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Assessing the Challenges Faced by Healthcare Personnel in Enhancing Health Services at Kurmitola General Hospital (KGH), Dhaka, Bangladesh

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ABSTRACT

Healthcare workers are the backbone of the healthcare system, and they play a critical role in enhancing health services. The objective of the research is to assess the challenges faced by healthcare personnel in enhancing health services at KGH, Dhaka, Bangladesh. This study presents a comprehensive evaluation of the healthcare landscape at KGH, Dhaka through the perspectives of 119 healthcare personnel. A descriptive cross-sectional study utilized face-to-face interviews, written questionnaires, and checklists for data collection. Statistical analysis was conducted using SPSS version 26. This study focused on a predominantly Muslim (82%), 46.2% of respondents holding an HSC or equivalent degree, and 41.2% possessing a bachelor's degree. The study primarily involved nurses (72%), doctors (18%), and technologists (15%). It revealed mixed satisfaction levels with healthcare services, where 62.20% reported availability, and 37.80% perceived a lack of it. Essential drugs and equipment were accessible (85.7%), but ambulance services received lower satisfaction (74%). Government funding was adequate for 69%, but 31% disagreed. Preparedness for new diseases was observed in 77.3%, and managing emerging diseases was a significant challenge for 92.4%. Management and communication received positive feedback (74% and 89.1%). This study informs healthcare improvements for KGH, benefiting both personnel and the community.

INTRODUCTION

Healthcare systems play a pivotal role in ensuring the well-being and vitality of individuals and communities (Khan, 2024). The value of human life serves as the core principle of a health system. The amount of human, material, and financial resources that a society allocates for the health system is mainly determined by the value that society places on human life (Bickenbach *et al.,* 2023). A health system's efficacy depends on the services being offered and accessible in a way that the general public can comprehend, accept, and use (Smith *et al.,* 2023). Bangladesh's health sector struggles with issues like inadequate facilities, a lack of nurses, absenteeism, managerial problems, and mental health support (K. M. T. Rahman *et al.,* 2024). Technology integration and cultural sensitivity are essential. Problems get worse when leaders are ineffective (Abu-Dawas, 2024). Despite financial limitations, cooperation between healthcare organizations, policymakers, and society is required to address these issues fully. In order to improve healthcare services, effective leadership and oversight are essential (Ahamed & Chowdhury, 2025). (Al-Worafi, 2024) study highlighted health service challenges in developed countries, including the USA. These issues encompass escalating costs, tiered care, an aging population, lack of insurance, restricted access to advanced technologies, and emerging diseases. Addressing these concerns requires cost control, improved insurance coverage, preparedness, and collaboration among stakeholders to build a robust and effective healthcare system (Challener *et al.,* 2021). The Indian healthcare system has difficulty ensuring that everyone has fair access to high-quality care. Key issues include accountability, accessibility, the human resource crisis, affordability, and affordability (Sharma & Popli, 2023). In Malaysia, the focus of health care is shifting from treating illnesses to promoting wellness. Being the primary provider of health services in Malaysia, the Ministry of Health (MOH) may need to manage and mobilize better health care services by offering better health care financing mechanisms and encouraging workforce and community involvement (Farber & Taylor, 2023). The funding and provision of healthcare are difficult tasks for the Australian government. Due to an aging population, an increase in chronic diseases, and an out-of-date healthcare system, the health system's successes in reducing infant mortality and life expectancy are at risk (Stark *et al.,* 2023). Health disparities continue, especially in Indigenous communities. Shifting the emphasis to vulnerable populations, integrating primary and acute care, and coming up with creative solutions for rural communities will help prevent and better manage chronic illnesses (Jones *et al.,* 2026). In order to maintain and improve the country's health and well-being, guarantee accessible healthcare, and encourage workforce and community participation, leadership is essential in addressing these challenges (Palaniappan *et al.,* 2024). In Bangladesh, on study examined 6,700 health workers from 133 PSUs (Primary Sampling Units), identifying 67.69% (4,535) as recognized workers. Most were from the non-government sector (82.43%). Health professionals, health associate professionals, and personal care workers constituted 23.52%, 35.24%, and 6.78%

