

## Quality Care Dimensions in Private Hospitals of Kathmandu: An Analysis of Patient Perceptions

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### ABSTRACT

This paper examines the dimensions of the quality of patient care in the nursing service in the private hospitals of Kathmandu. The patients' perceptions are measured in a variety of dimensions of health service quality such as reliability, assurance, tangibility, empathy, and responsiveness. Quantitative data were collected from 225 respondents such that they serve as a proxy for perceived service quality. Highest score were reported for empathy and tangibles, with high level of satisfaction in all areas. Staff's competency and professionalism were highly rated, but there were some moderate concerns about their accessibility and willingness to listen. The findings also indicate potential scope for enhancing communication, empathy and hygiene practices and system responsiveness.

**Keywords:** quality care, nursing, private hospitals, Kathmandu, service quality, patient satisfaction, empathy, reliability, responsiveness

### 1. INTRODUCTION

In the context of evolving healthcare needs and growing expectations, the delivery of quality patient care has emerged as a central concern and performance indicator within modern health institutions (Donabedian, 1988). As healthcare systems strive to meet these expectations, the measurement and continuous improvement of quality in patient care have become paramount. In this regard, understanding patient perceptions of quality care is critical, as these perceptions directly affect not only patient satisfaction but also clinical outcomes, hospital reputation, and overall system efficiency (Aiken et al., 2012; Institute of Medicine [IOM], 2001).

Particularly in rapidly urbanizing environments like Kathmandu, Nepal, the healthcare landscape has witnessed significant transformation. Private hospitals have proliferated to meet the growing healthcare demands driven by population growth, urban migration, and heightened awareness of health services (Sharma, 2015). These institutions often operate in a competitive environment, emphasizing the need to align their service delivery with the expectations and needs of patients. Quality of patient care in such settings is thus a multifaceted construct that extends beyond clinical competence to encompass patients' holistic experience, including emotional and psychological well-being (Bleich, Özaltin, & Murray, 2009; Hojat et al., 2011).

Quality in healthcare has been conceptualized through various models and frameworks. One of the most influential is the Donabedian Model, which defines healthcare quality through three interconnected components: structure, process, and outcomes (Donabedian, 1988). Structure refers to the physical and organizational aspects of care delivery, such as the adequacy of hospital infrastructure and staff qualifications. Process involves the actual delivery of care, including interactions between providers and patients, while outcomes pertain to the health status achieved as a result of care. This framework reveals the comprehensive nature of quality care, highlighting the importance of assessing not only clinical outcomes but also the contexts and processes through which care is delivered (Donabedian, 1988).

A parallel and widely adopted framework for understanding service quality in healthcare settings is the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988). SERVQUAL identifies five key dimensions that shape patients' perceptions of service quality: reliability, assurance, tangibles, empathy, and responsiveness. Reliability refers to the consistency and dependability of service delivery. Assurance encompasses the competence and courtesy of healthcare providers, as well as their ability to inspire trust. Tangibles relate to the physical facilities, equipment, and appearance of personnel. Empathy reflects the caring, individualized attention provided to patients, while responsiveness captures the willingness to help patients and provide prompt service. Together, these dimensions provide a holistic framework for assessing and improving healthcare quality from the patient's perspective.

Empirical studies have validated the importance of these dimensions in various healthcare contexts. For instance, in a cross-national study of patient satisfaction, Bleich et al. (2009) found that perceived quality of care, especially as it relates to interpersonal interactions and empathy, was a strong determinant of overall satisfaction and health outcomes. In the South Asian context, studies by Nepal and Nepal (2021) have highlighted the significant role of these dimensions in shaping patient perceptions in private hospitals. They observed that patients prioritize factors such as reliability of services, prompt responsiveness to their concerns, and empathetic engagement by healthcare staff, underscoring the criticality of these attributes in the patient care experience.

