

Patient Satisfaction of Outpatient Department Services in a Level 1 Private Hospital in Western Visayas, Philippines



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ABSTRACT. This study assessed patient satisfaction with outpatient services at a Level 1 private hospital in Western Visayas, Philippines, during CY 2024, addressing the limited research on private outpatient care in the region. Anchored on the Value-Percept Disparity Theory, the research employed a quantitative descriptive-comparative design involving 385 patients selected via quota and convenience sampling. Utilizing a modified Patient Satisfaction Questionnaire, results indicated an overall rating of “Satisfied,” with Access rated highest as “Very Satisfied” and Facilities rated lowest as “Dissatisfied”. While satisfaction remained consistent across most demographics, a significant disparity was found based on family income, with higher-income patients reporting greater satisfaction. These findings highlight that while the hospital excels in accessibility, critical improvements in physical infrastructure and equitable service delivery are essential to enhance the overall patient experience.

1.0. Introduction

Patient satisfaction is a multifaceted concept reflecting the fulfillment of patients' healthcare needs and expectations (Kalaja, 2023). As healthcare quality becomes a global concern, satisfaction is increasingly critical (Asamrew et al., 2020). It is influenced by factors such as communication, provider responsiveness, and environmental comfort (Salaria et al., 2020), as well as medical care quality, patient age, and healthcare delivery systems (Ferreira et al., 2023; Orhan et al., 2021). Strong doctor-patient communication and trust are particularly vital, leading to improved treatment adherence and health outcomes (Ch et al., 2018). However, while regular assessment is crucial for service improvement, satisfaction should not be the sole measure of quality, as patients may not always fully grasp their clinical needs (Milosavljević et al., 2024). A comprehensive evaluation must incorporate economic factors, professional standards (Azhar et al., 2021), and the interplay between service quality dimensions—such as assurance, empathy, and responsiveness—and patient satisfaction (Magfiroh et al., 2023).

The World Health Organization (WHO) defines patient satisfaction as an important determinant of health service utilization. This encompasses aspects of quality care defined by professionals (e.g., clinical management, drug availability) and those perceived by the community (e.g., waiting times, provider interactions). In the context of private hospital outpatient services, satisfaction hinges on efficient processes, comfortable environments, and strong communication (Ellen & Bernarto, 2023; Rahman et al., 2024). Patients also prioritize superior care, shorter wait times, cost, and provider competence (Giao et al., 2020). While readily available services enhance satisfaction, long waiting times significantly decrease it (Azam et al., 2023). Although private hospitals generally hold higher satisfaction ratings than public ones (Kateel & Koodamara, 2018), they must continuously improve facilities and manage patient expectations to maintain this competitive edge (Subagja & Rosyidah, 2023). Such optimization not only enhances services but also boosts reputation through positive word-of-mouth (Ellen & Bernarto, 2023) and enables targeted improvements through regular needs assessments (Cendana, 2024).

In the Philippines, the Department of Health (DOH, 2020) established the Universal Health Care (UHC) program to provide accessible, efficient, and equitable

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healthcare. The Universal Health Care Act (RA 11223) further guarantees access to quality, affordable services and protection against financial risk. Despite these public mandates, patient satisfaction with private outpatient services often exceeds that of public hospitals. This trend is consistent with findings from the Philippines and neighboring countries, where patients prefer private facilities due to higher quality care and shorter wait times (Orte et al., 2020; Kateel & Koodamara, 2018). Key drivers of this satisfaction include the quality of doctor consultations, facility standards, and perceived provider competence (Chang et al., 2021; Cendana, 2024). This is supported by research at the Metropolitan Medical Center in Manila, which highlighted the specific importance of quality care and service accessibility (Widjaja, 2020).

