondents 3(7.1%) responded "strongly disagree", 7(16.7%) responded "disagree", 17(40.5%), "neutral", 14(33.3%) replied that they "agreed", 1(2.4%) responded "strongly agreed".

It can be concluded that majority of the respondents are neither satisfied and nor dissatisfied so their response is neutral. The respondents were asked whether, "Bathroom and toilets are easily accessible". Out of 42 respondents 5(11.9%) responded "strongly disagree", 20(47.6%) responded "disagree", 8(19.0%), "neutral", 7(16.7%) replied that they "agreed", 2(4.8%) responded "strongly agreed". It is estimated that nearly half of the respondents disagree to the statement of accessible toilets and bathrooms.

The respondents were asked whether, “There is enough space for parking”. Out of 42 respondents 6(14.3%) responded “strongly disagree”, 8(19.0%) responded “disagree”, 12(28.6%), “neutral”, 12(28.6%) replied that they “agreed”, 4(9.5%) responded “strongly agreed”. It has been found that only around 10 % strongly agreed that the parking space is enough.

The respondents were asked whether, “Nurses are easy to reach out and when required”. Out of 42 respondents 6(14.3%) responded “strongly disagree”, 11(26.2%) responded “disagree”, 11(26.2%), “neutral”, 12(28.6%) replied that they “agreed”, 2(4.8%) responded “strongly agreed”. In this statement the responses were neutral while very low percentage of respondents believed that nurses are easy to reach out when required.

The respondents were asked whether, “There are practical and flexible visiting hours for patients”. Out of 42 respondents 3(7.1%) responded “strongly disagree”, 8(19.0%) responded “disagree”, 13(31.0%), “neutral”, 16(38.1%) replied that they “agreed”, 2(4.8%) responded “strongly agreed”. It shows that the minimum range of people strongly disagreed that the hospital provides practical and flexible visiting hours for patients while around 40% were neutral

The respondents were asked whether, “The external and internal ambience of the hospital is pleasant”. Out of 42 respondents 4(9.5%) responded “strongly disagree”, 7(16.7%) responded “disagree”, 16(38.1%), “neutral”, 13(31.0%) replied that they “agreed”, 2(4.8%) responded “strongly agreed”. It can be seen that 38.1% of respondents disagreed regarding the pleasant external and internal ambience of the hospital and almost only 5% were satisfied with the ambience of the hospital.

The respondents were asked whether, “There is proper mapping of directions for all the departments of the hospital”. Out of 42 respondents 2(4.8%) responded “strongly disagree”, 5(11.9%) responded “disagree”, 13(31.0%), “neutral”, 15(35.7%) replied that they “agreed”, 7(16.7%) responded “strongly agreed”. It is estimated that around 36% agreed that there is proper mapping of directions for different departments of the hospitals.

The respondents were asked whether, “There is enough lift and elevator facility for people movements as well as equipment movements”. Out of 42 respondents 5(11.1%) responded “strongly disagree”, 4(1%) responded “disagree”, 17(40.5%), “neutral”, 14(33.3%) replied that they “agreed”, 14(33.3%) responded “strongly agreed”. It can be concluded that only 1% respondents disagree on the statement that there is enough lift and elevator facility for people as well as equipment movements while 40% were neutral.

Correlation

This section constitutes of the correlation analysis between different independent variables and dependent variables i.e. patient- friendly and hospital environment. The table shows the Pearson correlation along with the significance of the independent variable on the dependent.

Table 3: Correlation between sex and patient friendly environment in hospital

| | | Sex | Mean |
|------|---------------------|------|------|
| Sex | Pearson Correlation | 1 | .085 |
| | Sig. (2-tailed) | | .595 |
| | N | 42 | 42 |
| Mean | Pearson Correlation | .085 | |
| | Sig. (2-tailed) | .595 | |
| | N | 42 | 42 |

*. Correlation is significant at the 0.05 level (2-tailed). N= 42

Table 3 shows the correlation co-efficient between sex and patient friendly hospital environment. The correlation co-efficient between privacy and government hospital environment was found to be 0.085 which is negatively correlated. Its p-value is 0.595 which is more than 0.05 i.e., $0.039 < 0.05$. Therefore, there is no significant relationship between sex and patient friendly hospital environment ($r=0.085$, $p=0.595$).

Table 4 Correlation between age and patient friendly environment in hospital

| | Age | Mean |
|---------------------|----------------------|-------|
| Pearson Correlation | 1 | -.016 |
| | | .919 |
| Age Sig. (2-tailed) | | |
| N | 42 | 42 |
| Pearson Correlation | | |
| | Mean Sig. (2-tailed) | -.016 |
| N | .919 | |
| | 42 | 42 |

*. Correlation is significant at the 0.05 level (2-tailed). N= 42.

Table 4 result shows that there is no significant relationship between age and patient friendly environment in hospitals ($P > 0.05$). This result rejects the alternative hypothesis 2(H_2 : There is significant relationship age and patient friendly environment in hospitals).

Table 5: Correlation between marital status and patient friendly environment in hospital

| | | Marital status | Mean |
|----------------|---------------------|----------------|-------|
| Marital status | Pearson Correlation | 1 | -.068 |
| | Sig. (2-tailed) | | .668 |
| | N | 42 | 42 |
| Mean | Pearson Correlation | -.068 | 1 |
| | Sig. (2-tailed) | .668 | |
| | N | 42 | 42 |

*. Correlation is significant at the 0.05 level (2-tailed). N= 42.

Table 5 result shows that there is no significant relationship between marital status and patient friendly environment in hospitals ($P>0.05$). This result rejects the alternative hypothesis 2(H_2): There is significant relationship marital status and patient friendly environment in hospitals

Conclusion

A central aim of this study was to explore patients' perception and attitudes to hospital environments and to determine the factors that contributed to their experience. Findings revealed the breadth and complexity of patient's views on the environmental surroundings and emphasized the importance that they attributed to that setting. The research also pointed to the vital link that exists between the environment and the organizational culture within a hospital. Hospital environments include a coalition of values and support behaviors that reflect the cultural norms at departmental levels and across wards. It is necessary to recognize the critical importance of this broader context within which quality health care environments need to be situated. The findings from this research point to the similarity of priorities and issues raised by all patients but also highlight the importance of specific factors that immediately impacted on patients or their families personally of particular interest is the finding that patients perceived the built environment of the hospital as a supportive health environment.

All the null hypothesis were rejected because value of significance were less than 0.05. So, we can infer the relationship between patient-friendly and hospital environment were highly and moderately significant.

Three components namely privacy, physical design and social interaction statistically significant impacts on patient-friendly hospital environment with significant level at 5%.

These findings add to the growing body of evidence that will inform the development and creation of patient-focused health care environments for the future and if linked to supportive organizational behaviors can contribute to desired therapeutic outcomes for patients, and patient and family satisfaction.

Recommendation

After the analysis of all the collected data, we can conclude that factors affecting variables have significant relationship with the government hospital environment. The independent variables and the government hospital environment have low positive correlation which means there is still room for the continuous improvements. The government hospital may try to focus and put more effort on the variables like privacy because it has the lowest mean value.

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Baneshwor Campus Journal of Academia (BCJA)

Vol. 3, No. 1, May 2024. Pages: 108-120

ISSN: 2705-4586 (Print), ISSN:2990-7772 (Online)

DOI: <https://doi.org/10.3126/bcja.v3i1.65626>

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