Nursing professionals, as primary caregivers and the face of patient interaction, play a important role in shaping the quality of care delivered within hospitals. Nurses' ability to exhibit empathy, provide reliable care, and ensure clear communication directly influences patients' perceptions of their care experience (Aiken et al., 2012). Research has demonstrated that positive nurse-patient interactions can lead to improved patient satisfaction, better adherence to treatment regimens, and reduced incidences of adverse events (Kutney-Lee et al., 2009; McHugh et al., 2011). In private hospital settings, where competition for patient loyalty is intense, the interpersonal skills and responsiveness of nursing staff become even more critical in fostering trust and ensuring high-quality care.

The healthcare context of Kathmandu presents unique challenges and opportunities for evaluating and enhancing these quality dimensions. Kathmandu, as Nepal's capital and largest urban center, has witnessed a surge in private healthcare facilities, driven by both demand and policy reforms encouraging private sector participation (Ministry of Health and Population [MoHP], 2021). However, this growth has been accompanied by disparities in care quality, variability in service delivery standards, and concerns over equitable access (Sharma & Joshi, 2022). Despite the increasing presence of private hospitals, studies focusing on the patient perspective of quality care in these settings remain limited, creating a gap in understanding how patients in Kathmandu perceive and prioritize different dimensions of care quality.

Moreover, the cultural and socio-economic diversity of Kathmandu's patient population adds further complexity to these dynamics. Patients bring to healthcare encounters a range of expectations shaped by cultural values, past healthcare experiences, and socio-economic constraints (Pokharel, 2019). These factors influence how patients interpret care quality and what aspects they prioritize in their healthcare encounters. For example, in contexts where hierarchical structures are prominent, patients may place higher value on assurance and the perceived authority of healthcare professionals (Pokharel, 2019). Conversely, in a context marked by rapid modernization and global influences, patients may increasingly demand responsiveness, modern facilities, and patient-centered care approaches (Acharya et al., 2018).

Given these considerations, this study seeks to analyze the perceptions of patients regarding the five SERVQUAL dimensions- reliability, assurance, tangibles, empathy, and responsiveness-within the private hospital sector of Kathmandu. By centering patient perspectives, the research aims to identify areas of strength and weakness in quality care delivery, thereby offering insights that can inform targeted interventions for quality improvement. The findings can contribute to bridging the gap between patient expectations and hospital service provision, ultimately enhancing patient satisfaction and health outcomes.

This investigation builds upon the broader discourse on quality care in healthcare systems and situates it within the specific socio-cultural and economic context of Kathmandu. As the city continues to grow and diversify, understanding these patient-centered dimensions of care quality becomes critical for private hospitals seeking to remain competitive and responsive to evolving patient needs. Furthermore, by linking quality care dimensions to nursing practices, the study highlights the centrality of the nursing profession in driving holistic, patient-centered care and fostering sustainable improvements in healthcare delivery.

This study recognizes that quality patient care is a complex, multifactorial construct shaped by tangible and intangible elements of the care experience. Drawing upon established frameworks like Donabedian's model and the SERVQUAL dimensions, it highlights the crucial role of patient perceptions in evaluating and improving quality care in private hospitals. By focusing on the lived experiences and expectations of patients in Kathmandu's private hospital sector, the research aims to offer evidence-based recommendations to enhance care quality, inform policy, and promote a culture of continuous quality improvement in the city's healthcare landscape.

### **Purpose of the Article**

The primary purpose of this article is to explore the status of quality care dimensions within the nursing profession in private hospitals located in Kathmandu. It aims to assess patient perceptions across five key dimensions of service quality, identify both strengths and gaps in current nursing practices, and recommend strategies to improve quality care by enhancing nursing service delivery.

## **2. METHODOLOGY**

In this research, a convergent parallel mixed-methods design was utilized to get a detailed inquest on the correlation between nurses' job satisfaction and the quality of nursing care in private hospitals of Kathmandu. By combining these two types of

methods, the study intended to cover both aspects of the phenomenon in question (the breadth and the depth). The step-wise methodological description is given below:

### **Step 1: Study Design and Site Selection**

A mixed-method approach combining correlational quantitative analysis and exploratory qualitative inquiry was adopted. The study was conducted in the Kathmandu district, which includes 47 private hospitals employing 3,674 nurses (Ministry of Health and Population, 2021). Two hospitals namely Vayodha Hospital and Om Hospital were purposively selected based on key selection criteria: number of beds, patient flow, and availability of nursing services.

