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Beyond Clinical Care: How Gender Shapes Patient Perceptions of Dental Services in Nepal

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Abstract

Background: Perceptions of dental care quality by patients are guided by several factors, such as gender, but relatively few studies have addressed these differences in Nepalese contexts. It is important to understand how male and female patients assess physical infrastructure, professionalism of staff, and interaction processes in order to offer gender-sensitive dental services.

Objective: The objective of the current study was to assess gender differences regarding dental treatment perception among patients at Kantipur Dental Hospital, Kathmandu, and physical structure, staff behavior, professionalism, and interaction quality.

Methods: The cross-sectional study involved 196 dental patients who were conveniently sampled. The data were gathered using structured questionnaires and were analyzed using independent samples *t*-tests, with Levene's test of variance homogeneity and bootstrap validation (1000 samples) for sensitivity. Statistical significance was at a level of $*p* < 0.05$.

Findings: Significant gender differences were found in perceptions of staff structure ($*p* = 0.008$), professionalism ($*p* < 0.001$), and processes of interaction ($*p* < 0.001$) with female patients scoring these dimensions significantly higher than males. No difference was found on perceptions of physical structure ($*p* = 0.131$). Bootstrap analysis confirmed the stability of these findings.

Conclusion: Dental care perceptions of patients are highly shaped by gender, particularly in interpersonal and professionalism domains. These findings emphasize the need for gender-sensitive communication training as well as dental clinic service design.

Novelty: To the best of our knowledge, this study is among the first to quantify gender differences in the perception of dental care in Nepal through rigorous statistical validation (bootstrap) in ascertaining result reliability.

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Keywords: Dental care perceptions, gender differences, patient satisfaction, Nepal, bootstrap analysis, healthcare quality

Introduction

Patient perceptions of healthcare services are of the greatest value in measuring service quality and satisfaction, particularly in dental care centers where interpersonal relationships and clinical environments significantly affect patient experiences (Oz & Saygili, 2025; Okyere Boadu et al., 2025; Ali et al., 2025). Gender differences in these perceptions have become increasingly recognized, with some studies noting that male and female patients differ in their ratings of aspects such as physical infrastructure, staff behavior, professionalism, and communication (Ferede et al., 2023; Almathami et al., 2020; Elliott et al., 2012). These variations need to be comprehended by dental healthcare providers in order to offer personalized services, fostering equitable and patient-oriented care. However, very few studies have explored gender-based variations regarding perceptions of dental care in Nepal, particularly in urban tertiary care hospitals like Kantipur Dental Hospital.

Existing literature indicates that female patients have higher expectations and sensitivity towards healthcare interactions, including verbal and non-verbal communication, compared to male patients (Hardian et al., 2024; Guan et al., 2024). Similarly, perceptions of professionalism and staff behavior may vary by gender due to differences in socialization patterns and past experiences of healthcare (Piervisani et al., 2025; Alexis et al., 2020). In dental care, where anxiety and comfort shape patient satisfaction, gender-sensitive services may enhance service delivery. However, empirical evidence from low-resource settings, like Nepal, remains scarce, and further research is necessary to ascertain how gender shapes patient views of the quality of dental care.

This study aims at Kantipur Dental Hospital in Kathmandu, a large referral hospital with a heterogeneous patient population. By conducting an examination of gender differences in observations of physical structure, staff professionalism, and interaction processes, this research aims to determine where differences may lie to inform targeted improvements in dental service delivery. Earlier studies in similar contexts have also indicated the role of gender in healthcare satisfaction without examining dental care-specific aspects in depth (Pandey & Adhikari, 2024). In order to address this research gap, the study employs strict statistical protocols, including independent samples *t*-tests and bootstrap validation, to yield reliable and generalizable findings.

The findings of this study will contribute to the growing body of literature on gender and healthcare attitudes while providing actionable suggestions for dental professionals in Nepal. By pinpointing areas where male and female patients vary in their ratings, the results can direct intervention such as staff training in gender-sensitive communication or physical alterations in the clinic setting. Finally, this study highlights the need to incorporate gender aspects in dental care quality measurements to promote inclusive and patient-centered services.