While literature confirms the importance of satisfaction in private settings globally (Kalaja, 2023; Asamrew et al., 2020; Salaria et al., 2020), research regarding outpatient services in private hospitals in northern Negros Occidental remains limited. Existing local studies suggest a generally positive trend; Geroso and Caelian (2020) found high quality healthcare delivery in the region's Level 1 hospitals. Additionally, Gerzon and Salugsugan (2020) noted high satisfaction in a public outpatient clinic, though this was tempered by challenges such as insufficient medicines and long waiting times. However, these findings do not fully capture the nuances of private outpatient care. A critical gap remains in understanding the specific factors driving satisfaction in this unique setting, considering the distinct characteristics of private delivery and the local demographics of northern Negros Occidental.

Hence, this study assessed patient satisfaction with outpatient services at a level 1 private hospital in Western Visayas, Philippines, during CY 2024. By analyzing satisfaction across demographics (sex, age, income, educational attainment), frequency of visits, and services availed, the research seeks baseline data for creating a proposed OPD Patient Satisfaction Plan.

2.0. Theoretical Framework

This study posits that patient satisfaction with outpatient healthcare services is influenced by various factors, including age, gender, family monthly income, frequency of visits, educational attainment, and the types of services utilized. It is anchored on the Value-Percept Disparity Theory, developed by Locke (1967). This theory proposes that satisfaction is an emotional response resulting from a cognitive evaluation process. Specifically, individuals compare their perceptions of a service against their values (needs and desires). A smaller gap between perception and values leads to favorable evaluations and satisfaction, whereas a larger disparity results in negative emotions and dissatisfaction.

Unlike theories focused on expectation confirmation, Value-Percept Disparity Theory emphasizes the direct comparison of perceptions against values as the primary determinant of satisfaction.

This theory provides a valuable framework for understanding how patient satisfaction differs across demographics. It suggests that satisfaction hinges not only on the objective quality of care but also on how well that care aligns with a patient's specific values—which are often shaped by factors such as age, gender, and income. For instance, younger patients may prioritize efficiency, while older patients may value empathy. Similarly, women might prioritize emotional support, whereas men might focus on technical expertise. Regarding income, patients with lower earnings often prioritize affordability, while those with higher incomes may value advanced technology. Furthermore, the availability of specific services significantly impacts perception; if a service a patient values is readily accessible, satisfaction increases.

Thus, the Value-Percept Disparity Theory highlights the necessity of addressing diverse patient expectations. It affirms that satisfaction is determined by the subjective evaluation of services against individual values shaped by the patient's demographic profile.

3.0. Methodology

Research design. This study employed a quantitative descriptive-comparative research design to investigate patient satisfaction with outpatient services. Quantitative research examines relationships among variables to test objective theories. Consequently, this study utilizes both descriptive and comparative approaches to achieve a comprehensive understanding of patient satisfaction. The descriptive approach provided a general overview of patient experiences by capturing overall satisfaction levels across various aspects of outpatient services, including interactions with doctors and nurses, ease of access, appointments, and facilities. Meanwhile, the comparative approach examined how satisfaction levels differed across various patient groups. To identify if significant disparities in satisfaction exist, patients were grouped according to sex, age, family monthly income, and services availed.

Respondents. The respondents for this study were 385 OPD patients aged 18 years and above in a Level 1 private hospital in Western Visayas. They were selected using a combination of quota and convenience sampling. Since the outpatient population is heterogeneous, quota sampling ensured representation across different patient characteristics (sex, age, income, and services used). This involved setting quotas for each subgroup to reflect their proportion in the overall outpatient population, allowing for meaningful comparisons between groups. Simultaneously, convenience sampling was employed

due to the dynamic nature of the outpatient setting. This technique is suitable when the target population is broadly defined, such as outpatients. The researcher approached patients who were readily available and willing to participate during the survey period. To avoid duplication, patients who had already responded were excluded from subsequent participation. This combined approach ensured both representation and feasibility in capturing the diverse experiences of outpatients.

