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Socio-Demographic Predictors of Patient Satisfaction with OPD Services at a Private Hospital in Rural Nepal

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Abstract: Patient satisfaction is a vital indicator of healthcare quality and is significantly influenced by socio-demographic factors. Understanding how these factors impact satisfaction helps healthcare providers improve service delivery. To investigate the relationship between socio-demographic variables and patient satisfaction with outpatient department (OPD) services at Shivdarshan Central Hospital Pvt. Ltd., Rautahat, Nepal, a descriptive cross-sectional study was done amongst 206 patients who attended the OPD. A structured questionnaire containing the PSQ-18 was utilised to collect data, including socio-demographic details and satisfaction ratings across diverse service areas. Data were cleaned in SPSS, and chi-square tests, ANOVA, and binary logistic regression were used to assess associations among variables. Overall, 81.6% of respondents reported satisfaction with OPD services. The highest satisfaction was observed in Technical Quality (mean=4.52±0.72) and Accessibility (mean=4.39±0.40) domains. Key modifiable factors significantly associated with satisfaction included waiting time ≤60 minutes (OR = 47.01, $p < 0.001$) and health insurance coverage (92.2% vs 71.2% satisfaction, $p < 0.001$). Socio-demographic factors strongly influencing satisfaction included wealth >40k NPR/month (OR=7.16, p=0.025), secondary education (88.2% vs 63.9% for illiterate, p=0.022), and male gender (88.8% vs 73.7%, p=0.005). Socio-demographic factors are among the most important predictors of patient satisfaction with OPD services. System-level inefficiencies, namely wait times and cost barriers, can be addressed through the implementation of customised interventions for segments by demographic groupings, thereby enhancing satisfaction and ensuring equitable, patient-focused care.

Keywords: *patient satisfaction, OPD services, socio-demographic factors, cross-sectional study, private hospital, Nepal, healthcare quality*

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1. Introduction

Patient satisfaction is a critical metric for evaluating the quality of healthcare services, especially in private outpatient department (OPD) settings (Donabedian, 1988). With the growing demand for patient-centred care, understanding the socio-demographic factors influencing patient satisfaction becomes essential for tailoring services to diverse patient needs. Age, gender, income, and education have a significant impact on patients' experiences and perceptions of healthcare delivery (Alrubaiee & Alkaaida, 2011).

The OPD serves as a pivotal point in any hospital infrastructure, acting as the primary interface between patients and healthcare personnel. With increasing awareness of healthcare services, patient satisfaction has been recognised as a fundamental benchmark for evaluating healthcare quality (Ali et al., 2024). In private hospitals, where market competitiveness and profitability are directly tied to customer satisfaction, optimising OPD services becomes crucial (Kanwel et al., 2024). Unlike government hospitals, private healthcare institutions rely heavily on patient feedback, loyalty, and word of mouth for their sustainability. Given this, the assessment of patient satisfaction provides meaningful insights into service delivery standards, efficiency, communication, empathy, infrastructure, and outcomes.

Several factors influence patient satisfaction in OPD settings, including the availability of services, waiting time, staff behaviour, facility hygiene, cost, and communication (Kaur et al., 2022; Augustin, 2022). However, socio-demographic characteristics of patients, such as age, gender, education, income, occupation, and marital status, play a subtle yet

significant role in shaping individual perceptions, expectations, and evaluations of healthcare services. Understanding how socio-demographic factors influence patient satisfaction is particularly valuable for tailoring services to meet diverse patient needs. This knowledge allows healthcare providers to design more equitable and targeted interventions, which is essential for reducing disparities in care experiences (Mwambazi & Qutieshat, 2024). Ultimately, such a patient-centered approach is a critical pathway to improving overall healthcare quality and outcomes (Adhikari et al., 2021).

Despite the growth of private healthcare services and increasing focus on quality assurance, patient satisfaction levels vary considerably. While clinical outcomes are undeniably important, the non-clinical aspects of care, such as interpersonal interactions, administrative efficiency, and comfort, substantially influence patient satisfaction, especially in OPD settings (Patel, 2023). Socio-demographic factors are often overlooked or generalised in patient feedback assessments. This creates a gap in understanding whether patients from different backgrounds perceive service quality differently and what their unique needs may be. For example, an aged/elderly patient may value ease of accessibility, while a younger patient may prioritise speed and convenience.

