



Research

Patient-reported experiences and satisfaction with healthcare delivery in a female medical ward at a tertiary care hospital in Sri Lanka

Withanage W H M Y¹, Francis K R¹, Ekanayake E M I N¹, Arachchi M A P U M¹, De Silva S T^{1,2}

¹University Medical Unit, Colombo North Teaching Hospital, Ragama, Sri Lanka

²Department of Medicine, Faculty of Medicine, University of Kelaniya, Ragama, Sri Lanka

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ABSTRACT

Background: Patient-reported experience measures (PREMs) are essential for assessing healthcare quality, yet evidence from Sri Lanka remains limited. This study aimed to evaluate patient satisfaction and experiences among female inpatients on a medical ward and to identify factors associated with satisfaction.

Methods: A cross-sectional study was conducted among 184 female patients admitted for ≥ 24 hours to a medical ward in a tertiary care hospital in Sri Lanka from January 22nd to February 22nd, 2025. Data were collected using an interviewer-administered questionnaire adapted from validated international PREMs tools. Descriptive analysis and logistic regression were conducted to identify factors associated with willingness to recommend the hospital.

Results: The mean age was 58.1 years (SD 17.43) with a mean hospital stay of 3.4 days (SD 2.03). Most patients (71.2%) reported no delay in admission, and 85.3% received a bed immediately. While 50.5% rated the ward as “very clean”, 20.7% reported toilet facilities as grossly inadequate. Regarding dining facilities, 83.2% reported no designated eating area and 72.8% reported the absence of handwash gels. Satisfaction scores were high for doctors (9.35/10, SD 1.84), nurses (9.21/10, SD 1.78) and junior staff (8.60/10, SD 2.34). Overall, 61.3% would recommend the hospital. Univariate analysis showed a significant association between willingness to recommend and satisfaction rates with health staff, cleanliness, and rest, while multivariate logistic regression showed toilet cleanliness as the only independent predictor (OR = 0.51, $p = 0.046$).

Conclusions: While clinical care provided by healthcare staff received high satisfaction scores, significant improvements are required in infrastructure, sanitation and dining facilities to enhance the patient experience and satisfaction.

*Corresponding Author: Withanage W H M Y

Email address: maduriwithanage@gmail.com

 <https://orcid.org/0000-0001-8188-7253>

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Introduction

Health care quality assessment systematically evaluates how well services meet established care standards, with modern approaches shifting towards patient-centred models that emphasise individual preferences, needs and values.

Internationally, Patient-Reported Experience Measures (PREMs) surveys, such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) in the USA, the Picker Patient Experience Questionnaire (PPE-15) in the USA, the National Health Service Inpatient Survey (NHSIP) in the UK, and the Patient Experience Questionnaire (PEQ) in Norway, are widely used for health care quality assessment.¹⁻⁴ Patient experience has been positively linked to clinical effectiveness, patient safety, treatment adherence, and overall well-being. Patient satisfaction has been associated with factors such as age, ethnicity, language spoken, education level, and health status. "Willingness to recommend" is a key indicator of patient loyalty and quality of care.⁵⁻⁷

Sri Lanka's healthcare system provides free universal healthcare, but resource constraints, overcrowding and infrastructure limitations pose challenges, raising concerns about the quality of care and patient satisfaction. This makes regular audits and quality surveys essential for identifying areas requiring improvement and ensuring equitable healthcare delivery. Despite global progress, Sri Lanka has limited data on patient-reported experiences in tertiary care hospitals, except for small-scale audits that have not been formally published, making benchmarking and evidence-based improvement difficult. This study aimed to assess overall patient satisfaction with healthcare in a female medical ward, to identify valued aspects of care, determine areas for improvement, and explore factors associated with willingness to recommend the hospital.

Methods

Study Design and Setting

This cross-sectional survey was conducted over one month (22nd January to 22nd February 2025) in a female medical ward at Colombo North Teaching Hospital, Sri Lanka, a major tertiary referral centre with approximately 1840 beds and a diverse, multi-socioeconomic patient population.

Study Population

The study included female inpatients with a minimum stay of 24 hours. Consenting patients over 18 years of age who had an inpatient stay of one day or more, including an overnight stay, were included. Patients were approached for recruitment one day prior to discharge or on the day of discharge to ensure they had experienced the full spectrum of ward services and could provide comprehensive feedback. Patients too ill to participate, those lacking the capacity to provide informed responses (as assessed by the attending medical team), or those who did not consent were excluded.