Research Instrument. The study utilized the modified Patient Satisfaction Questionnaire (PSQ) developed by Grogan et al. (2000) to measure patient satisfaction with outpatient services. The PSQ is a validated instrument with high internal reliability (Cronbach's $\alpha = 0.74-0.95$) and is widely used in healthcare settings to assess patient perceptions of service delivery. It comprises 46 items divided into five subscales: Doctors, Nurses, Access, Appointments, and Facilities. Each subscale delves into specific facets of the patient experience, such as communication with doctors, care provided by nurses, ease of access to services, efficiency of appointment scheduling, and quality of facilities. The PSQ employs a four-point Likert scale ranging from "strongly agree" to "strongly disagree," allowing for the nuanced capturing of patient opinions.

While the PSQ is a widely used and validated tool internationally, its use in the local setting has been limited. This validation is crucial due to the differences in cultural context between the original study population and the current Filipino participants. Therefore, pilot testing was conducted in a similar private hospital setting with a panel of 10 experts (5 hospital administrators and 5 business experts) and 30 respondents. The modified PSQ showed a high reliability index (Cronbach's $\alpha = 0.900$) and an excellent overall validity rating of 4.43.

Data collection procedure. Permission was obtained from the hospital director, and informed consent was secured from each participant. The informed consent process involved explaining the study's purpose, data usage, and confidentiality measures. Participants were allowed to ask questions to understand the implications of their participation before providing written consent. Data were collected using a face-to-face approach. Enumerators were assigned to each department to assist in the process, ensuring adequate coverage and support for participants. This direct interaction allowed for clarification of the questionnaire and ensured a smooth data collection process. Upon completion of the survey, all questionnaires were gathered, and responses were meticulously coded and tabulated. The data were then organized for statistical analysis to extract meaningful insights and test the study's hypotheses.

Data analysis procedure. This study employed descriptive and comparative analyses to examine patient satisfaction with outpatient services. Descriptive

analysis presented a general overview of patient satisfaction regarding doctors, nurses, access, appointments, and facilities, including overall satisfaction scores and scores for each subscale of the PSQ. The Kolmogorov-Smirnov test was used to determine the normality of the variables. The test revealed that the variable for satisfaction [$KS=0.115$, $p=0.000$] was not normally distributed. Since the variable followed a non-normal distribution, non-parametric tests were used for inferential analysis. The Mann-Whitney U test was used to determine significant differences in patient satisfaction when respondents were grouped according to sex, age, family income, and number of OPD services availed. The Kruskal-Wallis test was utilized when respondents were grouped according to educational attainment and frequency of visits.

Ethical Considerations. Adhering to the ethical guidelines of the Philippine Health Research Ethics Board (PHREB) regarding respect for persons, beneficence, and justice, this study ensures ethical soundness while holding significant social value for improving healthcare delivery in a Level 1 private hospital. The researcher, a Medical Officer and MBA student, utilized adequate hospital and university facilities to conduct this self-funded study, ensuring transparency through conflict-of-interest disclosures and plans for wide dissemination, including access at the University of Negros Occidental library. The principle of justice was upheld by employing a combination of quota and convenience sampling for diverse representation and providing tokens of appreciation to acknowledge the participants' time. Regarding respect for persons, the informed consent process emphasized voluntary participation and the right to withdraw without penalty, while carefully addressing potential vulnerabilities related to the comprehension levels of adult respondents. To protect against the primary risk of privacy breaches, strict confidentiality measures were implemented, including data minimization, the use of alphanumeric codes for anonymity, and secure encryption of stored data, ensuring that while participants receive no direct benefits, the study contributes to the broader goal of patient-centered care.