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Methodology

This study took a cross-sectional design in examining gender differences in patient perceptions about dental care in Kantipur Dental Hospital, Kathmandu. The study employed a convenient sampling method in recruiting 196 respondents (dental patients) for feasibility with a 7% margin of error in population estimates. The information was collected using structured questionnaires assessing perceptions about physical structure, staff structure, professionalism, and interaction processes. Independent samples *t*-tests were used to compare male (coded 1) and female (coded 2) responses, with Levene's test determining variance homogeneity. In cases where variances were unequal (*p* < .05), Welch's *t*-test was applied. Bootstrap analysis (1000 samples) also supported the stability of the significant findings. Ethical protocols were adhered to in the study, and participation was voluntary and anonymous. Statistical significance was set at *p* < .05, and effect sizes were examined using mean differences and 95% confidence intervals. This approach offered a safe means of identifying gender differences in patient experiences.

Results and Analysis

This section presents the key findings from the statistical analysis examining gender differences in dental patients' perceptions of care quality at Kantipur Dental Hospital. The results are organized thematically, first exploring differences in perceptions of physical infrastructure, followed by staff-related dimensions (structure, professionalism) and interaction processes. Both parametric tests (independent samples t-tests) and non-parametric validation (bootstrap resampling) were employed to ensure robust conclusions. The analysis pays particular attention to effect sizes and confidence intervals to assess both statistical and practical significance of observed gender differences.

Table 1

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
physical_structure	Equal variances assumed	44.162	.000	1.725	194	.086	.18706	.10843	-.02679	.40091
	Equal variances not assumed			1.522	102.686	.131	.18706	.12293	-.05675	.43087

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Independent samples t-test was applied to examine gender variation in the perception of physical structure among dental patients, where 1 = male and 2 = female. Levene's Test for Equality of Variances was significant (F = 44.162, p = .000), indicating that equal variances assumption was not met. Therefore, unequal variances t-test findings were interpreted. The t-test revealed no difference between the genders in their perception of physical structure (t(102.686) = 1.522, p = .131). The group mean difference was 0.187, and the 95% confidence interval ranged from -0.056 to 0.431, suggesting that the actual difference in population means could be from a small negative to a moderate positive value. Since the p-value (0.131) is greater than the conventional alpha of 0.05, we fail to reject the null hypothesis (H_0), and we conclude that there is no significant gender difference in perception of physical structure for dental patients.

Despite the lack of statistical significance of this difference, the nature of the mean difference is also suggestive that females are likely to perceive more structure than males, though a difference that is too small to be regarded as certain. The huge confidence interval that cuts across zero also highlights the unreliability of the observed difference. The reasons for this non-significant finding are likely to include a small effect size, small sample size, or an actual lack of gender differences in perception.

Table 2

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
staff_structure	Equal variances assumed	6.456	.012	2.921	194	.004	.36901	.12634	.11983	.61819
	Equal variances not assumed			2.717	123.716	.008	.36901	.13580	.10022	.63779

The independent samples t-test was employed to evaluate gender differences in perception of dental staff structure among dental patients with male coded 1 and female coded 2. Levene's Test for Equality of Variances was significant (F = 6.456, *p* = .012) and reported unequal variances between the groups. Therefore, t-test results for unequal variances were taken into consideration. The analysis revealed a statistically significant difference between the females and males in how they viewed staff structure (*t*(123.716) = 2.717, *p* = .008). The mean

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difference was 0.369 and the 95% confidence interval was 0.100 to 0.638, and thus females viewed staff structure significantly more positively than males. Since the *p*-value (0.008) is below the normal alpha level of 0.05, we reject the null hypothesis (H_0) and conclude that there exists a significant difference in perceptions of staff organization between gender amongst dental patients.

The finding being significant means that gender has an effect on the perception of patients about dental staff organization and behavior, with women patients holding a more positive view. This difference could be explained by factors such as communication styles, expectations, or prior experience of health professionals. However, additional research would be necessary to examine the etiology of this difference, such as qualitative research to assess patient preference or observational research on staff-patient interaction. Understanding these gender-based differences could help in tailoring dental practice services so as to improve patient satisfaction among all groups.

