



Assessing the Effectiveness of Public Healthcare Delivery and Its Implications for Patient Satisfaction in Bangladesh

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Abstract

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Assessing patient satisfaction is essential for evaluating the effectiveness of healthcare services, especially in public hospitals in Bangladesh. This study looks closely at patient satisfaction at Kushtia 250-Bedded General Hospital, looking at things like how easy it is to obtain drugs, how satisfactory the service is, and how long patients have to wait. The study sought to clarify the intricacies of service delivery systems through an extensive analysis of patient feedback, highlighting both significant strengths and notable weaknesses. There were 211 people in the sample, which included both inside and outside patients. There were about 69.2% men and 30.8% women in the sample. The study found that the organization needed to make several changes, such as finding better ways to get medications, improving communication with patients, training staff, and making sure that quality assurance systems are stronger. By using a deep understanding of patient happiness, theme analysis, and practical suggestions, the hospital may be able to make favorable changes that will start a new era of healthcare delivery in Bangladesh. Everyone in Bangladesh could be healthier and happier if the healthcare system worked better.

Keywords: Patient, Public Hospital, Quality of Services, Satisfaction, Service Delivery.



Introduction

Healthcare delivery plays a vital role in the advancement of any developing nation. In Bangladesh, public hospitals play a crucial role in delivering affordable healthcare services to a substantial segment of the population, especially individuals with constrained financial means. Concerns regarding the quality-of-service delivery in these public healthcare facilities have been widely recognized. This study seeks to examine the factors contributing to inadequate service delivery in public hospitals in Bangladesh and to provide evidence-based recommendations for enhancement. A study indicates that the health sector, primarily encompassing illness and mortality, serves as a vital indicator of economic advancement. Health holds significant importance for three primary reasons: (a) its intrinsic value; (b) its practical implications in both social and personal spheres; and (c) its role in fostering empowerment (Mahadevia, 2000). Unlike many other developing nations, Bangladesh features a relatively sophisticated public healthcare infrastructure and a sufficient availability of human resources for the provision of family planning and health services. Bangladesh is equipped with numerous medical facilities, wellness centers, pharmacies, and training institutions. This network comprises 64 district hospitals, 402 health complexes at the upazila level (UHCs), approximately 4,000 health and family welfare centers (HFWCs) at the union level, and thousands of community clinics (between 11,000 and 13,000) at the ward level (Mannan, 2013). In recent years, the increasing demand for healthcare services, along with constrained resources, has put pressure on the capacity of public hospitals in Bangladesh. The factors identified as contributing to the healthcare sector's inefficient performance include a lack of essential personnel, recurrent shortages of vital supplies, insufficient facilities, and an ineffective workforce. Additionally, challenges related to regulation and accountability exacerbate these issues, and the presence of corrupt practices further complicates the situation for patients. The identified issues play a substantial role in undermining service delivery, adversely affecting patient outcomes, and eroding public confidence in the healthcare system (Andaleeb, 2000). A thorough assessment of various dimensions is essential to identify the factors contributing to these challenges, encompassing organizational structures, resource allocation, workforce management, patient feedback, and cultural influences. Moreover, analyzing the influence of governance, policy