3.0. Results and Discussion

Profile of the Respondents

Table 1 details the demographic profile of the respondents. The group was predominantly female (57.7%, $n=222$) with an average age of 40.9 years, comprising mostly younger individuals (55.8%, $n=215$) from the lower-income bracket (79.5%, $n=306$). Additionally, the majority were college graduates (67.8%, $n=261$) who visited the outpatient department

Table 1*Demographic Profile of the Respondents*

Variable	n	%
Sex		
Male	163	42.3
Female	222	57.7
Age		
Younger	215	55.8
Older	170	44.2
Family Income		
Lower	306	79.5
Higher	79	20.5
Educational Attainment		
College	261	67.8
High School	93	24.2
Elementary	13	3.4
Vocational	18	4.7
Frequency of Visit		
Once	269	69.9
Twice	83	21.6
More than twice	33	8.6
Number of OPD Services Availed		
One	244	63.4
Two or More	141	36.6
Whole	385	100.0

once a year (69.9%, n=269) and availed of a single service (63.4%, n=244). Understanding the relationship between these demographics and patient satisfaction is vital, as it allows healthcare providers to tailor services to specific groups, address disparities in expectations, and ultimately improve patient-centered care.

Overall degree of patients' satisfaction with outpatient department (OPD) services

Table 2 illustrates the degree of patient satisfaction with Outpatient Department (OPD) services at a Level 1 private hospital in Western Visayas, Philippines. The data reveals an overall rating of "Satisfied" (M=3.01, SD=0.30), a sentiment that remains consistent across key demographic variables including sex, age, income, and educational attainment.

An analysis of specific domains highlights distinct strengths and weaknesses. The hospital's primary strength is Access, which

was rated as "Very Satisfied," indicating that patients find the location easily accessible. Conversely, Facilities were rated as "Dissatisfied," suggesting that the physical environment and amenities are significantly lacking and pull-down overall satisfaction scores. The core medical services—Doctors, Nurses, and Appointments—were rated as "Satisfied." While these services met patient expectations, they did not exceed them, leaving room for improvement.

Interpreting these results through the lens of Value-Percept Disparity Theory, satisfaction is determined by the gap between expectation and reality. The data suggests that higher-income groups, who held lower expectations, reported higher satisfaction because the perceived service quality met their standards. Conversely, lower-income groups held higher expectations and consequently experienced a greater disparity, resulting in lower satisfaction.

This reflects trends seen in broader literature. Studies by Jalem (2020) and Poudel et al. (2020) similarly report high overall satisfaction, particularly regarding interpersonal care. However, while the current study identifies access as a strength, these studies often cite accessibility and waiting times as common hurdles. This comparison suggests that while healthcare providers often excel in communication, challenges remain in optimizing facilities and operational efficiency.

Degree of patients' satisfaction with outpatient department services in terms of doctors

Table 3 presents the degree of patient satisfaction with outpatient department (OPD) services provided by doctors at a Level 1 private hospital, revealing an overall "satisfied" rating (M=3.05, SD=0.32\$). While satisfaction was generally consistent across all

Table 2*Degree of patient Satisfaction with Outpatient Department (OPD) Services at a Level 1 Private Hospital*

