

Patient-Reported Experience Measures in a Secondary Care Hospital in Sri Lanka: A Quality Improvement Evaluation Using the National Patient Satisfaction Questionnaire

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Abstract

Background

Patient experience is a key indicator of healthcare quality and an essential component of patient-centred care. In Sri Lanka, public hospitals routinely conduct patient satisfaction surveys using a standardized questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health. Despite widespread implementation, few published studies have analysed these routinely collected data to evaluate patient experience or examined the strengths and limitations of the national survey instrument.

Objective

To evaluate patient experience across the clinical care pathway at Base Hospital Kalmunai North using routinely collected quality improvement data and to identify opportunities for improving healthcare services and the national patient experience measurement tool.

Methods

A retrospective analysis of routinely collected quality improvement data combined with a descriptive cross-sectional patient experience survey was conducted at Base Hospital Kalmunai North. One hundred adult patients were consecutively recruited from the Outpatient Department (OPD), specialist clinics, and inpatient wards during the Quarter 1 survey conducted between 16 and 20 March 2026. Patient experience was assessed using the standardized National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka. Historical quality improvement reports from 2025 were reviewed for comparison. Descriptive statistics were used to summarize patient experience across the clinical pathway.

Results

Patient experience remained consistently positive across all clinical settings. In Quarter 1 of 2026, Excellent responses across individual questionnaire items ranged from 65% to 75%, Very Good responses ranged from 25% to 45%, and Good responses ranged from 5% to 15%. Patients expressed particularly favourable perceptions regarding staff professionalism, nursing care, medical care, privacy, and patient safety. Opportunities for improvement included waiting time, communication, food quality, environmental cleanliness, and ward facilities. The evaluation also identified methodological limitations of the national questionnaire, particularly its use of only three positively framed response categories.

Conclusions

Routine patient experience surveys provide valuable evidence for hospital quality improvement. While patient experience at Base Hospital Kalmunai North was generally favourable, the findings support continued improvements in service delivery. In addition to identifying opportunities for improving healthcare services, this evaluation highlights methodological limitations of the current national questionnaire and recommends development and psychometric validation of a balanced Likert-scale Patient-Reported Experience Measure to strengthen future quality improvement programmes in Sri Lanka.

Keywords: Continuous quality improvement; Healthcare quality; Patient experience; Patient-reported experience measures; Sri Lanka.

I. INTRODUCTION

Delivering safe, effective, and patient-centred healthcare has become a global priority.¹⁻³ While traditional indicators such as mortality, morbidity, and infection rates remain fundamental measures of healthcare performance, they do not fully capture how patients experience healthcare services. Consequently, patient-reported experience measures (PREMs) have become increasingly important for evaluating healthcare quality because they provide direct information about patients' interactions with healthcare providers and health systems. Unlike clinical indicators, patient experience reflects how healthcare is delivered rather than simply the clinical outcomes achieved.

International organizations, including the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD), recognize patient experience as a core dimension of healthcare quality.^{1,2} Positive patient experiences have been associated with improved adherence to treatment, increased patient trust, better continuity of care, enhanced patient safety, and improved health outcomes. Conversely, poor experiences may indicate deficiencies in communication, accessibility, organizational efficiency, or the healthcare environment that are not apparent from routine clinical performance indicators.¹²⁻¹⁷

Patient-Reported Experience Measures (PREMs) have emerged as standardized instruments for systematically capturing patients' perceptions of healthcare delivery. Unlike Patient-Reported Outcome Measures (PROMs), which assess the impact of healthcare on patients' health status and quality of life, PREMs evaluate how patients experience the processes of care, including communication, respect, coordination, accessibility, responsiveness, and the healthcare environment. Consequently, PREMs provide healthcare organizations with actionable information that complements traditional clinical performance indicators and supports evidence-based quality improvement initiatives. Increasingly, health systems are integrating PREMs into routine quality monitoring because they facilitate benchmarking, enable longitudinal assessment of service quality, and promote patient-centred healthcare delivery.^{4,5,10}