frameworks, and legal provisions on the efficient operation of public hospitals will yield important insights into the systemic obstacles to quality healthcare. A quantitative approach will be implemented to address these research objectives. The analysis of quantitative data, encompassing surveys and secondary data, will assist in identifying the key factors that contribute to inadequate service delivery. The surveys will gather insights from patients, healthcare professionals, and hospital administrators. The research findings will enhance the current understanding of healthcare delivery in Bangladesh and offer evidence-based recommendations for policymakers. The recommendations may encompass enhancements in resource allocation, improved training and management of healthcare professionals, the fortification of governance and accountability mechanisms, and the promotion of patient-centered care models. In Bangladesh, there are considerable concerns regarding the quality of healthcare services offered at public hospitals, particularly with respect to the hospital. Numerous challenges continue to hinder efforts to improve healthcare delivery, including inadequate infrastructure and resources, as well as issues related to patient satisfaction and healthcare management. This study examines accessibility, affordability, efficiency, and patient satisfaction to assess the quality of care delivered at the hospital. This study examines the strengths and weaknesses of the hospital's existing healthcare system to identify areas for enhancement and provide recommendations for elevating the quality of care. Recognizing the unique challenges encountered by this hospital can guide policymakers, healthcare administrators, and stakeholders in crafting focused interventions to tackle systemic issues and enhance healthcare outcomes for the community of Kushtia and beyond. The study seeks to assess patient satisfaction regarding the quality of healthcare services at Kushtia 250-Bedded General Hospital. It will examine specific aspects of service delivery, such as waiting times, staff attitude, and facility cleanliness, that significantly influence overall patient satisfaction levels. The main strengths and weaknesses observed in the service delivery processes at the General Hospital were particularly regarding patient waiting times, staff responsiveness, infrastructure adequacy, cleanliness standards, medical equipment functionality, and adherence to clinical protocols.

Importance of studying



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In Bangladesh, capacity and financial restrictions and rising service demand necessitate assessing public healthcare delivery and patient satisfaction. Health spending in Bangladesh was 2.36% of GDP in 2021, lower than many regional counterparts. Public financing for patient care changes and quality improvements is lacking. Homes bear an unfair part of the burden: Out-of-pocket spending accounts for 70–73% of overall health expenditures, which is linked to catastrophic spending and missed treatment, which lowers public service satisfaction and confidence. Inadequate service limits quality perception. Hospital beds per 1,000 people in Bangladesh were 0.9 in 2019, much below the OECD average. The patient experience suffers from overpopulation, long wait times, and decreasing amenities. As of now, there are 9.9 doctors, nurses, and midwives per 10,000 people, well below the SDG-relevant 44.5 per 10,000. Around 33.2 cadres per 10,000 are qualified. These shortages influence patient satisfaction by limiting treatment continuity and provider time. An empirical study from Bangladesh links system shortcomings to low patient satisfaction. Public hospitals scored far less than private institutions in multi-facility assessments, which range from 60 to 65%. Wait time, hygiene, medicine availability, and social interactions are typically rated. In government-run complementary programs, including SSK scheme sites, 55% of respondents report satisfaction or great happiness, highlighting public service improvement possibilities.

This study seeks to identify delivery bottlenecks that most impact patient satisfaction and identify spaces where small investments—such as improving medicine availability, queue management, provider communication training, and staffing and capacity—can maximize perceived quality and utilization. Combining patient-reported results with system-level variables (funding, beds, and workforce) will achieve this. For Bangladesh to achieve universal health coverage, lower out-of-pocket costs, and improve patient-centered treatment in public hospitals, evidence-based prioritization is essential.



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General Objective

To evaluate the efficacy of public healthcare delivery in Bangladesh and its implications for patient satisfaction, with an emphasis on accessibility, quality of treatment, and service results.

Specific Objectives

- To assess the sufficiency of healthcare facilities, human resources, and critical service availability in public hospitals throughout Bangladesh.
- To investigate the important factors influencing patient satisfaction, such as wait time, contact with healthcare personnel, medication availability, and facility cleanliness.
- To identify structural difficulties and policy gaps in public healthcare delivery and provide options for enhancing patient-centered treatment and overall satisfaction.