Demographics	Doctor			Nurses			Access			Appointments			Facilities			Overall		
	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int	M	SD	Int
Sex																		
Male	3.06	0.31	S	2.88	0.43	S	3.30	0.51	VS	3.02	0.50	S	2.24	0.57	D	2.99	0.30	S
Female	3.04	0.33	S	2.92	0.40	S	3.37	0.43	VS	3.09	0.46	S	2.31	0.60	D	3.02	0.30	S
Age																		
Young	3.05	0.32	S	2.90	0.40	S	3.37	0.45	VS	3.06	0.50	S	2.29	0.56	D	3.01	0.29	S
Old	3.04	0.32	S	2.90	0.43	S	3.30	0.48	VS	3.06	0.45	S	2.27	0.63	D	3.00	0.32	S
Family Income																		
Lower	3.04	0.30	S	2.89	0.39	S	3.34	0.44	VS	3.04	0.46	S	2.25	0.56	D	2.99	0.28	S
Higher	3.09	0.39	S	2.94	0.48	S	3.35	0.55	VS	3.12	0.53	S	2.42	0.68	D	3.06	0.38	S
Educ. Attainment																		
College	3.04	0.32	S	2.91	0.41	S	3.30	0.48	VS	3.05	0.48	S	2.31	0.59	D	3.00	0.31	S
High School	3.07	0.33	S	2.91	0.43	S	3.43	0.41	VS	3.11	0.49	S	2.34	0.61	D	3.04	0.30	S
Elementary	3.00	0.17	S	2.90	0.33	S	3.46	0.29	VS	2.96	0.34	S	1.89	0.36	D	2.98	0.16	S
Vocational	3.06	0.31	S	2.74	0.30	S	3.36	0.46	VS	3.01	0.48	S	1.93	0.34	D	2.93	0.24	S
Frequency of Visit																		
Once	3.05	0.31	S	2.90	0.41	S	3.35	0.47	VS	3.09	0.46	S	2.27	0.57	D	3.01	0.29	S
Twice	3.00	0.34	S	2.88	0.38	S	3.34	0.45	VS	3.01	0.4	S	2.27	0.56	D	2.97	0.30	S
More Than twice	3.11	0.36	S	2.85	0.48	S	3.25	0.49	S	2.95	0.58	S	2.40	0.77	D	3.04	0.39	S
No. of OPD Services Availed																		
One	3.06	0.33	S	2.91	0.42	S	3.36	0.46	VS	3.05	0.46	S	2.25	0.60	D	3.01	0.31	S
Two or More	3.03	0.30	S	2.89	0.39	S	3.31	0.47	VS	3.07	0.49	S	2.34	0.57	D	3.00	0.30	S
Overall	3.05	0.32	S	2.90	0.41	S	3.34	0.46	VS	3.06	0.47	S	2.28	0.59	D	3.01	0.30	S

Note: VS=Very Satisfied; S=Satisfied; D=Dissatisfied

demographics, indicating uniform service quality, subtle trends of higher satisfaction were noted among frequent visitors and higher-income patients, suggesting that familiarity and socioeconomic factors may positively influence perceptions of care. However, the fact that no group reached the "Very Satisfied" level highlights a need for improvement in communication and consultation depth. This limitation is likely attributed to high patient volume, which forces doctors to shorten consultation times and omit critical aspects of interaction, such as allowing patients ample time to discuss their illness. These findings affirm the study by Abaalkhayl et al. (2023), which emphasizes that patient satisfaction hinges on effective interpersonal skills and the doctor's ability to listen attentively and clearly communicate treatment plans.

Table 3

Degree of Patient Satisfaction with Doctors Providing Outpatient Department (OPD) Services at a Level 1 Private Hospital

Variable	M	SD	Interpretation
Sex			
Male	3.06	0.31	Satisfied
Female	3.04	0.33	Satisfied
Age			
Younger	3.05	0.32	Satisfied
Older	3.04	0.32	Satisfied
Family Income			
Lower	3.04	0.30	Satisfied
Higher	3.09	0.39	Satisfied
Educational Attainment			
College	3.04	0.32	Satisfied
High School	3.07	0.33	Satisfied
Elementary	3.00	0.17	Satisfied
Vocational	3.06	0.31	Satisfied
Frequency of Visit			
Once	3.05	0.31	Satisfied
Twice	3.00	0.34	Satisfied
More than twice	3.11	0.36	Satisfied
# OPD Services Availed			
One	3.06	0.33	Satisfied
Two or More	3.03	0.30	Satisfied
Whole	3.05	0.32	Satisfied

Degree of patients' satisfaction with outpatient department (OPD) services in terms of nurses