Many healthcare systems now integrate patient experience into continuous quality improvement (CQI) programmes. Routine patient feedback enables healthcare organizations to monitor service quality, identify operational challenges, evaluate improvement initiatives, and support evidence-based management decisions. These data are particularly valuable in resource-limited settings where efficient use of available resources is essential to maintaining high-quality healthcare services.⁴⁻⁶

In Sri Lanka, the Directorate of Healthcare Quality and Safety, Ministry of Health has introduced a standardized Patient Satisfaction Questionnaire for use in government hospitals as part of the national quality improvement programme.^{18,19} The instrument evaluates patient experiences across multiple domains of the clinical care pathway, including reception, registration, communication, medical and nursing care, medicine availability, environmental cleanliness, privacy, food services, and overall patient experience. The use of a standardized instrument facilitates comparison across healthcare institutions and supports national quality monitoring.¹⁸

Despite routine implementation of these surveys, published analyses of the resulting data remain limited. Most hospitals use the findings primarily for internal quality assurance, and there is little published evidence describing trends in patient experience or evaluating the measurement characteristics of the national questionnaire. Furthermore, the questionnaire uses only three positively framed response options ("Excellent," "Very Good," and "Good"), which may limit respondents' ability to express neutral or negative perceptions and reduce the sensitivity of the instrument to detect meaningful differences in patient experience.

Addressing these evidence gaps is important because robust patient experience measurement is essential for evidence-based quality improvement. Understanding both patient perceptions and the strengths and limitations of the current measurement instrument may contribute to improving healthcare services while strengthening future national patient experience surveys.

Despite the routine implementation of the National Patient Satisfaction Questionnaire across government hospitals, there is limited published evidence describing how these routinely collected data are translated into quality improvement activities or whether the current instrument adequately captures the full spectrum of patient experience. Furthermore, the measurement properties of the questionnaire have not been formally evaluated in the published literature. Addressing these knowledge gaps is important because reliable and valid patient experience data are essential for monitoring healthcare quality, guiding service improvement, and informing national quality policy.^{4,7,8,10}

Base Hospital Kalmunai North is a secondary-care public hospital serving a diverse population in the Eastern Province of Sri Lanka. As part of its routine Quality Management Programme, the hospital conducts standardized patient satisfaction surveys across the Outpatient Department (OPD), specialist clinics, and inpatient wards. The resulting data provide an opportunity to evaluate patient experience across the clinical care pathway and identify opportunities for service improvement.

Therefore, the objectives of this study were to:

1. Evaluate patient experience across the clinical care pathway using routinely collected quality improvement data collected with the standardized National Patient Satisfaction Questionnaire.
2. Identify strengths and opportunities for improving healthcare delivery across the OPD, specialist clinics, and inpatient wards.
3. Evaluate the usefulness of routinely collected patient experience data for supporting hospital quality improvement initiatives.
4. Critically examine the measurement characteristics of the current national questionnaire and propose recommendations for future revision and psychometric validation.

II. MATERIALS AND METHODS

2.1 Study Design

This study employed a retrospective analysis of routinely collected quality improvement data combined with a descriptive cross-sectional patient experience survey. The evaluation was conducted as part of the continuous quality improvement (CQI) programme at Base Hospital Kalmunai North. Routinely collected patient experience data from the hospital Quality Management Unit were reviewed alongside the findings of the Quarter 1 patient experience survey conducted in March 2026.

2.2 Study Setting

The study was conducted at Base Hospital Kalmunai North, a secondary-care government hospital located in the Eastern Province of Sri Lanka. The hospital provides comprehensive outpatient and inpatient healthcare services, including emergency care, specialist outpatient clinics, medical and surgical wards, maternity services, paediatric care, pharmacy services, and diagnostic facilities. Patient experience surveys are routinely coordinated by the hospital Quality Management Unit using the standardized National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka.

2.3 Study Population

The study population consisted of adult patients receiving healthcare services in three major clinical areas:

- Outpatient Department (OPD)
- Specialist Clinics
- Inpatient Wards

The retrospective component included routinely collected Quality Management reports from Quarter 1 2025, while the cross-sectional component included patients surveyed during Quarter 1 of 2026.