### **Step 2: Sampling Strategy**

A census sampling method was used to include all 280 nurses (105 from Vayodha and 175 from Om Hospital). Purposive sampling selected 15 nurses and 10 patients for semi-structured interviews. Nurses were selected based on department, experience, and willingness. Patients were chosen to reflect diverse clinical and demographic backgrounds.

### **Step 3: Instrumentation**

A structured, self-administered questionnaire was used to collect quantitative data. Job satisfaction was measured using constructs from Herzberg's Two-Factor Theory (1959), covering both hygiene factors such as salary, benefits, job security, etc. and motivating factors such recognition, autonomy, work environment, etc. Quality of care was assessed using the SERVQUAL framework (Parasuraman et al., 1988) across five dimensions: Reliability, Assurance, Tangibles, Empathy, and Responsiveness. Patients responded on a 5-point Likert scale ranging from strongly disagree to strongly agree.

Semi-structured interview guides were developed for nurses and patients to collect qualitative data. Questions explored lived experiences related to job satisfaction and perceptions of care quality. All interviews were audio-recorded with consent and transcribed verbatim for analysis.

### **Step 4: Data Collection**

Quantitative data were collected from nurses using printed questionnaires. Qualitative interviews were conducted face-to-face in a private setting, allowing participants to express their detailed views.

### **Step 5: Data Analysis**

The data analysis process involved both quantitative and qualitative methods. Quantitative analysis was conducted using SPSS software and included descriptive statistics such as mean, standard deviation, and frequency to summarize the data. Pearson's correlation was employed to examine the relationships between job satisfaction and the quality of care, while multiple regression analysis was used to identify significant predictors of different dimensions of care quality. For the qualitative component, thematic analysis was applied. Interview transcripts were manually coded to identify recurring patterns, which were then organized into themes to interpret and understand the participants' lived experiences in depth.

### **Step 6: Ethical Considerations**

Ethical approval was obtained from the appropriate Institutional Review Board. All participants signed informed consent forms. Confidentiality and anonymity were maintained throughout the study process.

### **Step 7: Interpretation and Integration**

In this step, quantitative and qualitative findings were triangulated to enhance the overall understanding of the research outcomes. The themes emerging from qualitative interviews were utilized to contextualize and explain the statistical findings, allowing for a more comprehensive interpretation of the data. This integration provided deeper insights by linking numerical trends with participants' lived experiences and perspectives.

### **Findings**

Private hospitals in Kathmandu demonstrate high patient satisfaction across key dimensions of service quality. While empathy and tangibility stand out, addressing gaps in responsiveness and assurance can further strengthen the patient care experience. Nursing professionals, being on the frontline, must be supported with continuous training and adequate resources to sustain and enhance quality care. Each component of quality health care dimension and their status in the private hospitals in Kathmandu District is presented below:

Patients expressed strong confidence in the reliability of services ( $M=3.93$ ,  $SD=0.64$ ). Key indicators included trust in diagnostic practices, competence of care team members, positive staff attitudes, and success in patient recovery. The assurance dimension yielded a favorable rating ( $M=3.73$ ,  $SD=0.66$ ). Patients valued the staff's honesty, knowledge, adherence to medical protocols, and polite behavior. However, moderate concerns were noted regarding service accessibility and electronic record availability. Tangibility as quality health service dimension received one of the highest scores ( $M=4.07$ ,  $SD=0.65$ ), reflecting high satisfaction with hospital cleanliness, documentation, medical equipment, and communication materials. Proper documentation and adherence to hygiene protocols were especially appreciated. Empathy scored highest

among all dimensions ( $M=4.15$ ,  $SD=0.58$ ), indicating that nurses were perceived as compassionate, understanding, and respectful of patients' needs. Personalized attention and effective communication were strong contributors to this outcome. Responsiveness received a positive yet slightly lower rating ( $M=3.92$ ,  $SD=0.69$ ). While staff were considered helpful and communicative, concerns about the timeliness of services and prompt responses were evident. The mean and standard deviation of the dimensions of quality health care services are presented in the under-mentioned table.