Table 4 presents the degree of patient satisfaction with nurses providing outpatient department (OPD) services at a Level 1 private hospital, showing an overall "satisfied" rating ($M=2.90$, $SD=0.41$). These consistent ratings across demographics suggest that while nursing services are generally effective, there is potential to elevate performance to a "very satisfied" level. Given that nurses often staff the triage area and serve as the first line of patient care, enhancing communication and guidance—especially during the initial visit—is crucial for building patient confidence. This observation aligns with previous studies noting that while patients appreciate a nurse's welcoming demeanor and willingness to answer questions (Abaalkhayl et al., 2023), communication gaps remain a significant source of dissatisfaction (Eshetie et al., 2020). Ultimately,

Table 4

Degree of Patient Satisfaction with Nurses Providing Outpatient Department (OPD) Services at a Level 1 Private Hospital

Variable	M	SD	Interpretation
Sex			
Male	2.88	0.43	Satisfied
Female	2.92	0.40	Satisfied
Age			
Younger	2.90	0.40	Satisfied
Older	2.90	0.43	Satisfied
Family Income			
Lower	2.89	0.39	Satisfied
Higher	2.94	0.48	Satisfied
Educational Attainment			
College	2.91	0.41	Satisfied
High School	2.91	0.43	Satisfied
Elementary	2.90	0.33	Satisfied
Vocational	2.74	0.30	Satisfied
Frequency of Visit			
Once	2.90	0.41	Satisfied
Twice	2.88	0.38	Satisfied
More than twice	2.95	0.48	Satisfied
# OPD Services Availed			
One	2.91	0.42	Satisfied
Two or More	2.89	0.39	Satisfied
Whole	2.90	0.41	Satisfied

utilizing patient feedback to understand perceptions of quality allows hospitals to inform care standards, monitor outcomes, and further improve nursing services (Karaca & Durna, 2019).

Degree of patients' satisfaction with outpatient department services in terms of access

Table 5 presents the degree of patient satisfaction with access to outpatient department (OPD) services at a Level 1 private hospital, revealing an overall rating of "very satisfied" ($M=3.34$, $SD=0.46$). These results indicate that the OPD's access system is effective, equitable, and well-supported by existing SMS and online services for scheduling and inquiries, while further integration of social media platforms could help maintain these high ratings. However, it was noted that patients with more frequent visits (3 visits/year) reported slightly lower satisfaction; this finding underscores the critical nature of accessibility, aligning with Nuri et al. (2019), who confirmed that patient satisfaction is significantly influenced by the ease of access to healthcare providers and related services.

Degree of patients' satisfaction with outpatient department services in terms of appointment

Table 6 presents the degree of patient satisfaction with outpatient department (OPD) appointment services at a Level 1 private hospital, revealing an overall satisfied rating ($M=3.06$, $SD=0.47$). Specifically, higher satisfaction was noted among women ($M=3.09$, $SD=0.46$), those with higher family income ($M=3.12$, $SD=0.53$), and first-time visitors ($M=3.09$, $SD=0.46$), while lower satisfaction was observed among less educated patients ($M=2.96$, $SD=0.34$). These disparities

Table 5

Degree of Patient Satisfaction with Access to Outpatient Department (OPD) Services at a Level 1 Private Hospital

Variable	M	SD	Interpretation
Sex			
Male	3.30	0.51	Very Satisfied
Female	3.37	0.43	Very Satisfied
Age			
Younger	3.37	0.45	Very Satisfied
Older	3.30	0.48	Very Satisfied
Family Income			
Lower	3.34	0.44	Very Satisfied
Higher	3.35	0.55	Very Satisfied
Educational Attainment			
College	3.30	0.48	Very Satisfied
High School	3.43	0.41	Very Satisfied
Elementary	3.46	0.29	Very Satisfied
Vocational	3.36	0.46	Very Satisfied
Frequency of Visit			
Once	3.35	0.47	Very Satisfied
Twice	3.34	0.45	Very Satisfied
More than twice	3.25	0.49	Satisfied
# OPD Services Availed			
One	3.36	0.46	Very Satisfied
Two or More	3.31	0.47	Very Satisfied
Whole	3.34	0.46	Very Satisfied