Literature review

Scholar Name	Literature's Name	Main Theme	Research Gap
Andaleeb (2000)	<i>Public and Private Hospitals in Bangladesh: Service Quality and Patient Satisfaction</i>	Compare public and private hospital service quality.	Disregarded fundamental delivery bottlenecks (infrastructure, labour shortages).
Islam & Biswas (2014)	<i>Patient Satisfaction in Public Hospitals of Bangladesh</i>	Examined waiting time and cleanliness satisfaction factors.	Lacked system-level healthcare delivery effectiveness evaluation.
Rahman et al. (2015)	<i>Healthcare Service Quality and Patient Satisfaction in Bangladesh</i>	Quality of service and satisfaction examined.	Only considered urban amenities, excluding rural ones.
Andaleeb, Siddiqui & Khandakar (2007)	<i>Patient Satisfaction with Health Services in Bangladesh</i>	Communication and response generate satisfaction.	No institutional capacity assessment (beds, medications, staffing).
Akter et al. (2010)	<i>Service Quality Dimensions in Healthcare: Patient Satisfaction in Bangladesh</i>	Quantified service quality (reliability, assurance, empathy).	Insufficient financial-accessibility integration.
Hossain &	<i>Challenges of Public</i>	Governance and	There was no patient-level



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Scholar Name	Literature's Name	Main Theme	Research Gap
Hoque (2019)	<i>Healthcare Service Delivery in Bangladesh</i>	structural inefficiencies were examined.	evidence relating delivery to satisfaction.
Ullah et al. (2021)	<i>Universal Health Coverage and Public Hospital Services in Bangladesh</i>	Public hospital UHC issues and inadequacies.	Lacked empirical patient satisfaction data.

Methodology

A quantitative approach is employed to analyze the quality-of-service delivery at public hospitals in Bangladesh. The goal is to assess the overall satisfaction from the patients' viewpoints. This design seeks to secure enough participants to achieve adequate statistical power, as numerous educational studies suffer from being underpowered (Mangold & Adler, 2019). Research that incorporates simulation as a variable, as well as studies that use simulation to explore other issues, serves to uncover causal relationships between variables. These are examples of quantitative research designs within the realm of healthcare simulation. (Calhoun & Scerbo, 2019). This research utilizes a quantitative design, with a survey serving as the main method for data collection. The analysis of the survey responses was conducted using the Statistical Package for the Social Sciences (SPSS) software, enabling the extraction of significant insights related to the hospital's performance and patient satisfaction levels.

Research Design

This research utilizes a quantitative approach to assess service delivery and patient satisfaction at Kushtia 250-Bedded General Hospital. The quantitative approach enables a structured examination of the research issue through the collection of numerical data, which can be analyzed with statistical techniques. This design effectively identifies patterns and relationships between service delivery variables and patient satisfaction levels, offering a thorough understanding of the hospital's performance from the patients' viewpoint.

Techniques of Data Collection: This study employs a survey as its main method for collecting data. A well-organized questionnaire was created to gather the perceptions and experiences of patients concerning different facets of service delivery at the hospital. The questionnaire features



multiple-choice questions, Likert scale items, and demographic enquiries to provide a thorough evaluation of patient satisfaction. A survey was conducted with a sample of 211 patients who had utilized services from the hospital, guaranteeing a varied representation of patient experiences.

Data Analysis: The survey data were analyzed with the Statistical Package for the Social Sciences (SPSS) software. SPSS serves as an effective instrument for the management and analysis of quantitative data, facilitating a variety of statistical tests and procedures. Descriptive statistics were employed to encapsulate the data and present a comprehensive overview of patient satisfaction levels. Inferential statistics such as t-tests, ANOVA, and regression analysis were performed to explore the connections between service delivery attributes and patient satisfaction. The questionnaire's reliability was evaluated with Cronbach's alpha, while the validity of the results was confirmed through suitable statistical methods.

Findings

Table 1. Characteristics of Respondents (n=211)

Demographics Information	Frequency %
Gender	
Male	146 (69.20%)
Female	65(30.80%)
Age in years	
1-17 years	10(4.70%)
18-30 years	39(18.50%)
31-45 years	76(36.00%)
46-60 years	48(22.70%)
60 to above	38(18.00%)
Educational Qualification	
Below Primary	69(32.70%)
PSC	46(21.80%)
JSC	25(11.80%)
SSC	35(16.60%)
HSC	25(11.80%)
Honor's	11(5.20%)



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Occupation

Student	17(8.10%)
Job Holder	27(12.80%)
Day laborer	19(9.00%)
Housewife	57(27.00%)
Businessman	37(17.50%)
Farmer	50(23.70%)
Driver	4(1.90%)