2.4 Eligibility Criteria

Inclusion criteria

Patients were eligible to participate if they:

- were aged 18 years or older;
- received healthcare services in the OPD, specialist clinics, or inpatient wards during the survey period;
- were medically stable at the time of the survey;
- were willing to participate voluntarily.

Exclusion criteria

The following were excluded:

- children (<18 years);
- parents or guardians responding on behalf of patients;
- critically ill patients who were unable to participate;
- patients unwilling to provide responses.

2.5 Sample Size and Sampling Technique

A total of 100 adult patients participated in the each survey.

Participants were recruited using consecutive sampling, whereby every eligible patient attending the selected clinical areas during the survey period was invited to participate until the required sample size was achieved.

2.6 Survey Instrument

Patient experience was assessed using the National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka¹⁹, which is routinely used across government hospitals as part of the national healthcare quality programme.^{18,19} Responses are recorded using a three-category ordinal response scale consisting of: Excellent, Very Good and Good. The questionnaire was available in Sinhala and Tamil, allowing respondents to complete the survey in their preferred language.

Table 1. Domains assessed by the National Patient Satisfaction Questionnaire

Domain	Examples of Questionnaire Items
Access to care	Locating services, reception, registration
Clinical care	Doctors, nursing care, supportive staff
Communication	Explanations, answering questions, treatment advice
Medicines	Availability and pharmacy services
Environment	Cleanliness, privacy, ward environment
Support services	Food quality, toilet facilities, patient comfort
Overall patient experience	Overall opinion regarding healthcare received

2.7 Data Collection

Patient experience surveys were administered by trained members of the Quality Management Unit following routine hospital quality improvement procedures. Eligible patients were invited to complete the questionnaire after receiving healthcare services. Participation was voluntary, anonymous, and did not influence clinical care. Completed questionnaires were reviewed for completeness before aggregation and reporting. Historical Quality Management reports from 2025 were reviewed to facilitate comparison with the Quarter 1 2026 survey findings.

2.8 Outcome Measure

The primary outcome was patient experience across the clinical care pathway, assessed through responses to the standardized questionnaire. The analysis focused on patient perceptions across the domains evaluated by the instrument rather than on a single overall satisfaction score.

2.9 Data Analysis

Data were entered into Microsoft Excel and analysed using descriptive statistical methods. Categorical variables were summarized using frequencies and percentages. Historical Quality Management reports were compared descriptively with Quarter 1 2026 findings to identify trends in patient experience across clinical departments. Given the use of aggregated quality improvement data, inferential statistical analyses were not undertaken.

2.10 Ethical Considerations

The study was undertaken as part of the routine Quality Improvement Programme of Base Hospital Kalmunai North. The survey collected no personally identifiable information. Participation was voluntary, and all responses were anonymized before analysis. As the study involved retrospective analysis of routinely collected quality improvement data together with an anonymous patient experience survey, the findings are reported in aggregate form.

III. RESULTS

3.1 Survey Characteristics

A total of 100 adult patients participated in the Quarter 1 patient experience surveys conducted in 2025 and 2026. Participants were recruited consecutively from three major service areas: the Outpatient Department (OPD), specialist clinics, and inpatient wards. The survey was conducted using the standardized National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka.

3.2 Patient Experience Across the Clinical Pathway

Patient experience was generally positive across all evaluated domains. Responses to individual questionnaire items demonstrated consistently favourable perceptions of healthcare services.