Sample Size

Based on the ward's average monthly admissions of approximately 200 patients and assuming a 50% satisfaction rate (to maximise sample size), a 95% confidence interval,

and a 5% margin of error, a minimum sample size of 132 was required. We aimed to recruit all eligible patients during the one-month period to maximise statistical power. During the study period, 209 patients were admitted to the ward for ≥ 24 hours. Of these, 18 were too ill to participate, 5 lacked capacity to provide informed responses, and 2 declined to participate, resulting in 184 participants (response rate: 88.0%).

Data Collection

An interviewer-administered questionnaire was developed by adapting relevant items from validated PREMs surveys, including HCAHPS, PPE-15, NHSIP, and PEQ. 1-4 The adaptation process involved: (1) selecting relevant domains applicable to the Sri Lankan context; (2) modifying language for local comprehension; (3) pilot testing with 20 patients not included in the final sample; (4) adding and appropriately modifying questions to match local ward settings and routines; and (5) refining based on feedback.

The final questionnaire comprised 17 questions across six domains: (1) admission processes and timeliness, (2) ward facilities and infrastructure, (3) cleanliness and hygiene, (4) privacy and comfort, (5) healthcare staff performance, and (6) overall satisfaction and willingness to recommend. Questions used various formats, including Likert scales, yes/no responses, and numerical rating scales (0-10).

The questionnaire was administered in the patient's preferred language (Sinhala, Tamil, or English) by trained medical officers who were not involved in the patient's clinical care in a private area of the ward, ensuring patient comfort and adequate timing during the interview.

Data Analysis

Data were analysed using SPSS version 23.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated for all variables. For satisfaction scores (rated 0-10), medians and interquartile ranges were also calculated, given the potential for skewed distributions. Univariate and multivariable logistic regression analyses were conducted to identify independent predictors of willingness to recommend the hospital.

Ethical Considerations

The study was conducted following ethics approval from the Ethical Review Committee, Faculty of Medicine, University of Kelaniya (Reference: P/164/12/2024). Written informed consent was obtained from all participants prior to enrolment. Participants were assured of confidentiality and that their participation would not affect their care. No personal identifiers were collected.

Results

Demographic characteristics and duration of stay

A total of 184 patients were included in the study. The mean age was 58 years (SD 17.3, range 18-89 years). The age distribution is shown in Table 1. The mean duration of hospital stay was 3.4 days (SD 2.03, median 3 days, range 1-14 days). Most patients (64.1%) stayed for 1-3 days, 32.1% for 4-7 days, and 3.8% for more than 7 days.

Table 1
Age distribution of the study population).

Age group (years)	Number of patients	Percentage
18-19	4	2.2%
20-39	21	11.4%
40-64	85	46.2%
≥ 65	74	40.8%
Total	184	100.0%

Admission process and timeliness

Regarding admission processes, 127 patients (69.0%) felt they were admitted to the hospital at the admission counter without delay, while 18 (9.8%) thought they could have been admitted sooner, and 39 (21.2%) were uncertain. One hundred and thirty-one patients (71.2%) reported no delay in admission to the ward, while 20 (10.9%) felt they could have been admitted sooner.

Upon admission to the ward, 146 patients (79.3%) were seen by a doctor without delay, but 9 (4.9%) felt they should have been seen sooner. Blood sampling was timely for 163 patients (88.6%), although 11 (6.0%) felt it should have been done sooner.

Investigation results were available without delay for 116 patients (63%), while 8 (4.3%) reported significant delays. Among the 62 patients (33.7%) who received blood products during their stay, 12 (6.4%) experienced delays in receiving treatment, which they attributed to availability issues or procedural delays.

Ward facilities and bed allocation

Upon admission, 157 patients (85.3%) were assigned a bed immediately; however, 123 patients (66.8%) had to share a bed for at least part of their stay. Bedsharing typically occurred during periods of high ward occupancy and involved two patients sharing a single bed space with shared bedding.

Toilet and sanitation facilities

During their stay, 88 patients (47.8%) found the number of toilets inadequate at times, 38 (20.7%) found the toilet facilities grossly inadequate, and 58 (31.5%) found them adequate. Toilet cleanliness was rated as 'very clean' by 50 patients (27.2%), 'fairly clean' by 96 (51.6%), 'not very clean' by 24 (13.0%), and 'not clean at all' by 15 (8.2%).

Regarding waste management, 83 patients (45.1%) reported that garbage was cleaned regularly, while 12 patients (6.5%) thought that garbage was never cleaned. Regarding overall ward cleanliness, 92 patients (50.0%) rated it 'very clean' and 80 patients (43.5%) rated it 'fairly clean'.