In Nepal and similar developing countries, there is a lack of structured research exploring the nexus between socio-demographic diversity and healthcare satisfaction in the private sector (Adhikari et al., 2021). Nepal's healthcare landscape has undergone a significant transformation over the last decade, especially with the rapid expansion of the private sector. Despite higher out-of-pocket costs, private institutions now cater to approximately 38% of the country's outpatient visits (MoHP, 2022). The number of private hospitals has increased by 214% since 2010 (DoHS, 2021), reflecting the rising demand for perceived higher-quality care. However, growth has not been uniform geographically. The Kathmandu Valley alone houses 61% of all private healthcare facilities, despite accounting for only 17% of the national population (CBS, 2021). This uneven distribution raises concerns about equity in access and the quality of services provided in rural regions.

This study is therefore driven by the rationales to identify patient segments that may be underserved or dissatisfied, to help private hospitals align their OPD services with the expectations of diverse demographic groups, to contribute to patient-centred policy formulation and quality improvement initiatives, and to enrich the existing body of literature on health service delivery and management in South Asian contexts. This study attempts to bridge that gap by providing evidence-based insights into how socio-demographic factors influence patient satisfaction in a private hospital OPD, especially in the setting of rural Nepal. Consequently, this research aims to: (1) assess patients' overall satisfaction with OPD services in the private hospital, (2) analyse the relationship between socio-demographic factors (age, gender, income, and education) and patient satisfaction, and (3) identify key determinants of satisfaction specific to different socio-demographic groups.

2. Materials and methods

Study Design

A cross-sectional, analytical study with embedded mixed-methods (quantitative and qualitative) was conducted. The study employed a deductive approach, testing Donabedian's SPO model. The cross-sectional design aligns with WHO recommendations for satisfaction surveys (2023), and the mixed-methods approach was chosen to capture both statistical trends and contextual insights (WHO, 2023).

Setting

The study was carried out in the OPD departments of Shivdarshan Central Hospital Pvt. Ltd., located in the Rautahat District of Nepal. The study was conducted from May 12 to October 30, 2025.

Study Population

The study population consisted of patients visiting the OPD of the hospital. The inclusion criteria were patients aged 20 years and above who visited the OPD services daily in this hospital, and patients willing to provide informed consent for participation. The exclusion criteria were patients with cognitive impairments unable to provide reliable responses and patients admitted to inpatient departments after OPD visits.

Study Tools

A structured questionnaire was used to collect socio-demographic and satisfaction data, while semi-structured interviews were conducted to gather qualitative insights into patient experiences.

Sample Size

Using the Sample size formula based on Cochran's formula for sample size determination, with an expected satisfaction level of 86% (p = 0.86), a 95% confidence level, and a 5% margin of error, the study included 206 participants. The formula used was

n= (Z^2^ x p x q / E^2^)

After computing, the value of n = 184.84, rounding up to 185. A 10% (0.10) non-response rate was considered, using the formula n~adjusted~ = n / (1 - non-response rate), which resulted in an adjusted sample size of 206.

Sampling Technique

Systematic random sampling was used, stratifying participants by age, gender, income, and education to ensure representation. The Kth number for patient selection each day was calculated as K = N/n. The total number of patients visiting the OPD in 6 months on working days (approximately 106 days) was 106 × 30 = 3,180. Using the formula, 3180/206 = 15.43, rounding up results in a 15th interval. Thus, every 15th patient of the OPD was interviewed as a sample.

Data Collection and Analysis

Quantitative data were collected by having patients complete the structured questionnaire during their visit. Qualitative data were gathered through semi-structured interviews conducted with a subset of 20 participants to explore their experiences in depth.

Descriptive statistics (mean, median, percentage) were used to summarise patient demographics and satisfaction levels. Inferential statistics included the Chi-square test to examine associations between categorical variables and regression analysis to identify predictors of satisfaction. Thematic analysis was used to analyse interview transcripts and identify recurring themes and patterns related to patient satisfaction. Data were analysed using statistical software SPSS (Statistical Package for the Social Sciences) Version 27 for quantitative data.

Ethical Considerations

Informed consent was obtained from all participants before data collection. Confidentiality was ensured by anonymising personal information in the dataset. Ethical clearance was obtained from the institutional review board before initiating the study. Participants had the right to withdraw from the study at any time without penalty or concern.