Across the survey items:

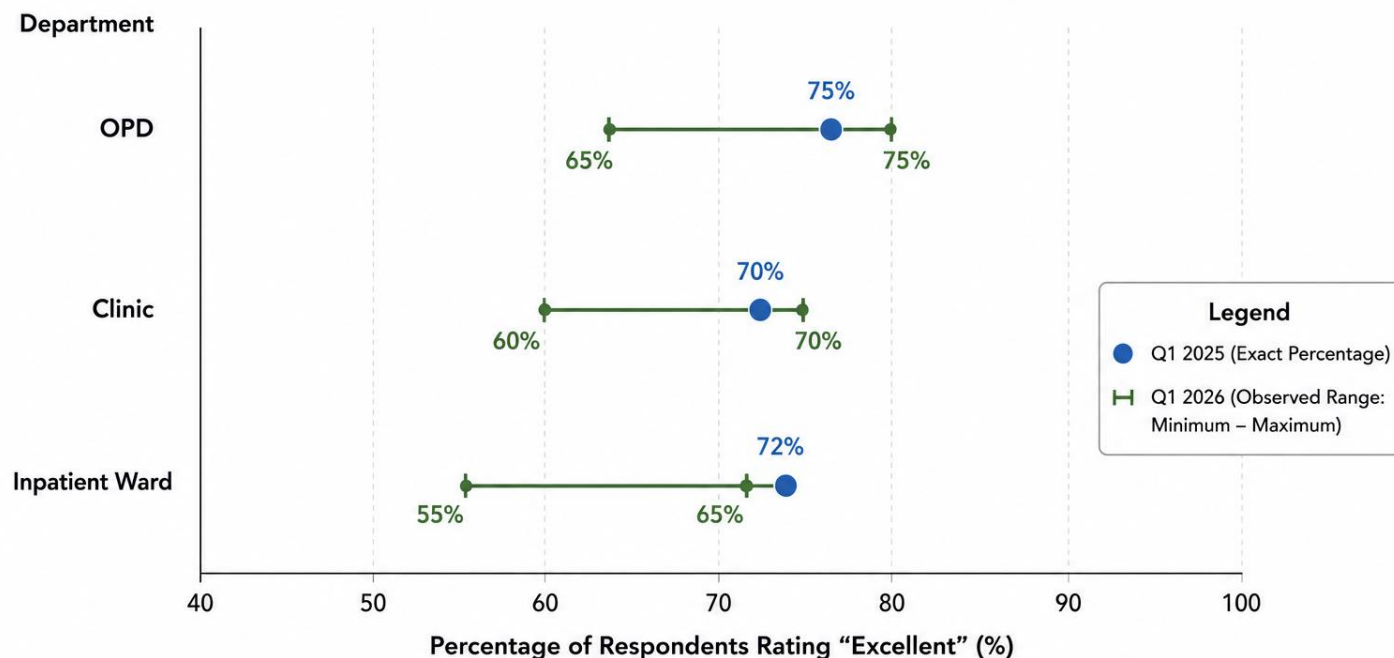
- Excellent responses ranged from 65% to 75%.
- Very Good responses ranged from 25% to 45%.
- Good responses ranged from 5% to 15%.

These findings indicate that patients generally reported positive experiences throughout the clinical pathway, particularly regarding interactions with healthcare professionals and the delivery of clinical care.

Figure 1. Comparison of "Excellent" Patient Experience Ratings by Department Between Quarter 1 2025 and Quarter 1 2026

Figure 1 compares the proportion of patients rating their experience as "Excellent" across the three major clinical service areas during Quarter 1 of 2025 and Quarter 1 of 2026. Exact percentages from the 2025 Quality Management report are presented alongside the observed ranges recorded during the 2026 survey.

Figure 1. Comparison of “Excellent” Patient Experience Ratings by Department (Q1 2025 vs. Q1 2026)



Note: Each quarter included a total of 100 respondents.

For Q1 2026, only ranges were available from the Quality Management Unit.

OPD – Outpatient Department; Clinic – Specialist Clinics; Inpatient Ward – Inpatient Wards.

3.3 Departmental Findings

Outpatient Department (OPD)

Patients attending the OPD reported favourable experiences with staff courtesy, reception services, and the overall care provided. The availability of prescribed medicines was generally considered satisfactory. Waiting time was the most frequently identified area requiring improvement.