The demographics of individuals surveyed about service quality in public hospitals in Bangladesh provide significant insights into the perceptions and experiences within the healthcare system. Initially, regarding gender distribution, the predominant group of respondents was male, making up 69.20% of the sample, while females accounted for 30.80%. The observed gender disparity may indicate a range of factors, including access to healthcare services, cultural norms that shape healthcare-seeking behavior, or variations in survey participation rates. Secondly, the age distribution reveals that a notable segment of respondents is situated within the 31-45 years age bracket, accounting for 36.00% of the sample, with those aged 18-30 following at 18.50%. The age groups mentioned probably consist of individuals who are actively involved in pursuing healthcare for themselves or their families, highlighting the importance of their views on service quality. Regarding educational qualifications, the data indicates a varied group of respondents, with notable representation from those holding SSC (Secondary School Certificate) and HSC (Higher Secondary Certificate) qualifications, which account for 16.60% and 11.80% respectively. The variation across different educational levels highlights the necessity of considering the differing degrees of health literacy and awareness within the surveyed population, as these factors can greatly influence their views on healthcare services. Additionally, the distribution of occupations indicates that a significant percentage of respondents are housewives (27.00%), with businessmen (17.50%) and farmers (23.70%) following closely behind. The range of occupations highlights the different backgrounds and socioeconomic statuses of those utilizing public healthcare services, indicating that elements like income level and job type could affect views on service quality. When analyzing these demographics in relation to service quality in public hospitals in Bangladesh, a number of



important factors come to light. Initially, the higher number of male respondents could suggest possible differences in healthcare access or usage between genders, highlighting the need for further exploration into the specific healthcare requirements and obstacles faced by each gender. Secondly, the concentration of respondents within the 31-45 years age group highlights the significance of addressing the healthcare needs of this demographic, who are likely to be in their prime working years and responsible for the health of both themselves and their families. Also, the distribution of educational qualifications underscores the necessity for customized communication strategies and patient education initiatives to guarantee that healthcare services are accessible and comprehensible to individuals from various educational backgrounds. Finally, the varied occupational backgrounds of the respondents highlight the necessity of providing inclusive healthcare services that address the distinct needs of different segments of the population, such as housewives, businessmen, and farmers, each of whom may have specific healthcare requirements and preferences. Grasping the demographics of those utilizing public healthcare services in Bangladesh is essential for tackling disparities, enhancing service quality, and promoting greater inclusivity within the healthcare system. By acknowledging the varied backgrounds and needs of patients, policymakers and healthcare providers can create focused interventions and policies designed to improve the accessibility, affordability, and effectiveness of healthcare services for every segment of the population.