Dining facilities and hygiene

Most patients (153, 83.2%) reported that there was no separate dining area in the ward. Among those who ate in the ward, 76 (43.5%) stated that the available spaces were 'never suitable' for meals, 53 (28.8%) found them

'sometimes suitable', 38 (20.7%) found them 'usually suitable', and 17 (9.2%) found them 'always suitable'. Most patients (158, 85.9%) were never disturbed by pests during meals, 21 (11.4%) were sometimes disturbed, and 2 (1.1%) were always disturbed.

The handwashing area was rated 'always clean' by 37 patients (20.1%) and 'never clean' by 29 (15.8%). Notably, 133 patients (72.3%) reported that handwash gels or sanitisers were not readily available near eating areas or toilets.

Privacy and comfort

Regarding privacy, 112 patients (60.9%) reported that privacy in the ward was always adequate, while 62 (33.7%) felt it was sometimes compromised. Specifically, 123 patients (66.8%) felt they had sufficient privacy when discussing their condition or treatment with healthcare providers, and 132 (71.7%) reported having sufficient privacy during examinations or treatments.

However, 147 patients (79.9%) reported being disturbed by male visitors (relatives of other patients) entering the female ward during non-visiting hours. Regarding rest, 83 (45.1%) reported adequate rest, 62 (33.7%) reported sufficient rest only sometimes, and 39 (21.2%) reported inadequate rest.

Night-time disturbances were common, with 78 patients (42.4%) reporting being disturbed by noise from other patients (e.g., conversations or distress). The majority (177, 96.2%) were not disturbed by hospital staff during rest periods, and 166 patients (90.2%) always felt safe in the ward.

Staffing and healthcare delivery

Patient estimates of staffing ratios showed wide variation in perception. The most common response for patient-to-staff ratios was "20 or more patients" per doctor (30.4%), per nursing officer (26.6%), and per junior staff member (71.0%).

Satisfaction scores

Among the 59 patients (32.1%) who took meals from the hospital, satisfaction scores were 10/10 by 26 patients (44.1%) with mean satisfaction score of 7.47/10 (SD 3.20, median 9.0, IQR 5.0-10.0). Hospital facilities received a 10/10 rating from 71 patients (38.6%), with a mean score of 6.99/10 (SD 2.96, median 8.0, IQR 5.0-9.0). Ward cleanliness was rated 10/10 by 70 patients (38.0%), with a mean score of 7.84/10 (SD 2.39, median 8.0, IQR 7.0-10.0).

Healthcare staff received notably high ratings across all categories:

- **Doctors:** 146 patients (79.3%) gave 10/10; mean 9.35/10 (SD 1.84, median 10.0)
- **Nurses:** 134 patients (72.8%) gave 10/10; mean 9.21/10 (SD 1.78, median 10.0)
- **Junior ward staff:** 109 patients (59.2%) gave 10/10; mean 8.60/10 (SD 2.34, median 10.0)

Overall, 112 patients (60.9%) stated they would recommend the hospital to friends and family, 50 (22.8%) mentioned they might recommend, 9 (4.9%) said probably not, and 13 (7.1%) would not recommend it.

Factors associated with willingness to recommend the hospital

Willingness to recommend was analysed as binary ("Yes" = scores 3–4 vs. "No" = scores 1–2) to enable binary logistic regression analysis, aligned with Net Promoter Score methodology. Separate standard univariate logistic regression models were fitted for each. p -value < 0.05 was considered statistically significant.

Univariate analyses revealed strong positive associations

between willingness to recommend and satisfaction scores for doctors (OR = 1.31, p = 0.002), nurses (OR = 1.38, p = 0.001), and junior staff (OR = 1.22, p = 0.014). Higher perceived overall cleanliness (OR = 1.20, p = 0.026) and adequacy of rest (OR = 2.15, p = 0.009) were also associated with greater odds of recommendation, whereas delays in registration (OR = 0.39, p = 0.001) and admission (OR = 0.40, p = 0.001), as well as poorer toilet cleanliness (OR = 0.52, p = 0.005), were associated with reduced odds.

Multivariate logistic regression was performed to identify independent factors associated with patients' willingness to recommend the hospital. All patient experience variables, including delays, toilet cleanliness, adequacy of rest, facilities, overall cleanliness, and satisfaction scores with doctors, nurses, and junior staff, were entered simultaneously into the model. After adjustment, cleanliness of toilets emerged as the only statistically significant independent predictor (OR = 0.51, p = 0.046), indicating that poorer toilet hygiene substantially reduced the odds of recommendation. Adequacy of rest showed a borderline positive association (OR = 1.98, p = 0.072). Staff satisfaction scores, although significant in univariate analysis, were no longer significant in the multivariable model, suggesting their effect was largely confounded by environmental factors.