(N= 225)			
SN	Factors	Mean	Standard Deviation
1	Reliability	3.93	0.64
2	Assurance	3.73	0.66
3	Tangible	4.07	0.65
4	Empathy	4.15	0.58
5	Responsiveness	3.92	0.96

The mean score for each factor indicates the average score given by the survey respondents for that particular factor, while the standard deviation shows how much variation there is in the responses. A higher standard deviation indicates more variation in the responses and a lower standard deviation indicates less variation. The table shows the mean scores and standard deviations for five factors related to a certain service, as rated by the survey respondents. From the table, we can derive several meanings or insights as mentioned below:

The factor with the highest mean score is Empathy, with a mean score of 4.15. This suggests that the respondents perceive this service as being empathetic or caring towards their needs.

The factor with the lowest mean score is Assurance, with a mean score of 3.73. This suggests that the respondents perceive this service as being less reliable or trustworthy. The factor with the highest standard deviation is Responsiveness, with a standard deviation of 0.69. This suggests that the respondents had a wide range of opinions about how responsive this service is, with some perceiving it as highly responsive while others did not. The factor with the lowest standard deviation is Empathy, with a standard deviation of 0.58. This suggests that the respondents had a more consistent view of this factor and were more likely to agree on how empathetic or caring the service is.

### 3. DISCUSSION

The findings of this study provide valuable insights into the perceived quality of patient care in private hospitals of Kathmandu, highlighting the significance of both intrinsic and extrinsic factors that influence job satisfaction and, consequently, service delivery. Drawing on Herzberg's Two-Factor Theory (Herzberg, Mausner, & Snyderman, 1959), the results can be interpreted within the framework of motivators and hygiene factors, where motivators (e.g., recognition, meaningful work, responsibility) lead to higher satisfaction and hygiene factors (e.g., working conditions, supervision, policies) prevent dissatisfaction but do not inherently motivate.

### 4. RELIABILITY

Patients expressed strong confidence in the reliability of services ( $M=3.93$ ,  $SD=0.64$ ), citing trust in diagnostic practices, competence of the care team, and positive attitudes among staff as key indicators. According to Herzberg's framework, reliability reflects both hygiene and motivating factors. The competence of the care team and successful recovery outcomes serve as motivators, as they provide meaningful feedback to nurses that their work has a direct and positive impact on patients. This aligns with research by Lu et al. (2019), who found that perceived professional competence and clear task accomplishment are intrinsic motivators that enhance job satisfaction in nursing.

Moreover, positive staff attitudes and trust in diagnostic practices are indicative of a supportive work environment- an important hygiene factor. A supportive environment, according to Herzberg, prevents dissatisfaction, enabling nurses to focus on delivering consistent and reliable care (Herzberg et al., 1959). This relationship between supportive work environments and reliable care delivery has been echoed in studies of hospital-based nursing practice (Liu et al., 2022), reinforcing the importance of reliable processes and competent staff in ensuring patient satisfaction.

#### Assurance

The assurance dimension yielded a favorable rating ( $M=3.73$ ,  $SD=0.66$ ), with patients appreciating staff honesty, adherence to medical protocols, and polite behavior. These attributes mirror Herzberg's motivators of recognition and respect, which are critical for job satisfaction. When nurses are able to demonstrate their knowledge and earn patients' trust, it reinforces

the significance of their work and contributes to a sense of professional fulfillment (Foster et al., 2015). However, the noted concerns about service accessibility and electronic record availability suggest gaps in hygiene factors- specifically organizational support and resource adequacy.