Specialist Clinics

Patients attending specialist clinics expressed positive perceptions regarding staff professionalism, medical care, and the organization of clinic services. Communication with healthcare providers was generally rated positively; however, respondents indicated that additional improvements in communication and waiting time would further enhance their experience.

Inpatient Wards

Patients admitted to inpatient wards reported favourable experiences with nursing care, physician communication, maintenance of privacy, and patient safety. Environmental cleanliness was considered acceptable. Food services and ward facilities were generally viewed positively but were identified by some respondents as areas where further improvements could enhance the patient experience.

Table 3. Summary of Patient Experience Across Clinical Areas

Clinical Area	Major Strengths Identified	Opportunities for Improvement
Outpatient Department	Courteous staff, efficient reception services, satisfactory medicine availability	Waiting time
Specialist Clinics	Staff professionalism, organization of services, clinical care	Communication, waiting time
Inpatient Wards	Nursing care, physician communication, privacy, patient safety	Food services, ward facilities, environmental cleanliness

3.4 Comparison with Historical Quality Improvement Reports

Comparison with the routinely collected Quality Management reports from Quarter 1 2025 indicated that patient experience remained consistently positive across all major clinical areas. The Quarter 1 2026 survey demonstrated continued strengths in clinical care, staff professionalism, and patient safety, while identifying similar operational challenges to those observed in the historical reports, particularly with respect to waiting time and selected supportive services. Overall, the findings suggest that the hospital has maintained a positive patient experience while continuing to identify opportunities for incremental quality improvement.

I. DISCUSSION

4.1 Patient Experience as a Quality Improvement Indicator

This quality improvement evaluation examined patient experience across the clinical care pathway at Base Hospital Kalmunai North using the standardized National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka.^{4,5}

The findings indicate that patients generally reported favourable experiences across the evaluated domains, particularly regarding staff professionalism, nursing care, medical care, privacy, and patient safety. At the same time, the survey identified opportunities for improvement in waiting time, communication, environmental cleanliness, food services, and selected aspects of ward facilities. These findings demonstrate the value of routinely collected patient experience data in guiding evidence-based quality improvement within public hospitals.¹²⁻¹⁶

The consistently positive responses observed in this study are comparable with findings from international healthcare quality research, where interpersonal aspects of care—such as respect, courtesy, effective communication, and professional competence—are among the strongest determinants of patient experience. Previous systematic reviews have shown that patients value compassionate interactions with healthcare professionals as highly as technical competence. The favourable ratings for nursing care and physician interactions observed in the present study are consistent with previous studies demonstrating that respectful communication, empathy, and professional competence are major determinants of positive patient experience (15–19).

Waiting time emerged as the most frequently identified opportunity for improvement, particularly in the OPD and specialist clinics. This finding is consistent with international literature identifying prolonged waiting time as one of the most influential factors affecting patient experience. Delays may reduce patients' perceptions of service efficiency even when clinical care is appropriate. The present findings therefore support continued monitoring of patient flow and implementation of locally appropriate quality improvement initiatives aimed at improving service efficiency while maintaining standards of clinical care. This observation is consistent with previous studies reporting that prolonged waiting time remains one of the strongest predictors of poorer patient experience across both primary and secondary healthcare settings.^{5,6,14}

Communication between healthcare providers and patients was another recurring theme. Although overall perceptions of communication were positive, patients identified opportunities for clearer explanations and improved responsiveness to questions. Effective communication has been associated with greater patient trust, improved treatment adherence, enhanced patient safety, and better health outcomes.^{12,13,15} Communication is consistently identified as a key component of patient-centred care and one of the strongest predictors of patient-reported experience measures (PREMs) (15,16,18). Continuous professional development programmes focusing on communication skills may therefore strengthen patient-centred care and further improve the patient experience.