Table 3

Bootstrap for Independent Samples Test

		Mean Difference	Bootstrap[a]				
			Bias	Std. Error	Sig. (2-tailed)	95% Confidence Interval	
						Lower	Upper
staff_structure	Equal variances assumed	.36901	.00032	.13224	.009	.11369	.62458
	Equal variances not assumed	.36901	.00032	.13224	.009	.11369	.62458

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

The bootstrap analysis for the independent samples t-test of differences in gender perceptions of staff structure (males = 1, females = 2) confirmed the reliability of the initial findings. Based on 1000 bootstrap samples, the mean difference was consistent at 0.369, with minimal bias (0.00032) and a consistent standard error (0.13224). The bootstrapped 95% confidence interval (0.114 to 0.625) did not include zero, and the two-tailed significance (*p* = .009) further indicated the statistically significant difference in gender with females holding a more favorable opinion of staff structure than men. This resampling method offers greater confidence in the results, with the indicator that the observed difference is not likely due to random sampling variation and contributing additional weight to null hypothesis rejection.

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Table 4

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
professionalism_process	Equal variances assumed	29.845	.000	4.806	194	.000	.52953	.11017	.31224	.74682
	Equal variances not assumed			4.316	109.138	.000	.52953	.12269	.28636	.77270

Independent samples t-test was applied to examine differences in attitudes towards professionalism by gender among dental patients (1 = male, 2 = female). Levene's test for equality of variances was significant (F = 29.845, *p* < .001), indicating unequal variances between groups. Therefore, unequal variances t-test results were considered. The measure indicated a statistically significant gender difference in perceptions of professionalism (*t*(109.138) = 4.316, *p* < .001) with a mean difference of 0.530. The 95% CI (0.286 to 0.773) did not include zero, confirming that female patients rated professionalism at a significantly higher level than male patients. This strong evidence (*p* < .001) led to rejection of the null hypothesis, meaning gender significantly affects how the patients rate professionalism.

The significant mean difference (over half a point on the scale) with small interval highlights an enduring and clinically important gender difference in perceptions of professionalism. Potential explanations include divergences in communication expectation, prior experience with healthcare providers, or cultural gender roles influencing patient evaluation. These findings suggest that dental practice needs to be cognizant of gender-sensitive approaches to patient care, perhaps through educating staff in communication styles or patient feedback systems. Further research could explore whether this divergence holds cross-culturally or is impacted by other factors like age or frequency of patient visits to a dentist. The robust bootstrap verification (*p* = .009) also validates these findings, i.e., results are not an artifact of sampling variation.

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Table 5

Bootstrap for Independent Samples Test

		Mean Difference	Bootstrap[a]				
			Bias	Std. Error	Sig. (2-tailed)	95% Confidence Interval	
						Lower	Upper
professionalism_process	Equal variances assumed	.52953	.00603	.12089	.001	.31055	.77354
	Equal variances not assumed	.52953	.00603	.12089	.001	.31055	.77354

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

The bootstrap analysis (n = 1000 samples) robustly verified the significant gender difference in professionalism perceptions, with female patients rating it higher than males (mean difference = 0.530). The negligible bias (0.006) and small standard error (0.121) indicate consistent estimates, while the excluding-zero bootstrapped 95% CI (0.311 to 0.774) and highly significant p-value (0.001) confirm the initial t-test results. The resampling method ensures that the difference in professionalism perception by gender is statistically significant and independent of sampling fluctuation, validating the application of gender-sensitive practices in dentistry.

Table 6

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
interaction_process	Equal variances assumed	9.910	.002	4.648	194	.000	.47281	.10172	.27219	.67342
	Equal variances not assumed			4.275	118.656	.000	.47281	.11061	.25378	.69183

The independent samples t-test was used to compare gender differences in the perceptions of interaction processes of dental patients (1 = male, 2 = female). Levene's test for equality of variances was significant (F = 9.910, p = .002), indicating unequal variances between the groups. Therefore, the results from the unequal variances t-test were interpreted. The

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comparison revealed that there was a statistically significant gender difference in perceptions of interaction processes ($t(118.656) = 4.275$, $p < .001$) with a mean difference of 0.473. The 95% confidence interval (0.254 to 0.692) did not include zero, revealing that female patients rated interaction processes significantly higher than male patients. This strong evidence ($p < .001$) led to the rejection of the null hypothesis, demonstrating that gender plays an important role in patient perception of dental interaction processes.