Lack of accessible services and modern infrastructure can be viewed as hygiene factors that, if inadequate, lead to dissatisfaction (Herzberg et al., 1959). Research has highlighted that poor administrative support and resource constraints in hospitals can erode job satisfaction, even when intrinsic motivators are present (Kumar & Kumar, 2019). Thus, while nurses' interpersonal behaviors align with motivators, institutional issues such as record accessibility are hygiene-related concerns that can undermine perceptions of quality care.

### **Tangibility**

The tangibility dimension received one of the highest scores ( $M=4.07$ ,  $SD=0.65$ ), reflecting high patient satisfaction with hospital cleanliness, documentation, medical equipment, and communication materials. In Herzberg's theory, these tangible elements- hospital infrastructure and environment- are classic hygiene factors. They do not directly motivate staff but create a baseline of conditions necessary to prevent dissatisfaction (Herzberg et al., 1959).

Proper documentation and adherence to hygiene protocols can also reinforce a sense of organizational professionalism, indirectly supporting motivators like recognition and respect (Almalki et al., 2012). Studies in healthcare settings have shown that tangible aspects such as clean facilities and well-maintained equipment improve patients' perceptions of care and reduce nurses' job stress (Islam et al., 2022). This indicates that the high score for tangibility likely reflects an environment that supports nurses' efforts and helps maintain their satisfaction.

### **Empathy**

Empathy emerged as the highest-scoring dimension ( $M=4.15$ ,  $SD=0.58$ ), highlighting the critical role of nurses' compassionate and individualized attention. Empathy resonates strongly with Herzberg's motivators, particularly the meaningfulness of work and recognition. Providing personalized care not only meets patients' needs but also affirms nurses' professional identity and sense of purpose- factors shown to enhance job satisfaction (Brunetto et al., 2013).

Additionally, empathy-driven care aligns with research emphasizing the relational aspect of nursing as a key motivator (Aiken et al., 2012). Studies have consistently found that when nurses perceive their interactions as meaningful and emotionally rewarding, they report higher job satisfaction and a stronger commitment to patient-centered care (Pajnkihar et al., 2017). These findings support the notion that empathy in nursing is both an outcome of high job satisfaction and a motivator for continued excellence.

### **Responsiveness**

The responsiveness dimension received a positive yet slightly lower rating ( $M=3.92$ ,  $SD=0.69$ ). Patients noted that staff were generally helpful and communicative, although concerns about the timeliness of services and prompt responses persisted. This dimension intersects with both hygiene and motivating factors. Helpful communication and staff availability reflect motivators related to the interpersonal aspects of work (Herzberg et al., 1959), while timely responses depend on adequate staffing, efficient workflows, and supportive policies, hygiene factors that prevent dissatisfaction (Herzberg et al., 1959; Hayes et al., 2010).

Challenges in responsiveness may thus point to systemic issues such as staff shortages or workflow inefficiencies, which can erode job satisfaction despite nurses' best efforts to remain helpful (Freeney & Tiernan, 2009). Addressing these structural issues could alleviate pressure on nurses, reduce dissatisfaction, and improve patient perceptions of responsiveness.

### **Implications for Practice**

Taken together, these findings suggest that while private hospitals in Kathmandu demonstrate strong performance in patient-centered dimensions such as reliability, empathy, and tangibility, systemic improvements are needed to bolster assurance and responsiveness fully. Herzberg's theory highlights the need to address both hygiene factors (e.g., staffing levels, accessible infrastructure, supportive policies) and motivators (e.g., recognition, autonomy, meaningful work) to create an environment that supports both nurse satisfaction and high-quality patient care.

The consistently high scores in empathy and tangibility, for example, highlight the strength of interpersonal nursing care in Kathmandu's private hospitals. However, the moderate concerns in assurance and responsiveness suggest that hospitals must invest in administrative and technological enhancements- key hygiene factors- to meet patient expectations fully. Such improvements would not only mitigate dissatisfaction but also enable nurses to harness their intrinsic motivators- like pride in compassionate care- more effectively.