The evaluation also highlighted the contribution of supportive services to patient experience. Environmental cleanliness, food services, and ward facilities were generally rated positively; however, respondents indicated that further improvements in these areas could enhance their overall experience. These findings reinforce international evidence that non-clinical services substantially influence patients' perceptions of healthcare quality and overall hospital experience. These findings reinforce the concept that patient experience reflects the entire healthcare journey rather than clinical care alone. Consequently, quality improvement initiatives should adopt a multidisciplinary approach that includes both clinical and non-clinical services.^{2,14,16}

A notable strength of this study is the use of routinely collected quality improvement data generated through a standardized national survey instrument. Routine collection of PREMs has increasingly been recognised as an important component of learning health systems and continuous quality improvement programmes.^{4,5,10} Because the questionnaire is used across government hospitals in Sri Lanka, the findings have practical relevance beyond a single institution and demonstrate how routinely collected patient experience data can support continuous quality improvement. Integrating survey findings into departmental quality improvement plans and routinely providing feedback to clinical teams may further strengthen organizational learning and accountability.

4.2 Implications for Patient Experience Measurement

An important finding arising from this evaluation concerns the design of the National Patient Satisfaction Questionnaire itself. The questionnaire, developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka, provides only three positively framed response options: Excellent, Very Good, and Good.¹⁹ International guidance on patient-reported experience measurement recommends balanced response scales that permit respondents to express both positive and negative perceptions, thereby improving measurement sensitivity and reducing response bias (4,7,8,10). While this simple response format facilitates routine data collection and reporting, it limits respondents' ability to express neutral or negative perceptions of healthcare services.

From a measurement perspective, restricting responses to positive categories may introduce positive response bias and ceiling effects, thereby reducing the instrument's ability to discriminate between different levels of patient experience. Such response formats may also contribute to ceiling effects, limiting the instrument's ability to discriminate between different levels of patient experience and reducing its usefulness for monitoring incremental quality improvement.^{8,10,11} Patients who experience dissatisfaction or mixed experiences have no appropriate response option, potentially resulting in an overestimation of favourable perceptions.

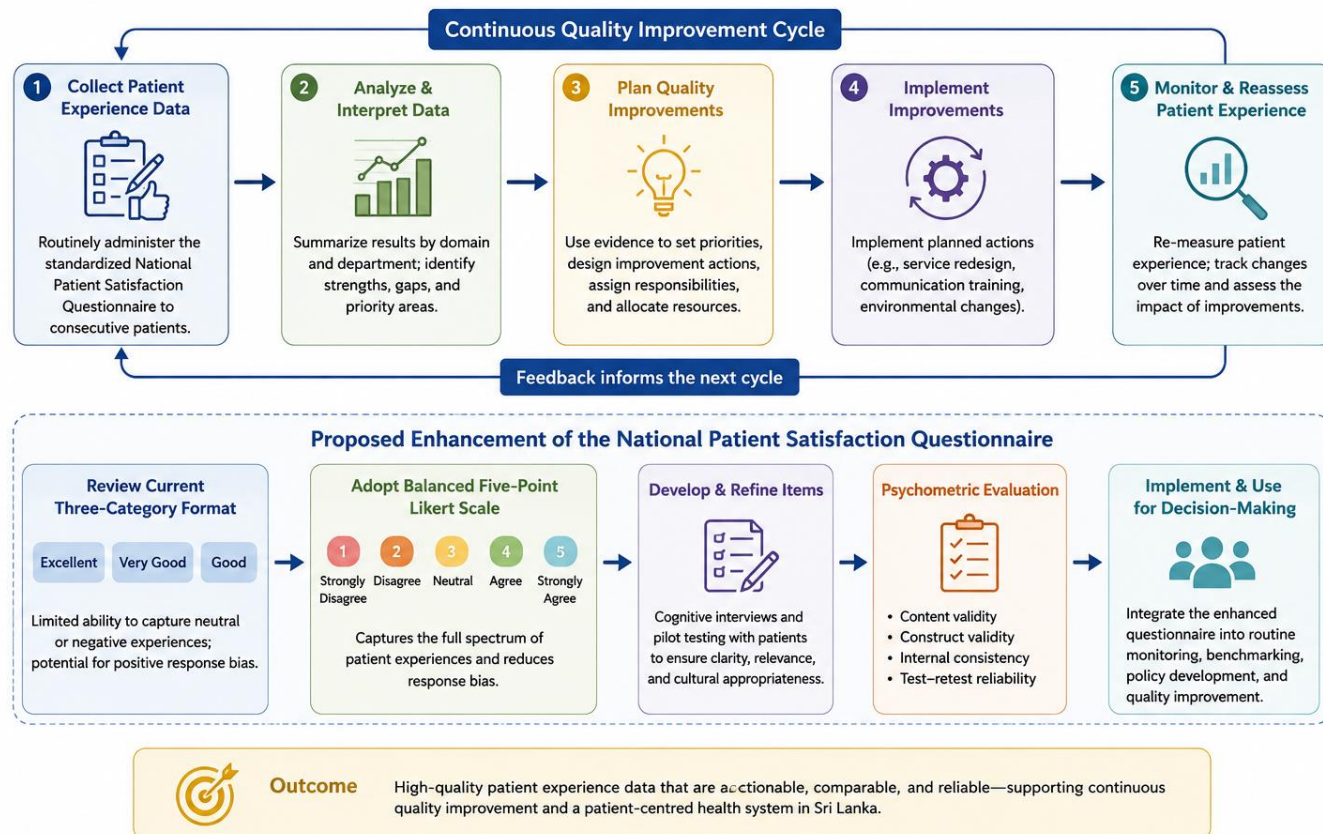
Internationally validated PREMs generally employ five- or seven-point Likert response scales that include positive, neutral, and negative response categories, allowing greater variability in responses and stronger psychometric performance.^{7,8,10,21–23} Such scales provide greater sensitivity, improve discrimination between levels of experience, and facilitate more robust psychometric evaluation.