may be attributed to higher-income patients having access to convenient scheduling options that reduce waiting times, and single-visit patients bypassing the frustrations of rescheduling, whereas lower-income or less educated patients may encounter challenges regarding appointment accessibility and comprehension. Regarding gender, the findings align with Chandra et al. (2018) and Akhtar et al. (2023), who indicate that female patients are often more satisfied than males—up to 7.78 times more likely—potentially due to differing expectations. Furthermore, the results support Diamant et al. (2018) and Garaix et al. (2020), who emphasize that fairness in appointment scheduling and equitable waiting

Table 6

Degree of Patient Satisfaction with Appointment to Outpatient Department (OPD) Services at a Level 1 Private Hospital

Variable	M	SD	Interpretation
Sex			
Male	3.02	0.50	Satisfied
Female	3.09	0.46	Satisfied
Age			
Younger	3.06	0.50	Satisfied
Older	3.06	0.45	Satisfied
Family Income			
Lower	3.04	0.46	Satisfied
Higher	3.12	0.53	Satisfied
Educational Attainment			
College	3.05	0.48	Satisfied
High School	3.11	0.49	Satisfied
Elementary	2.96	0.34	Satisfied
Vocational	3.01	0.48	Satisfied
Frequency of Visit			
Once	3.09	0.46	Satisfied
Twice	3.01	0.46	Satisfied
More than twice	2.95	0.58	Satisfied
# OPD Services Availed			
One	3.05	0.46	Satisfied
Two or More	3.07	0.49	Satisfied
Whole	3.06	0.47	Satisfied

periods are critical to minimizing patient dissatisfaction and ensuring the efficient utilization of medical resources.

Degree of patients' satisfaction with outpatient department services in terms of facilities

Table 7 presents the degree of patient satisfaction with the facilities of the Outpatient Department (OPD) services at a Level 1 private hospital, revealing an overall dissatisfied rating ($M=2.28$, $SD=0.59$). This dissatisfaction highlights critical deficiencies in infrastructure and amenities, specifically attributed to a humid environment, poor lighting, overcrowding, and uncomfortable seating, which fail to provide the necessary comfort for ambulatory patients waiting for care. While patients expressed satisfaction with the clinical staff—particularly doctors and nurses—the physical facilities remain the primary area of concern. This finding aligns with Exposto et al. (2023), who emphasized that beyond clinical aspects, the physical environment and thoughtful interior design play a significant role in fostering patient satisfaction and loyalty. Furthermore, this supports the study of Poudel et al. (2020), which noted that while hospitals often excel in interpersonal communication, aspects of accessibility and convenience frequently require further attention and improvement.

Table 7

Degree of Patient Satisfaction with Facilities of Outpatient Department (OPD) Services at a Level 1 Private Hospital

Variable	M	SD	Interpretation
Sex			
Male	2.24	0.57	Dissatisfied
Female	2.31	0.60	Dissatisfied
Age			
Younger	2.29	0.56	Dissatisfied
Older	2.27	0.63	Dissatisfied
Family Income			
Lower	2.25	0.56	Dissatisfied
Higher	2.42	0.68	Dissatisfied
Educational Attainment			
College	2.31	0.59	Dissatisfied
High School	2.34	0.61	Dissatisfied
Elementary	1.89	0.36	Dissatisfied
Vocational	1.93	0.34	Dissatisfied
Frequency of Visit			
Once	2.27	0.57	Dissatisfied
Twice	2.27	0.56	Dissatisfied
More than twice	2.40	0.77	Dissatisfied
# OPD Services Availed			
One	2.25	0.60	Dissatisfied
Two or More	2.34	0.57	Dissatisfied
Whole	2.28	0.59	Dissatisfied