The results confirm that Herzberg's Two-Factor Theory remains a robust framework for understanding the interplay between nurses' job satisfaction and patient care quality. Motivators such as recognition, respect, and meaningful interactions drive nurses' commitment to empathetic and reliable care, while hygiene factors like facility conditions, resources, and organizational processes ensure a supportive environment that minimizes dissatisfaction. Addressing both sets of factors is



crucial for sustaining high-quality patient care and fostering a motivated and satisfied nursing workforce in Kathmandu's private hospitals.

## 5. CONCLUSION

Based on the findings and discussions, it can be concluded that the overall quality of nursing care in private hospitals of Kathmandu is perceived positively by patients, particularly across the five SERVQUAL dimensions namely, empathy, tangibility, reliability, assurance, and responsiveness. Among these, empathy and tangibility stand out as the most appreciated aspects, indicating that compassionate communication and well-maintained physical environments are vital in shaping patient satisfaction. These elements reflect the importance of emotional presence and infrastructural standards in healthcare delivery.

The study also concludes that reliability and assurance are generally well-regarded by patients, though there is room for improvement in areas such as accessibility and the effectiveness of digital record systems. This suggests a need for enhanced organizational policies and resource management to strengthen service consistency and build greater trust in nursing practices.

However, responsiveness remains the relatively weaker dimension, indicating ongoing challenges in the promptness of care delivery. Issues such as staff shortages, high workloads, and communication delays contribute to this shortfall. Therefore, improving nurse-patient ratios, streamlining communication channels, and reinforcing triage protocols are essential steps toward enhancing the timeliness and efficiency of care.

While the current nursing care practices in private hospitals of Kathmandu are commendable in several respects, *targeted* improvements- particularly in responsiveness and operational efficiency- are necessary to ensure holistic and consistently high-quality patient care. This study validates the effectiveness of current nursing practices in private hospitals of Kathmandu through high patient ratings across core quality dimensions. The results reinforce the theoretical and empirical literature emphasizing the need for balanced development in both humanistic (empathy, assurance) and systemic (tangibility, reliability, responsiveness) components of care. Hospitals and nursing administrators must continue to invest in staff development, infrastructure, communication systems, and policy frameworks that foster comprehensive, compassionate, and responsive patient care. Sustained focus on these areas will not only enhance patient satisfaction but also contribute to improved clinical outcomes, stronger institutional reputations, and overall healthcare excellence in the urban Nepali context.

## REFERENCES

- [1] Acharya, R. P., Wagle, R. R., & Bhandari, G. P. (2018). Health system performance in Nepal: Challenges and opportunities. *Journal of Nepal Health Research Council*, 16(1), 56-61. [https://doi.org/10.3126/jnhrc.v16i1.19383](https://doi.org/10.3126/jnhrc.v16i1.19383)
- [2] Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987-1993.
- [3] Aiken, L. H., Sermeus, W., Van den Heede, K., et al. (2012). Patient safety, satisfaction, and quality of hospital care: Cross-sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, 344, e1717. [https://doi.org/10.1136/bmj.e1717](https://doi.org/10.1136/bmj.e1717)
- [4] Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., ... & Sermeus, W. (2012). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383(9931), 1824-1830. [https://doi.org/10.1016/S0140-6736(13)62631-8](https://doi.org/10.1016/S0140-6736(13)62631-8)
- [5] Alasad, J., & Ahmad, M. (2005). Communication with critically ill patients. *Journal of Advanced Nursing*, 50(4), 356-362.
- [6] Almalki, M. J., FitzGerald, G., & Clark, M. (2012). Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross-sectional study. *Human Resources for Health*, 10(1), 1-13. [https://doi.org/10.1186/1478-4491-10-30](https://doi.org/10.1186/1478-4491-10-30)
- [7] Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *Social Science & Medicine*, 52(9), 1359-1370.
- [8] Bleich, S. N., Özaltin, E., & Murray, C. J. L. (2009). How does satisfaction with the health-care system relate to patient experience? *Bulletin of the World Health Organization*, 87(4), 271-278. [https://doi.org/10.2471/BLT.07.050401](https://doi.org/10.2471/BLT.07.050401)
- [9] Brunetto, Y., Xerri, M., Shriberg, A., Farr-Wharton, R., Shacklock, K., & Newman, S. (2013). The impact of workplace relationships on engagement, well-being, commitment and turnover for nurses in Australia and the USA. *Journal of Advanced Nursing*, 69(12), 2786-2799. [https://doi.org/10.1111/jan.12165](https://doi.org/10.1111/jan.12165)