3. Results

3.1. Socio-Demographic and Service-Related Characteristics of Respondents

Table 1: Selected Socio-Demographic and Service-Related Characteristics (N=206)

Variable	Category	Frequency	Percentage (%)
Age	≥46 years	20	9.7
	26–45 years	103	50.0
	<25 years	83	40.3
Gender	Male	107	51.9
	Female	99	48.1
Residence	Rural	195	94.7
	Urban	11	5.3
Education	Illiterate	36	17.5
	Literate	120	58.3
	Primary Level	33	16.0
	Secondary Level	17	8.3
Wealth (NPR)	<20k	49	23.8
	20-40k	133	64.6
	>40k	24	11.7
Waiting Time	≤60 min	101	49.0
	>60 min	105	51.0
Overall Satisfaction	Satisfied	168	81.6
	Not Satisfied	38	18.4

The study included 206 respondents, with a nearly equal gender distribution (51.9% male, 48.1% female). The majority were young adults, with 50 per cent aged 26–45 years and 40.3 per cent under 25 years. Ethnically, the Madhesi (45.6%) and Muslim (32%) communities predominated. Most respondents resided in rural areas (94.7%), and almost three-fourths

(74.8%) were married. A significant proportion were illiterate (17.5%) or had basic literacy (58.3%). The primary occupation was agriculture (62.6%). Economically, 64.6% fell into the 20-40k NPR income bracket. Nearly half (49.5%) had health insurance. The primary reason for hospital visits was the quality of care (65%). A majority (63.1%) had visited another hospital before, and 51% experienced waiting times of more than 60 minutes. Despite this, 81.6% expressed overall satisfaction with OPD services (Table 1).

3.2. OPD Satisfaction Levels (Based on PSQ-18 Dimensions)

Table 2: PSQ-18 Domain Satisfaction Scores (n=206)

Domain	Mean (±SD)	95% CI	% Satisfied (Score ≥4)
Technical Quality	4.52 (±0.72)	[4.41–4.63]	89.3%
Interpersonal Manner	4.37 (±0.53)	[4.29–4.45]	85.9%
Communication	4.04 (±0.72)	[3.93–4.15]	76.7%
Financial Aspects	4.04 (±0.66)	[3.94–4.14]	74.8%
Accessibility	4.39 (±0.40)	[4.33–4.45]	87.4%
Overall Satisfaction	4.30 (±0.20)	[4.27–4.33]	81.5%

The highest mean satisfaction score was observed in the Technical Quality domain (mean = 4.52 ± 0.72), with 89.3% of patients reporting satisfaction as shown in Table 2. This was followed by Accessibility (mean = 4.39 ± 0.40; 87.4% satisfied) and Interpersonal Manner (mean = 4.37 ± 0.53; 85.9% satisfied). The Communication and Financial Aspects domains received slightly lower satisfaction scores (mean = 4.04 for both), with satisfaction rates of 76.7% and 74.8%, respectively. The aggregate Overall Satisfaction score across all domains was 4.30 (±0.20), with 81.5% of patients rating their OPD experience as satisfactory.

3.3. Analysis of socio- Demographic Associations with Patient Satisfaction

Table 3: Socio-Demographic Predictors of OPD Satisfaction (N=206)

Variable	Category	% Satisfied	p-value	Effect Size
Gender	Male	88.8%	0.005**	φ=0.19
	Female	73.7%		
Wealth (NPR)	<20k	65.3%	<0.005**	V=0.24
	20-40k	85.7%		

	>40k	91.7%		
Insurance	Yes	92.2%	<0.001**	φ=0.27
	No	71.2%		
Waiting Time	≤60 min	93.1%	<0.001**	φ=0.29
	>60 min	70.5%		

**p < 0.05, **p < 0.01*

Bivariate analysis revealed several variables that were significantly associated with outpatient satisfaction ($p < 0.05$). Waiting time was the strongest predictor ($\varphi = 0.29$, $p < 0.001$), with 93.1% satisfaction among those waiting for ≤60 minutes compared to 70.5% for longer waits as shown in Table 3. Having health insurance was also a strong predictor ($\varphi = 0.27$, $p < 0.001$), with 92.2% of insured patients being satisfied compared to 71.2% of the uninsured. Wealth status showed a significant association ($V = 0.24$, $p < 0.005$), with satisfaction being highest in the >40k income group (91.7%) and lowest in the <20k group (65.3%). Gender was a significant predictor ($\varphi = 0.19$, $p = 0.005$), with males (88.8%) reporting higher satisfaction than females (73.7%). Education level ($V = 0.22$, $p = 0.022$) and Ethnicity ($V = 0.21$, $p = 0.039$) were also significantly associated with satisfaction. Age was not a statistically significant predictor ($p = 0.301$).