4.3 Future Development of the National Questionnaire

Based on these observations, the authors recommend that the Directorate of Healthcare Quality and Safety consider revising the current questionnaire by introducing a balanced Likert-type response scale. Following revision, the instrument should undergo cognitive interviewing, pilot testing, assessment of content validity, construct validity, criterion validity, test-retest reliability, and internal consistency before nationwide implementation.^{7,8,10} Strengthening the measurement properties of the questionnaire would improve the quality of patient experience data and enhance its usefulness for continuous quality improvement throughout the Sri Lankan public health system.

Figure 2 presents a conceptual framework illustrating how routinely collected patient experience data can be integrated into a continuous quality improvement cycle while simultaneously strengthening the national patient experience measurement system. The framework emphasizes the use of standardized patient feedback to identify service improvement priorities and proposes a structured

Figure 2. Conceptual Framework: Using Patient Experience Data for Continuous Quality Improvement and Enhancing the National Patient Satisfaction Questionnaire



pathway for revising, validating, and implementing an enhanced patient experience questionnaire within the Sri Lankan public health system.

The upper section illustrates the continuous quality improvement (CQI) cycle, in which routinely collected patient experience data are systematically collected, analysed, translated into quality improvement interventions, implemented, and subsequently re-evaluated through repeated patient experience surveys. The lower section proposes an evidence-informed framework for strengthening the National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka. The proposed process includes revision of the current three-category response format to a balanced five-point Likert scale, cognitive interviewing, pilot testing, psychometric evaluation (content validity, construct validity, internal consistency, and test-retest reliability), and subsequent implementation as a standardized national patient-reported experience measure (PREM).

4.4 Strengths and Limitations

This study has several strengths. It evaluated patient experience using a standardized national questionnaire within a routine quality improvement programme, thereby reflecting real-world clinical practice. The inclusion of patients from the OPD, specialist clinics, and inpatient wards provided a broad assessment of the clinical care pathway. In addition, the study demonstrates the practical value of routinely collected quality management data for informing hospital quality improvement initiatives. The use of a nationally standardized questionnaire enhances comparability across healthcare institutions and supports benchmarking of quality improvement activities.^{18,19}