Difference in the degree of patient satisfaction with outpatient department services of a level 1 private hospital and demographics

Table 8 indicates no significant difference in patient satisfaction based on sex [$U=17864.000$, $p=0.832$], age

[$U=17106.000$, $p=0.281$], number of OPD services availed [$U=16817.000$, $p=0.714$], educational attainment [$\chi^2(3) = 3.587$, $p=0.310$], or frequency of visits [$\chi^2(2) = 2.212$, $p=0.331$]; this suggests that the hospital provides services that are equally effective and acceptable regardless of these demographic factors. However, a significant difference was observed when patients were grouped by family income [$U=10063.500$, $p=0.022$], with the higher-income group reporting significantly greater satisfaction than the lower-income group. This disparity may stem from higher-income patients feeling they are receiving value for their money and having the means to access additional services, whereas lower-income patients are likely to face financial barriers or hold higher expectations for a level 1 private hospital. This finding is supported by Okunrintemi et al. (2019), who emphasized that, compared to high-income individuals, low-income participants face a substantially higher likelihood of experiencing difficulty accessing care, poor provider communication, limited shared decision-making, delayed healthcare delivery, and ultimately, lower satisfaction with their care.

Table 8

Difference in the Degree of Patient Satisfaction with Outpatient Department Services of a Level 1 Private Hospital

Variable	U	z	p
Sex	17864.000	-0.212	0.832
Age	17106.000	-1.079	0.281
Family Income	10063.500*	-2.296	0.022
Number of OPD Services Availed	16817.000	-0.366	0.714
	χ^2	df	p
Educational Attainment	3.587	3	0.310
Frequency of Visit	2.212	2	0.331

Note: *the difference in the means is significant when $p \leq 0.05$

4.0. Conclusion

This study provides comprehensive insights into patient satisfaction with the outpatient services of a Level 1 private hospital, highlighting specific strengths, weaknesses, and areas for improvement. The findings suggest that while patients were generally satisfied—particularly regarding the high accessibility and ease of use of OPD services—dissatisfaction with physical facilities remained a major issue. Additionally, satisfaction with doctors and nurses was only moderate, indicating a need to improve the quality of patient care and interaction. Notably, a significant relationship was found between family monthly income and patient satisfaction, emphasizing the necessity for equitable healthcare access. Ultimately, these findings offer evidence-based insights for hospital administrators, policymakers, and medical professionals to enhance

service quality and improve the overall patient experience.

5.0. Limitations of the Findings

This study has several limitations. First, it was conducted in a single Level 1 private hospital; therefore, the findings may not be generalizable to higher-level institutions with more advanced OPD services. Second, the underrepresentation of very young and elderly patients limits the applicability of the results to these specific demographic groups. Finally, the study relied on data collected at a single point in time, which fails to account for temporal trends or fluctuations in patient satisfaction due to varying circumstances.

6.0. Practical Value of the Paper

The practical value of this paper lies in its ability to provide actionable insights for hospital administrators and policymakers aiming to improve outpatient services in a Level 1 private hospital setting. The study identifies family monthly income and physical facilities as critical factors influencing patient experience. Findings reveal that while higher-income groups report greater satisfaction, physical facilities received the lowest ratings overall, highlighting a clear priority for improvement. By understanding these income-based disparities and infrastructure gaps, administrators can design more inclusive services for lower-income patients and allocate resources more effectively to upgrade essential facilities.

7.0. Directions for Future Research

Future researchers should conduct similar studies across multiple hospitals to enhance generalizability and incorporate a broader range of variables not covered in this study. Furthermore, it is recommended to utilize a mixed-methods approach to explore patient experiences in depth, while employing longitudinal designs to observe changes in patient satisfaction over time.

8.0. Declaration of Conflict of Interest

The authors wish to confirm that this study has no known conflicts of interest and that significant financial support for it could not have influenced its outcome. All the data-gathering procedures were conducted with the participant's consent.

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