Scenario of Patients' Satisfaction Level

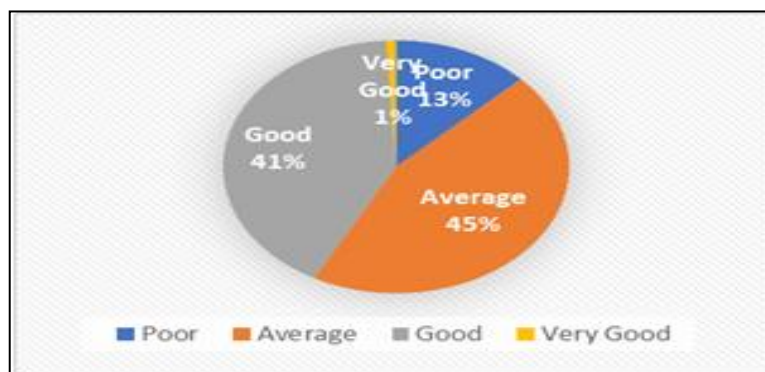


Figure 1. Patients' Satisfaction Level



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Examining the distribution of patient satisfaction levels concerning the quality of service provides important insights into the effectiveness of healthcare delivery. The data presents a varied range of satisfaction levels, with responses spanning from poor to very good. A noteworthy segment of patients assessed their experience as average, making up 45.00% of the sample. This indicates a dominant feeling of average or indifferent attitudes among patients concerning the quality of service offered. This average rating suggests areas where the healthcare organization can enhance its services, even if it doesn't express clear dissatisfaction. Furthermore, 12.80% of patients reported low satisfaction, indicating potential issues or discontent in the provision of healthcare services. The low ratings call for immediate action and intervention to tackle the root problems and improve the patient experience. On the other hand, 41.20% of patients expressed their satisfaction as good, reflecting a predominantly positive view of service quality. This is a positive indication, implying that the healthcare organization is fulfilling the needs and expectations of a considerable segment of its patient population. It is important to acknowledge that even within this category, there are still opportunities for improvement and enhancement to increase satisfaction levels even more. A small yet significant percentage of patients, accounting for 0.90% of the sample, expressed their satisfaction as very good. The outstanding ratings emphasize moments of remarkable service delivery within the healthcare organization. Recognizing these achievements and pinpointing the elements that lead to such elevated satisfaction can offer important insights for duplicating effective practices throughout the organization. The data highlights the critical need for continuous evaluation and enhancement initiatives to maintain patient satisfaction as a primary focus and to ensure that the healthcare organization persistently aims for excellence in service delivery.

Scenario of Waiting-Time of Patients during Receiving Care

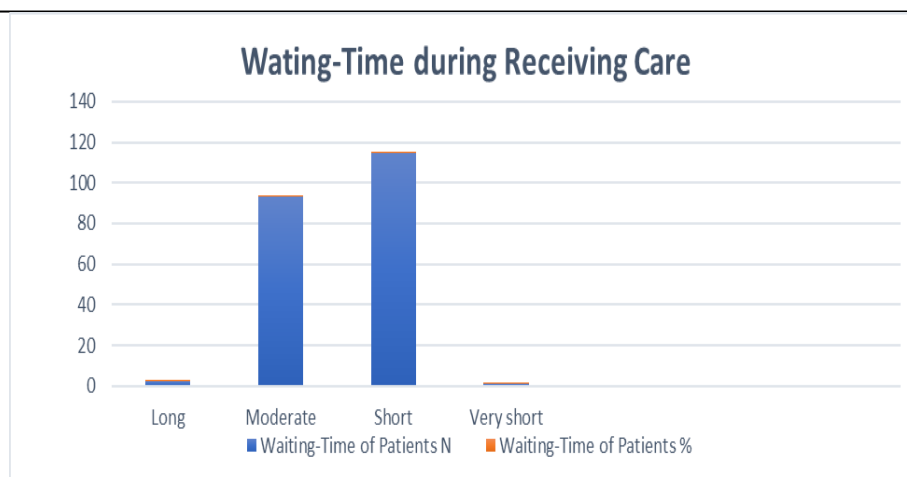


Figure 2. Waiting-Time of Patients during Receiving Care

Examining the distribution of waiting times for patients uncovers important insights into the efficiency and effectiveness of healthcare services. The data illustrates a variety of waiting times encountered by patients, classified as long, moderate, short, and very short. A significant portion of patients, accounting for 54.5% of the sample, indicated that they encountered brief waiting times. This indicates that a considerable number of patients enjoy relatively quick access to healthcare services, which is essential for facilitating timely diagnosis and treatment. It is important to recognize that there can be differences in waiting times within this category, and steps should be taken to reduce wait times to improve patient satisfaction and the overall experience. Besides, 44.1% of patients indicated that they encountered moderate waiting times. Although not suggesting excessively long waits, moderate waiting times can still result in patient dissatisfaction and frustration, underscoring the need for enhancements in streamlining processes and minimizing delays. Additionally, 0.9% of patients indicated experiencing long waiting times, which raises concerns since extended waits can adversely affect patient outcomes and satisfaction. The occurrences of extended waiting times necessitate a comprehensive examination to pinpoint bottlenecks or inefficiencies within the healthcare delivery system and to execute focused measures aimed at accelerating service delivery. Ultimately, just 0.5% of patients indicated that they experienced very short waiting times, highlighting potential areas for further enhancement in reducing wait times and boosting overall service efficiency. In summary, the data highlights the necessity of tracking and managing waiting times to guarantee fair access