Several limitations should also be acknowledged. The study was conducted in a single hospital, and the findings may not be generalizable to all healthcare settings. The analysis relied on aggregated quality improvement data, which limited the use of inferential statistical methods. Furthermore, the current questionnaire provides only three positively framed response categories, restricting the ability of respondents to express neutral or negative experiences and limiting the sensitivity of the instrument. These limitations should be considered when interpreting the findings and planning future patient experience evaluations. Future studies should evaluate revised response scales using established psychometric methods before implementation within routine quality improvement programmes.^{7,8,21–23}



HIGHLIGHTS

- First quality improvement evaluation of patient experience using the standardized national questionnaire at Base Hospital Kalmunai North, Sri Lanka.
- Routinely collected patient experience data identified strengths in clinical care and opportunities for service improvement.
- Patient experience surveys provide actionable evidence for continuous quality improvement in public hospitals.
- The current national questionnaire would benefit from a balanced Likert response scale and formal psychometric validation.
- The findings provide practical recommendations for strengthening patient experience measurement and quality monitoring in Sri Lanka.



IMPLICATIONS FOR PRACTICE AND POLICY



This study demonstrates that routinely collected patient experience data can serve as a practical quality improvement tool within Sri Lankan public hospitals. The findings support the integration of patient-reported experience measures (PREMs) into routine departmental quality review processes to identify strengths, prioritize service improvements, and monitor the impact of quality initiatives over time.



The study also highlights an important opportunity to strengthen the National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka. While the current standardized instrument facilitates benchmarking across government hospitals, its three-category positive response format (“Excellent,” “Very Good,” and “Good”) limits respondents’ ability to express neutral or negative experiences and may introduce positive response bias.



Future revisions should consider adopting a balanced five-point Likert response scale with both positive and negative response options. The revised questionnaire should undergo cognitive interviewing, pilot testing, and comprehensive psychometric evaluation—including assessments of content validity, construct validity, internal consistency, and test–retest reliability—before national implementation.



Strengthening the measurement properties of the questionnaire would improve the quality of patient experience data and enhance its usefulness for healthcare quality improvement, benchmarking, policy development, and performance monitoring throughout Sri Lanka’s public health system.

V. CONCLUSION

This quality improvement evaluation demonstrated that patients receiving care at Base Hospital Kalmunai North generally reported positive experiences across the clinical care pathway. Strengths were identified in staff professionalism, nursing care, medical care, privacy, and patient safety, while opportunities for improvement included waiting time, communication, environmental cleanliness, food services, and selected aspects of ward facilities. The findings highlight the value of routinely collected patient experience data for guiding evidence-based quality improvement within public hospitals.

Beyond evaluating patient experience at a single institution, this study demonstrates the value of routinely collected patient experience data as a practical tool for continuous quality improvement in Sri Lankan public hospitals. The findings also identify an important opportunity to strengthen the National Patient Satisfaction Questionnaire developed by the Directorate of Healthcare Quality and Safety, Ministry of Health, Sri Lanka. Although the current instrument facilitates standardized monitoring across healthcare institutions, its three-category positive response format may limit respondents' ability to express the full spectrum of patient experiences. Revising the questionnaire to incorporate a balanced Likert-type response scale, followed by pilot testing and comprehensive psychometric validation, would enhance its reliability, sensitivity, and usefulness for monitoring healthcare quality and informing evidence-based policy and service improvement at both institutional and national levels. Such revisions would align Sri Lanka's patient experience measurement system with internationally accepted PREM methodologies while strengthening national healthcare quality improvement initiatives.^{4,7,8,10}

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No external funding was received for this study. The patient experience survey was conducted as part of the routine Quality Improvement Programme of Base Hospital Kalmunai North.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

ETHICS STATEMENT

This study involved the retrospective analysis of routinely collected quality improvement data combined with an anonymous cross-sectional patient experience survey. No personally identifiable information was collected.

AUTHOR CONTRIBUTIONS (CRediT)

- Conceptualization: First Author
- Methodology: First and Second Authors
- Data Collection: Quality Management Unit
- Formal Analysis: First Author
- Writing – Original Draft: First Author
- Writing – Review and Editing: All Authors
- Supervision: Third Author

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