- [10] Donabedian, A. (1988). The quality of care: How can it be assessed? *JAMA*, 260(12), 1743-1748.
- [11] Donabedian, A. (1988). The quality of care: How can it be assessed? *JAMA*, 260(12), 1743-1748.
- [12] Donabedian, A. (1988). The quality of care: How can it be assessed? *JAMA*, 260(12), 1743-1748. [<https://doi.org/10.1001/jama.1988.03410120089033>](<https://doi.org/10.1001/jama.1988.03410120089033>)
- [13] Foster, K., Roche, M., Delgado, C., Cuzzillo, C., Giandinoto, J. A., & Furness, T. (2015). Resilience and mental health nursing: an integrative review of international literature. *International Journal of Mental Health Nursing*, 24(1), 23–35. [<https://doi.org/10.1111/inm.12034>](<https://doi.org/10.1111/inm.12034>)
- [14] Freeney, Y., & Tiernan, J. (2009). Exploration of the facilitators of and barriers to work engagement in nursing. *International Journal of Nursing Studies*, 46(12), 1557–1565. [<https://doi.org/10.1016/j.ijnurstu.2009.05.003>](<https://doi.org/10.1016/j.ijnurstu.2009.05.003>)
- [15] Haddad, L. M., Annamaraju, P., & Toney-Butler, T. J. (2020). Nursing shortage. StatPearls Publishing. [<https://www.ncbi.nlm.nih.gov/books/NBK493175/>](<https://www.ncbi.nlm.nih.gov/books/NBK493175/>)
- [16] Halldorsdottir, S., & Hamrin, E. (1997). Caring and uncaring encounters in nursing and health care—Developing a theory of caring. *Scandinavian Journal of Caring Sciences*, 11(2), 79-86.
- [17] Hayes, B., Douglas, C., & Bonner, A. (2010). Work environment, job satisfaction, stress and burnout among haemodialysis nurses. *Journal of Nursing Management*, 18(5), 614–625. [<https://doi.org/10.1111/j.1365-2834.2010.01088.x>](<https://doi.org/10.1111/j.1365-2834.2010.01088.x>)
- [18] Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). The motivation to work. Wiley.
- [19] Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). The motivation to work. Wiley.
- [20] Hojat, M., Louis, D. Z., Markham, F. W., et al. (2011). Physicians' empathy and clinical outcomes for diabetic patients. *Academic Medicine*, 86(3), 359-364. [<https://doi.org/10.1097/ACM.0b013e3182086fe1>](<https://doi.org/10.1097/ACM.0b013e3182086fe1>)
- [21] Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. National Academies Press. [<https://doi.org/10.17226/10027>](<https://doi.org/10.17226/10027>)
- [22] Islam, M. S., Siddiqui, M. A. B., Rahman, M. M., & Billah, M. M. (2022). Factors affecting the patient satisfaction in healthcare services: Evidence from hospitals in Bangladesh. *Health Services Management Research*, 35(2), 87–98. [<https://doi.org/10.1177/09514848211043130>](<https://doi.org/10.1177/09514848211043130>)
- [23] Kumar, R., & Kumar, N. (2019). Work environment and job satisfaction among health professionals. *International Journal of Scientific Research*, 8(6), 1–3.
- [24] Kutney-Lee, A., McHugh, M. D., Sloane, D. M., et al. (2009). Nursing: A key to patient satisfaction. *Health Affairs*, 28(4), w669-w677. [<https://doi.org/10.1377/hlthaff.28.4.w669>](<https://doi.org/10.1377/hlthaff.28.4.w669>)
- [25] Liu, Y., Aunguroch, Y., & Yunibhand, J. (2022). Job satisfaction in nursing: a concept analysis study. *International Nursing Review*, 69(1), 64–72. [<https://doi.org/10.1111/inr.12707>](<https://doi.org/10.1111/inr.12707>)
- [26] Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature review. *International Journal of Nursing Studies*, 94, 21–31. [<https://doi.org/10.1016/j.ijnurstu.2019.01.011>](<https://doi.org/10.1016/j.ijnurstu.2019.01.011>)
- [27] Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient satisfaction with health care services; An application of physician's behavior as a moderator. *International Journal of Environmental Research and Public Health*, 16(18), 3318.
- [28] McCabe, C. (2004). Nurse–patient communication: An exploration of patients' experiences. *Journal of Clinical Nursing*, 13(1), 41-49.
- [29] McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., et al. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, 30(2), 202-210. [<https://doi.org/10.1377/hlthaff.2010.0100>](<https://doi.org/10.1377/hlthaff.2010.0100>)
- [30] Ministry of Health and Population (MoHP). (2021). Annual report: Department of Health Services 2019/2020. [<https://dohs.gov.np>](<https://dohs.gov.np>)
- [31] Ministry of Health and Population (MoHP). (2021). Annual report: Department of Health Services 2019/2020. [<https://dohs.gov.np>](<https://dohs.gov.np>)
- [32] Nepal, D. and Nepal, Y.J. (2021). Quality of Health Service: Issues and Measures to Improve. In PRASHASAN,