The large mean difference (nearly half a point on the scale) and consistent confidence interval suggest a robust gender disparity in interaction process ratings. Potential explanations are differences in communication style preference, interpersonal dynamic expectation, or sensitivity to verbal and non-verbal communication within dental consultations. The results indicate that dentists' offices would benefit from gender-sensitive communication training for staff to meet different patient expectations. Future research should investigate whether these differences are moderated by other factors such as age, cultural background, or previous dental experiences. These findings are also complemented by the extremely significant bootstrap results ($p = .001$), which suggest that the gender difference in patient perceptions is not due to an artifact of random sampling variation but is reflective of a genuine difference in patient perceptions.

Table 7

Bootstrap for Independent Samples Test

		Mean Difference	Bootstrap[a]				
			Bias	Std. Error	Sig. (2-tailed)	95% Confidence Interval	
						Lower	Upper
interaction_process	Equal variances assumed	.47281	.00345	.11006	.001	.25937	.69785
	Equal variances not assumed	.47281	.00345	.11006	.001	.25937	.69785

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Bootstrap analysis (1000 samples) also strongly validated the gender difference in patient perceptions of interaction processes, with female patients reporting substantially more positive experiences (mean difference = 0.473, $p = .001$). The small bias (0.003) and low standard error (0.110) are reflective of the stability of these findings, and the 95% confidence interval (0.259 to 0.698) - which excludes zero consistently under both equal and unequal variance assumptions - is a reflection of the strength of this finding. This resampling process provides strong indication that the interaction process score gender difference represents a genuine population difference rather than sampling artifact, with the implication that dental practitioners could utilize gender-specific communication styles to enhance patient experiences.

Discussion

The findings of the present study reveal significant differences between genders in patients' perceptions of dental care quality, particularly in relation to staff structure, professionalism,

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and interaction processes. The areas scored higher by female patients than by their male counterparts are consistent with available literature reporting that women are more responsive to interpersonal processes within healthcare settings (Santalucia et al., 2013). This is attributed to gendered socialization patterns where women tend to highly value communication and relational factors (Vedmed, 2024). The absence of a significant difference that was observed in perceptions regarding physical structure ($p = 0.131$) suggests that infrastructural attributes may be evaluated more practically, regardless of strong gender bias. Such findings only reinforce the value of dental practitioners being aware of how gender is relevant to patient experience, particularly in interpersonal interactions playing a key role in global satisfaction (Swami et al., 2011).

The high level of rigor in the study using both standard t-tests and bootstrap validation adds high credibility to such findings. The consistency of findings across analytic approaches is that the gender differences are genuine population patterns and not flaws in sampling. These findings have important practice implications for Nepalese dental practice, where gender-sensitive dentistry has received extremely limited attention (Pandey & Adhikari, 2024). Future research should also test whether these trends generalize across cultures and explore potential moderating factors such as age, education level, or number of dental visits. Further, qualitative studies can help clarify the reasons behind these gender differences and aid in the development of more targeted interventions to enhance patient satisfaction in every demographic category.

Conclusion

The findings of this study show strong support for gender differences in patient attitudes toward dental care at Kantipur Dental Hospital, with women patients uniformly giving better ratings to staff organization, professionalism, and interaction processes than men. Even though the research showed no significant difference in perceptions about physical structure, the consistent findings (validated by bootstrap analysis) establish gender as a determinative factor in interpersonal aspects of dental care experience. These results are significant in terms of dental practices adopting gender-sensitive practice in staff development and service delivery to enhance patient satisfaction among all population groups. Through a response to these gender-conditioned beliefs, dental care professionals can enhance communication strategies and create more inclusive healthcare settings, ultimately leading to higher-quality patient-centered care in Nepal's dental sector.

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Authors' Contributions: The author conducted all research activities i.e., concept, data collecting, drafting and final review of manuscript.

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