Table 2

Univariate Logistic Regression results for factors and satisfaction scores with willingness to recommend.

Predictor	Odds Ratio	95% CI	p-value	Significant (p < 0.05)
Registration delay	0.39	0.22–0.69	0.001	Yes
Admission delay	0.40	0.23–0.70	0.001	Yes
Assessment delay	0.94	0.42–2.10	0.872	No
Blood drawing delay	0.55	0.28–1.07	0.078	No
Receiving bed	1.10	0.30–4.01	0.884	No
Adequacy of toilets	0.87	0.47–1.62	0.658	No
Cleanliness of toilets	0.52	0.33–0.83	0.005	Yes
Suitability of dining area	1.29	0.79–2.09	0.305	No
Adequacy of privacy	0.58	0.29–1.14	0.115	No
Adequacy of rest	2.15	1.21–3.81	0.009	Yes
Safety of ward	0.37	0.13–1.07	0.068	No
Investigation delay	0.63	0.40–1.00	0.052	No
Score for facilities	1.09	0.95–1.27	0.228	No
Score for overall cleanliness	1.20	1.02–1.42	0.026	Yes
Satisfaction score for doctors n	1.31	1.10–1.56	0.002	Yes
Satisfaction score for nurses	1.38	1.14–1.67	0.001	Yes
Satisfaction score for junior staff	1.22	1.04–1.42	0.014	Yes

Willingness to recommend (Q17.8) was modelled as binary ("Yes" = scores 3–4 vs. "No" = scores 1–2) using standard multivariable logistic regression aligned with Net Promoter Score methodology

Table 3

Multivariate Logistic Regression for willingness to recommend (All factors + staff satisfaction scores).

Predictor	Odds Ratio	95% CI Lower	95% CI Upper	p-value	Significant?
Registration delay	0.48	0.17	1.34	0.161	No
Admission delay	0.56	0.21	1.51	0.251	No
Assessment delay	2.68	0.68	10.49	0.158	No
Blood drawing delay	0.59	0.22	1.63	0.310	No
Receiving bed	1.02	0.21	4.91	0.983	No
Adequacy of toilets	1.75	0.64	4.78	0.271	No
Cleanliness of toilets	0.51	0.26	0.99	0.046	Yes
Suitability of dining area	1.26	0.65	2.43	0.492	No
Adequacy of privacy	1.12	0.41	3.03	0.827	No
Adequacy of rest	1.98	0.94	4.17	0.072	Borderline
Safety of ward	0.69	0.15	3.10	0.624	No
Investigation delay	0.75	0.40	1.42	0.382	No
Score for facilities	0.94	0.69	1.27	0.686	No
Score for overall cleanliness	0.91	0.66	1.27	0.584	No
Satisfaction score for doctors n	1.18	0.78	1.81	0.432	No
Satisfaction score for nurses	1.13	0.65	1.96	0.674	No
Satisfaction score for junior staff	1.17	0.83	1.65	0.358	No

Discussion

This study of 184 female patients in a medical ward of a tertiary care hospital in Sri Lanka revealed high satisfaction rates with healthcare staff, including doctors (9.35/10), nurses (9.21/10), and junior staff (8.60/10), which compared favourably with international benchmarks. These scores reflect healthcare workers' dedicated service despite a resource-constrained healthcare setting.

However, infrastructure challenges were evident during this study. Only 27.2% rated toilets as 'very clean', and 68.5% found toilet facilities inadequate in number to some degree. Bed-sharing affected 66.8% of patients, probably compromising privacy and infection control. Satisfaction with overall ward cleanliness (mean 7.84/10) was moderate. Handwash gels or sanitisers were unavailable for 72.3% of respondents, and 83.2% reported absence of a designated dining area.

While 60.9% would recommend the hospital, the 36.4% who expressed hesitation underscores the need to address environmental factors. Improving toilet hygiene, reducing bedsharing, and enhancing rest facilities could significantly improve the patient experience and recommendation rates in resource-constrained public hospitals. Univariate analyses revealed strong positive associations between willingness to recommend and satisfaction scores for doctors, nurses and junior staff, while perceived overall cleanliness and adequacy of rest were also associated with greater odds of recommendation. Delays in registration and admission, as well as poorer toilet cleanliness, were associated with reduced odds. These findings emphasise the importance of interpersonal care, timely processes, and basic amenities in shaping patient perceptions. However, when all factors were considered

together, it was observed that environmental factors acted as confounders, dampening the effect of satisfaction with health staff. A study in Korea involving 1,555 inpatients at a tertiary hospital demonstrated a strong relationship between patient experience, satisfaction, and willingness to recommend, with better patient experience having a large direct effect on patient satisfaction ($\beta = 0.659$, $p < 0.001$) and a modest direct influence on willingness to recommend ($\beta = 0.168$, $p < 0.001$). This showed over 90% patient satisfaction with hospital care, though negative experiences with physical comfort and a lack of respect for patient preferences substantially reduced satisfaction.⁶ Our findings align with this, as satisfaction with ward cleanliness was a significant independent predictor of willingness to recommend, demonstrating that the quality of the infrastructure directly impacts overall patient perceptions.