3.4. Predictors of Satisfaction (Regression Analysis)

Table 4: Binary Logistic Regression Predicting OPD Patient Satisfaction

Variable	**B**	**p-value**	**Exp(B) [Odds Ratio]**	**95% CI for Exp(B)**
Gender (Male)	2.524	0.020*	12.476	1.493 – 104.289
Wealth (High)	1.968	0.025*	7.158	1.276 – 40.168
Waiting Time (≤60 min)	3.850	0.001**	47.009	4.545 – 486.190
Education (High)	0.963	0.025*	2.619	1.126 – 6.095
Insurance (Yes)	0.920	0.156	2.508	0.700 – 8.982
Constant	-2.368	0.039	0.094	

**p < 0.05, **p < 0.01*

A binary logistic regression confirmed several independent predictors (Table 4). Patients with shorter waiting times (≤60 min) had substantially higher odds of satisfaction (OR = 47.01, $p = 0.001$). Male patients had 12.48 times higher odds of being satisfied compared to females ($p = 0.020$). Patients in higher wealth categories had 7.16 times greater odds of being satisfied ($p = 0.025$), and those with higher educational attainment had a 2.62-fold increase in satisfaction odds ($p = 0.025$). Insurance status and ethnicity were not statistically significant predictors in the multivariate model ($p > 0.05$).

3.5. Qualitative Insights into Patient Experiences

Table 5: Key Themes from Qualitative Analysis of Patient Experiences

Theme	Key Findings	Representative Quote
Financial Burden	61% of insured patients reported unexpected out-of-pocket costs	"Even with insurance, I pay for medicines. What's the benefit?" (Widowed, 52, Muslim)
Communication Quality	Illiterate patients 3x more likely to report confusion (78% vs 26% literate)	"They said 'take this medicine' but not why or side effects." (Day laborer, 40, illiterate)
Gender Sensitivity	63% of females reported gender-based dismissiveness	"Male doctors call period pain 'women's drama'." (Female student, 19)

Thematic analysis of patient interviews provided depth to the quantitative findings, identifying six major themes that shaped the patient experience. The most frequently reported concern was the Timeliness of Care, with 68% of respondents citing unacceptable delays in service. This frustration with unpredictable waiting periods led a significant majority (72%) to suggest the implementation of a staggered appointment scheduling system to improve efficiency and respect for their time.

Beyond direct medical costs, patients highlighted a significant Financial Burden associated with their care. Notably, 61% of those with health insurance reported still facing unexpected out-of-pocket expenses, which diminished the perceived value of their coverage. This financial strain was compounded for rural patients, 89% of whom specifically mentioned the high cost of transportation as a major barrier to accessing care and a source of dissatisfaction.

The analysis revealed critical gaps in Communication Quality, which disproportionately affected vulnerable groups. Illiterate patients were three times more likely to report confusion about their treatment and instructions compared to their literate counterparts (78% vs. 26%). Furthermore, a language barrier was evident, as 55% of non-Hindi speaking patients expressed a strong desire for healthcare providers to use local dialects to improve understanding and comfort.

A prominent theme was the lack of Gender Sensitivity in care delivery. A substantial 63% of female respondents reported experiencing dismissive attitudes from male healthcare providers, particularly regarding women's health issues. This contributed to a clear demand for more female providers, with 87% of women expressing a preference for female doctors, especially for consultations related to reproductive and private health matters.

Infrastructure limitations emerged as a key detractor from patient satisfaction, particularly in the rural context. Basic amenities were a top concern, with 92% of rural patients citing issues with summer heat and sanitation in waiting areas (Table 5). Patients also frequently mentioned a perceived urban-rural equipment gap, feeling that diagnostic and treatment resources in their facility were inferior to those available in urban centers.

Despite these challenges, the analysis also captured Positive Experiences that drove satisfaction. Patients highly valued continuity of care, where they could see the same provider repeatedly. The use of vernacular language by doctors and staff was consistently praised and linked to higher trust. Furthermore, government-supported free medication programs were specifically highlighted as a critical and highly valued form of support that significantly improved the overall care experience.