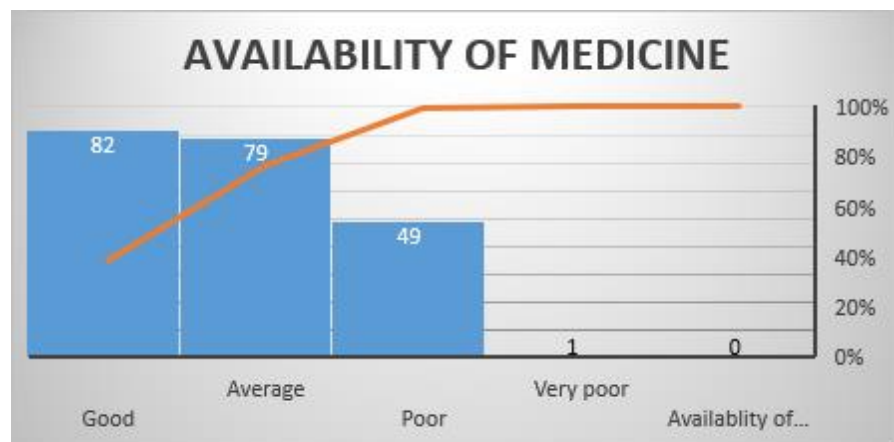


to healthcare services and improve patient experience and satisfaction. Through the optimization of processes and resources, healthcare organizations can work towards reducing waiting times and providing timely, high-quality care to every patient, thereby enhancing healthcare outcomes and overall patient well-being.

Scenario of Availability of Medicine

Analyzing the distribution of patient perceptions regarding the availability of medicine sheds light on an essential aspect of healthcare service provision.

Figure 3. Availability of Medicine



The data reveals different degrees of patient

of

satisfaction concerning the accessibility of medications, classified as very poor, poor, average, and good. The majority of patients, accounting for 38.9% of the sample, assessed the availability of medicine as good. This indicates a favorable view among many patients concerning the availability and sufficiency of medications, which is essential for maintaining continuity of care and achieving effective treatment results. It is important to acknowledge that even within this category, there is potential for improvement to better enhance medication availability and address the varied needs of patients. Additionally, 37.4% of patients assessed the availability of medicine as average. This implies that there are potential areas for improvement in the medication procurement and distribution processes, aiming to guarantee consistent access to medications for every patient. Additionally, 23.2% of patients indicated a lack of access to medicine, underscoring significant issues or shortcomings in the medication supply chain. It is crucial to tackle the factors that lead to poor availability, including supply chain inefficiencies or



stockouts, to avoid disruptions in patient care and guarantee consistent access to essential medications. Finally, just 0.5% of patients assessed the availability of medicine as very poor, suggesting infrequent occurrences of significant medication shortages or lack of availability. These cases demand immediate focus and action to reduce potential threats to patient health and well-being. In summary, the data highlights the significance of tracking medication availability and adopting strategies to enhance supply chain management, ensuring that all patients have timely access to their medications. By tackling gaps in medication availability, healthcare organizations can enhance patient outcomes, boost satisfaction levels, and ultimately lead to improved overall healthcare delivery.

Discussion

Evaluating service quality in public hospitals is crucial for guaranteeing effective healthcare delivery and enhancing patient satisfaction. This discussion segment examines the findings obtained from analyzing patient perceptions about medication availability, satisfaction with service quality, and waiting times at public hospitals in Bangladesh. Through the analysis of these essential elements, we acquire an important understanding of the strengths and opportunities for enhancement in service delivery within the healthcare system.