A Polish survey found that age and income significantly influenced perceptions, with older patients giving higher ratings than younger patients for respectful treatment, meal quality, pain management, dignity, and information clarity.⁵ Although not done in our study, this suggests room for further age-stratified research in Sri Lanka.

A cross-sectional study conducted in India, enrolling 524 inpatients from both medical and surgical wards, demonstrated a moderate positive correlation between the overall healthcare quality score and the overall patient satisfaction score ($r = 0.54$, $p < 0.001$), the strongest correlation was for doctor behaviour ($r = 0.44$) and hospital infrastructure ($r = 0.43$) while linear regression showed the strongest association between overall perceived health care quality score and overall patient satisfaction score (under-standardized $\beta = 0.632$, $p < 0.01$).⁸ In comparison, our study showed toilet cleanliness as the only independent factor for willingness to recommend the hospital.

The confounding observed suggests that enhancing the care environment could indirectly reinforce perceptions of staff performance. For Sri Lankan hospital management and healthcare policymakers, these findings indicate the need for systematic infrastructure improvements, particularly in sanitation, bed availability, dining facilities and hygiene supplies, while maintaining the free healthcare model that ensures universal access in public hospitals.

Strengths and Limitations

This study adds to the limited literature on systematic assessment of inpatient experience in a local setting, using validated PREMs tools. Few studies have examined patient experiences in outpatient or community settings.^{9,10} The findings are consistent with regional and international studies regarding the association between perceived healthcare service quality and overall patient satisfaction.^{5,6,7,8}

A high response rate (88.0%) reduced selection bias. Univariate and multivariable regression analyses identified independent predictors of satisfaction, providing insights beyond what descriptive statistics alone can offer. A total of 17 variables were analysed, which did not meet the commonly recommended threshold of 10 events per variable. This limits the reproducibility of findings and highlights the need for larger studies. Nevertheless, analysing a broad range of variables allowed comprehensive exploration of factors associated with patients' willingness to recommend the hospital, reducing the risk of missing important confounders.

Key limitations include the single-centre, single-unit design and a female-only sample, which limit the generalisability of the findings. The one-month data collection period may not capture seasonal variation. Collecting data within the hospital may have influenced patient responses, while gender-specific concerns regarding hygiene and privacy could have affected ratings of toilet cleanliness and privacy. The small sample size precluded detailed subgroup analysis. The clinical data, including diagnoses, illness severity, and comorbidities, were not collected, despite their potential influence on satisfaction. Dichotomising willingness to recommend may have reduced the ability to detect nuanced differences in patient opinion. Social desirability bias may have inflated satisfaction ratings, particularly for healthcare staff, because interviews were conducted by healthcare personnel during admission.

Future Research Directions

Future studies should expand to include multi-gender, multi-centre patients, and longitudinal designs to improve generalisability and track the trend of improvement of interventions. Exploring associations between patient characteristics (socioeconomic status, education, ethnicity) and satisfaction would help identify vulnerable groups requiring targeted support. In-depth interviews could provide richer contextual understanding of patient experiences. Cost-effectiveness analyses of proposed infrastructure improvements would help prioritise interventions.

Conclusion

Sri Lanka's healthcare system aims to meet patient needs efficiently despite limited resources. This study found high overall satisfaction with healthcare staff, including doctors,

nurses, and junior staff. Improving infrastructure, food, and hygiene facilities could further enhance the patient experience and increase willingness to recommend the hospital. Further research is needed to evaluate overall healthcare quality, inform policy changes, and guide improvements to existing facilities.

Author Declaration

Conflict of interests

The authors declare that they have no known competing interests.

Ethics declaration

This study was approved by the Ethics Review Committee, Faculty of Medicine, University of Kelaniya (Reference No. P/164/12/2024).

Criteria for authorship

Conception and study design was done by De Silva ST, Francis KR and Withanage WHMY. Data collection was done by Ekanayake EMIN and Arachchi MAPUM. Data analysis was done by Francis KR and Withanage WHMY. Manuscript drafting was done by Withanage WHMY and De Silva ST. All the authors contributed in finalizing the manuscript.

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