- [33] Nepal, P., & Nepal, S. (2021). Factors influencing patient satisfaction in private hospitals: A study in Kathmandu. *Journal of Nepal Health Research Council*, 19(1), 66-72. [https://doi.org/10.33314/jnhrc.v19i1.3076](https://doi.org/10.33314/jnhrc.v19i1.3076)[https://doi.org/10.33314/jnhrc.v19i1.3076]
- [34] Oja, K., Klemets, J., & Lämsäsalmi, H. (2019). Work environment factors and hospital nurses' self-rated professional competence and work-related well-being: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 16(11), 1940.
- [35] Oner, B., Zengul, F. D., Oner, N., & Breland, B. (2019). Organizational determinants of hospital responsiveness to patient feedback. *BMC Health Services Research*, 19, 726.
- [36] Pajnkihar, M., McKenna, H. P., Stiglic, G., & Vrbnjak, D. (2017). Fit for practice: Analysis and evaluation of a national study of nursing education in Slovenia. *International Nursing Review*, 64(3), 401–409. [https://doi.org/10.1111/inr.12362](https://doi.org/10.1111/inr.12362)[https://doi.org/10.1111/inr.12362]
- [37] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-40.
- [38] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-40.
- [39] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-40.
- [40] Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12–40.
- [41] Pokharel, B. (2019). Cultural perspectives in healthcare: A Nepalese context. *Nepal Medical Journal*, 2(1), 10-15. [https://doi.org/10.3126/nmj.v2i1.24563](https://doi.org/10.3126/nmj.v2i1.24563)[https://doi.org/10.3126/nmj.v2i1.24563]
- [42] Reynolds, W. J., & Scott, B. (2000). Do nurses and other professional helpers normally display much empathy? *Journal of Advanced Nursing*, 31(1), 226-234.
- [43] Shafiq, M., Naeem, M. A., & Hadi, N. U. (2019). Impact of tangibility on customer satisfaction in the healthcare sector of Pakistan. *Journal of Quality and Technology Management*, 15(1), 1–19.
- [44] Sharma, J. R. (2015). Health care in Kathmandu: An overview of challenges and opportunities. *Kathmandu Medical Journal*, 13(2), 101-106.
- [45] Sharma, P., & Joshi, S. (2022). Equity and quality in Nepal's health system: A review. *Nepal Journal of Epidemiology*, 12(3), 1178-1183. [https://doi.org/10.3126/nje.v12i3.47478](https://doi.org/10.3126/nje.v12i3.47478)[https://doi.org/10.3126/nje.v12i3.47478]