Medication Availability: The examination of patient views on medication availability presents a varied landscape. A considerable percentage of patients (38.9%) assessed the availability of medicine as good, reflecting favorable views on medication access. However, there were also significant occurrences of average (37.4%) and poor (23.2%) ratings. These findings highlight the critical need to guarantee reliable access to essential medications for every patient. Strategies focused on enhancing medication procurement, inventory management, and distribution processes are essential to close gaps in medication availability and avert disruptions in patient care.

Satisfaction over Quality of Service: Patient satisfaction serves as an essential measure of how effective healthcare service delivery is. The examination of patient satisfaction levels regarding the quality of service uncovers diverse perceptions among patients. A significant percentage of patients (41.20%) expressed high satisfaction levels, reflecting favorable views on service delivery. However, there were also reports of average (45.00%) and poor (12.80%) satisfaction levels. The findings underscore strengths within the healthcare system while also identifying



opportunities for enhancement to tackle factors that lead to decreased satisfaction levels. Improving communication, streamlining processes, and optimizing resource allocation can significantly boost patient satisfaction and elevate the quality-of-service delivery.

Waiting-Time of Patients: Effective management of waiting times is essential for guaranteeing prompt access to healthcare services and enhancing patient experience. The examination of patient waiting times indicates that a significant portion of patients (54.5%) encountered brief waiting periods, demonstrating relatively swift access to healthcare services. Nevertheless, patients also reported instances of moderate (44.1%) and long (0.9%) waiting times. It is crucial to tackle the elements that lead to extended waiting times, including ineffective triage systems and limitations in resources, to reduce delays and improve patient satisfaction.

Strengths and Opportunities for Improvement: The findings underscore both the strengths and the opportunities for enhancement in service delivery at public hospitals in Bangladesh. Although favorable views on medication availability and brief waiting times are encouraging, cases of low satisfaction highlight the necessity for focused efforts to improve service quality and patient experience. By tackling gaps in medication availability, enhancing communication and resource distribution, and optimizing processes, healthcare organizations can aim to deliver exceptional, patient-focused care to everyone. Evaluating the quality of services in public hospitals in Bangladesh is essential for pinpointing strengths and areas that can be enhanced. By tackling issues concerning medication availability, patient satisfaction, and waiting times, healthcare organizations can elevate the quality-of-service delivery and enhance healthcare outcomes for all patients. Ongoing efforts to assess patient perceptions, execute focused interventions, and cultivate a culture of continuous enhancement are crucial for realizing the objective of delivering accessible, equitable, and high-quality healthcare services to the people of Bangladesh.

The analysis aims to identify the key strengths and weaknesses in the service delivery processes at Kushtia 250-Bedded General Hospital. It offers valuable insights into the hospital's performance across various areas, such as medication availability, patient satisfaction, and waiting times. By exploring these elements within the framework of the hospital's service



delivery processes, we can pinpoint areas of strength and opportunities for enhancement to improve overall service quality and patient experience.

SWOT ANALYSIS

Strengths

- a. A comprehensive public hospital network that serves both rural and urban regions.
- b. Initiatives by the government that are in line with Universal Health Coverage (UHC).
- c. Services that are subsidized or offered at no cost for patients with low income.
- d. Availability of tertiary hospitals providing specialized medical services.

Weaknesses

- a. Health expenditure is extremely low at 2.36% of GDP, leading to significant underfunding.
- b. Significant out-of-pocket expenses (70–73%) even with public healthcare available.
- c. A lack of hospital beds (0.9 per 1,000 people) and a constrained workforce (9.9 per 10,000 compared to the WHO benchmark of 44.5).
- d. Lack of cleanliness, shortages of medicine, and extended waiting times diminishing satisfaction.

Opportunities

- a. Expansion of digital health and telemedicine to enhance outreach in rural areas.
- b. The possibility of public–private partnerships (PPPs) addressing service gaps.
- c. Increasing participation of donors and NGOs in healthcare reforms and financing.
- d. Growing public demand and awareness for quality care centered around patients.