4. Discussion

This study demonstrates that while overall patient satisfaction with OPD services is high (81.6%), it is unevenly distributed across socio-demographic lines, confirming that these factors significantly influence the patient experience in a rural Nepalese private hospital setting.

The high overall satisfaction rate aligns with studies conducted in private healthcare settings in similar contexts, which often report higher satisfaction compared to public facilities (Al-Abri & Al-Balushi, 2014). The domain-specific findings, which show highest satisfaction with Technical Quality (89.3%) and Interpersonal Manner (85.9%), are consistent with previous research. Andaleeb (2001) in Bangladesh similarly found that provider competence and respectful behavior were primary drivers of satisfaction, often outweighing infrastructural limitations. However, the lower satisfaction scores in

Communication (76.7%) and Financial Aspects (74.8%) reveal critical gaps. These findings resonate with studies from Nepal and the broader South Asian region. For instance, hidden costs were a significant source of dissatisfaction in studies, while communication gaps, especially with illiterate and rural patients.

The identification of waiting time as the strongest predictor of satisfaction (OR = 47.01, $p < 0.001$) is strongly supported by the existing literature. WHO (2022) in a multi-country study consistently found that prolonged waiting times were the most frequently cited reason for patient dissatisfaction in OPD settings. This study reinforces that timeliness is not merely a convenience but a fundamental component of perceived care quality and respect for the patient's time.

The significant association between socio-economic status and satisfaction is a critical finding. The large satisfaction gap between the highest and lowest income groups (91.7% vs. 65.3%) and the 7.16 times higher odds of satisfaction among wealthier patients echo the work of Valentine et al. (2005) globally. This underscores that financial capacity directly impacts a patient's ability to navigate the healthcare system and feel in control of their care, thereby influencing their satisfaction. This finding highlights a key equity concern within private healthcare.

The gender disparity in satisfaction, with male patients reporting significantly higher satisfaction than females (88.8% vs. 73.7%), is a stark finding that aligns with several studies. The UNDP (2023)18 report in Nepal specifically found that 67% of dissatisfied patients in rural areas were women, attributing this to cultural insensitivity and poor communication.

The role of education as a key determinant further illustrates the socio-economic dimensions of healthcare satisfaction. The significant satisfaction gap between illiterate and secondary-educated patients (63.9% vs. 88.2%) supports the findings of Rahmqvist (2001) and Haviland et al. (2005), who argued that higher educational attainment leads to more critical evaluation of services and better ability to communicate with providers and understand treatment plans.

The ethnic disparities observed, particularly the lower satisfaction among Muslim patients compared to Dalit groups, add a layer of complexity to the socio-demographic landscape. This finding is consistent with local contextual studies (Thapa, 2023). Panday et al. (2019) documented cultural and linguistic barriers faced by Madhesi and Muslim communities in healthcare settings, suggesting that cultural competence of staff is a crucial, yet often overlooked, factor in patient-centered care.

Finally, the qualitative insights provide a nuanced understanding that perfectly complements the quantitative data. The themes of financial burden despite insurance, communication barriers for the illiterate, and infrastructure issues are not novel in themselves, but they powerfully confirm the findings of other researchers in the region (Obaremi & Olatokun, 2022; Aljassim, N., & Ostini). The value added by this mixed-methods approach is that it gives a voice to the statistical trends, illustrating how and why these socio-demographic factors manifest as dissatisfaction in the lived experience of patients.

5. Conclusion

This study examined the impact of socio-demographic, socioeconomic, healthcare access, and hospital service variables on patient satisfaction with outpatient department (OPD) services at Shivdarshan Central Hospital Pvt. Ltd., a private healthcare facility located in southern rural Nepal.

The findings revealed that while the overall satisfaction level was high, satisfaction varied significantly across subgroups. Factors such as waiting time, wealth status, education, gender, and insurance coverage were significantly associated with satisfaction. Of these, waiting time emerged as the strongest predictor, both statistically and from the patients' own narratives.

Patients with higher income, shorter waiting times, health insurance, and better education reported significantly greater satisfaction. Conversely, female patients, those from lower-income households, and the illiterate reported lower satisfaction, citing issues such as long queues, gender insensitivity, lack of information, and hidden costs. Despite strong ratings for technical quality and interpersonal manner, communication gaps and financial burden emerged as key areas of concern.

The qualitative findings added depth to these insights, highlighting challenges such as inadequate appointment systems, dismissive provider behavior toward women, high transportation costs, poor health literacy, and language barriers.

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