Threats

- a. Population growth leading to overcrowding and an increasing burden of disease.
- b. Ongoing disparities between urban and rural areas in terms of service access and outcomes.
- c. The movement of qualified doctors and nurses to private or overseas employment opportunities.



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- d. Insufficient governance, corruption, and potential threats from future pandemics such as COVID-19.

Conclusion

The research sought to evaluate the quality-of-service delivery in public hospitals in Bangladesh, specifically concentrating on the Kushtia 250-bedded General Hospital. A thorough analysis and examination of patient perceptions concerning medication availability, satisfaction with service quality, waiting times, and the identification of strengths and weaknesses in service delivery processes have yielded significant insights. The findings highlight both successful areas and opportunities for improvement in healthcare service delivery, offering a guide for enhancing patient experience and overall healthcare outcomes in the country. The analysis uncovered several important insights concerning service delivery at the General Hospital. Positive perceptions were particularly noted in aspects like short waiting times, good medication availability, and satisfactory service quality. Nonetheless, challenges were noted, such as occurrences of inadequate medication availability, moderate levels of satisfaction, and opportunities for enhancement in service delivery processes. The findings underscore the intricate and varied aspects of healthcare service delivery, requiring a focused and comprehensive strategy to tackle fundamental issues and improve overall quality. Tackling the challenges found in service delivery processes is essential for enhancing healthcare outcomes and guaranteeing patient satisfaction. Limited access to medication, for instance, can result in interruptions in patient care and undermine the effectiveness of treatment. In a similar vein, moderate satisfaction levels highlight opportunities for enhancing service delivery to better align with patient expectations. By tackling these challenges, public hospitals can improve their ability to provide high-quality, patient-centered care and positively impact health outcomes for the community. In summary, the results of this study offer important perspectives on the quality-of-service delivery at public hospitals in Bangladesh, particularly regarding the Kushtia 250-bedded General Hospital. By tackling challenges and applying focused interventions, public hospitals can strengthen their ability to provide high-quality, patient-centered care and play a role in enhancing healthcare outcomes for the community. Future research could delve deeper into the



effectiveness of the interventions that have been implemented, assess their influence on patient outcomes and satisfaction, and uncover further strategies to enhance the quality-of-service delivery in public hospitals throughout Bangladesh. Advancing quality service delivery in public hospitals is a continuous effort that necessitates collaboration, innovation, and dedication from healthcare providers, policymakers, and stakeholders. Through collaborative efforts to tackle challenges and adopt best practices, the authority can establish a healthcare system that focuses on patient needs, guarantees fair access to high-quality care, and ultimately enhances the health and well-being of all individuals in Bangladesh.

Recommendations

- 1. Enhance Healthcare Financing:** Bangladesh needs to raise its health expenditure, which currently stands at 2.36% of GDP, to at least align with regional averages. Increased investment is crucial for enhancing hospital infrastructure, guaranteeing a steady supply of medicines, and broadening diagnostic facilities, all of which have a direct impact on patient satisfaction.
- 2. Strengthen Human Resources for Health:** Expanding the workforce is critical, since the country has just 9.9 health professionals per 10,000 inhabitants, which is well below WHO criteria. Recruiting, training, and keeping physicians, nurses, and midwives, especially in remote locations, will reduce burden, increase communication, and improve patient outcomes.
- 3. Improve Service Delivery and Infrastructure:** To relieve overpopulation, public hospitals should increase bed capacity (currently 0.9 per 1,000 people) and modernize their facilities. Implementing digital queuing systems and appointment platforms can reduce waiting times and improve service delivery for patients.
- 4. Strengthen Governance and Accountability:** To evaluate performance, it is imperative to implement transparent management practices, anti-corruption measures, and consistent patient satisfaction surveys. Empower local hospital committees to promptly address patient concerns and identify deficiencies.



5. Expand Technology and Partnerships: Telemedicine, e-health platforms, and public–private partnerships (PPPs) can help close the gap between rural and urban areas, make it easier for people to get services, and come up with new ways to handle operations and emergency care. Working together with NGOs and funders can make services even more fair and high-quality.

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