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respectively (M. Uddin, 2023). Government-run hospitals and private clinics offer healthcare in Bangladesh. The nation falls short in providing healthcare services for both the wealthy and the poor (Drexler *et al.,* 2025). Expertise, medical technology, and top-notch hospitals have advanced significantly in neighboring nations like Thailand and India (Ahmmed *et al.,* 2025). To upgrade its healthcare system, Bangladesh should cooperate technologically with cutting-edge hospitals and adopt the health management strategies of developed Asian and Western nations (Bhuiyan & Haque, 2024). Health financing is a crucial component of health systems that can advance the goal of universal health coverage by enhancing efficient service delivery and financial security (H. Islam *et al.,* 2025). Cameroon's health workforce is critically understaffed and geographically disparate, resulting in poor health outcomes in some areas. In roughly 70% of areas, there are fewer than 1.5 health personnel per 1,000 people (Safougne Djomekui *et al.,* 2025). The problem is exacerbated by migration from the public sector. To achieve universal health coverage by 2035, policies that address training, recruitment, retention, equitable deployment, and improved health infrastructure are required (Alinedoh, 2025). On study looked into the factors that motivate healthcare providers. Doctors and technicians ranked "relationship" as the most important, emphasizing teamwork and positive relationships with colleagues and patients. Nurses and support staff ranked "control" as the most important, emphasizing responsibility, recognition, status, and ethics (Oumarou, 2025). Due to routine tasks, "challenge" was less important for support staff. Nurses scored the highest on the overall motivation scale. Increasing motivation through recognition and challenging work environments has the potential to boost productivity (Niba *et al.,* 2022). Bangladesh's health system, which heavily relies on the public sector, encounters difficulties because of uneven access to resources, political unrest, and healthcare inequities (M. M. Uddin, 2025). Even though the Millennium Development Goals (MDGs) for health are being met, there is a lack of a comprehensive health policy (R. Rahman, 2022). The main issue is the lack of dynamic and pro-active leadership needed to uphold regulations and improve the health system as a whole (Shahrin, 2025a). To meaningfully reform Bangladesh's health system and advance equity, accountability, and improved healthcare for its citizens, such leadership must be established (M. R. Hossain *et al.,* 2025). Many new challenges are facing the government health system in Bangladesh, directly impacting the country's health sector. Health issues necessitate joint interventions against infectious and non-communicable diseases (NCDs) to combat the burden of double diseases affecting low- and middle-income countries like Bangladesh (Ahmed, 2025). Unfortunately, resource constraints, institutional limitations, and issues like absenteeism and negligence by healthcare providers often lead to low service quality at these facilities (Puja *et al.,* 2024). Bangladesh is facing significant public health issues, including high rates of childhood malnutrition, communicable diseases, unsafe food, an increase in non-communicable diseases, and HIV prevalence in high-risk groups (Leung & Ku, 2024). Additionally, the effects of climate change and unhygienic living conditions further compound the challenges. Moreover, the healthcare system's problems with governance, accessibility, and affordability hinder the implementation of effective solutions (Leung & Ku, 2024). According to the World Bank report in 2020, the current health GDP in Bangladesh is 2.63%, which represents a decrease from the previous budget of 3.5% on 2012. This percentage is lower compared to other South Asian countries such as India (2.96%), Pakistan (2.95%), Sri Lanka (4.01%), Bhutan (4.37%), and Afghanistan (15.53%). The world health GDP stands at 10.89%, and for lower-middle-income countries, it is 3.91%(World Health Organization, 2022). Bangladesh's health sector struggles with issues like inadequate facilities, a lack of nurses, absenteeism, managerial problems, and mental health support. Technology integration and cultural sensitivity are essential. Problems get worse when leaders are ineffective (Ndlovu & Mbandlwa, 2026). Despite financial limitations, cooperation between healthcare organizations, policymakers, and society is required to address these issues fully. In order to improve healthcare services, effective leadership and oversight are essential (Arafat *et al.,* 2024).

LITERATURE REVIEW

National Studies

(M. S. Islam *et al.,* 2024) conducted a study on "Challenges and Opportunities in Bangladesh's Healthcare System: A Comprehensive Analysis". Bangladesh's health system is primarily dependent on government financing and policy, yet it also confronts many difficulties and is underfunded. According to the World Health Organization, only around 3% of GDP is spent on health, with 34% of that amount coming from public funds and the remaining 66% coming from individual contributions. Healthcare disparities result from this. Bangladesh has made progress toward fulfilling the health-related Millennium Development Goals (MDGs), particularly MDGs 4 and 5 (Kabir *et al.,* 2022). This is despite obstacles such as a lack of public health facilities, a lack of competent healthcare professionals, inadequate budget, and political instability. Tertiary care is provided by the expanding private sector, but the system as a whole is not supported by any comprehensive health policies. The most serious problem is the lack of aggressive leadership to create and implement policies (A. Rahman *et al.,* 2024). (Rahaman *et al.,* 2023) conducted this study on "Health Systems in Bangladesh". The delivery of healthcare is a difficult problem for Bangladesh's healthcare systems. The key issues affecting Bangladesh's health care delivery are examined using real data, including absenteeism, corruption, a lack of physicians and nurses, inefficiency, and poor management (Habib & Kabir, 2024). This paper

comes to the conclusion that where governance issues are not addressed, returns to investments in health are low. Good governance, including training and monitoring, allowing more non-governmental involvement, and the needs of the informal healthcare service providers, is important in ensuring effective health care delivery (M. S. Alam *et al.,* 2022). (Rawal *et al.,* 2021b) conducted a study on "Health problems and utilization of health services among Forcibly Displaced Myanmar Nationals in Bangladesh". The study examines the health issues and patterns of healthcare use among Forcibly Displaced Myanmar Nationals (FDMNs) living in Bangladesh's southern area (Tamal *et al.,* 2025). The study, which makes use of a mixed-method technique, highlights many health challenges: women face problems with pregnancy and violence, children deal with illnesses including fever, diarrhea, and malaria, and males deal with health issues, HIV/AIDS, and prejudice (R. Rahman *et al.,* 2025). While many women receive prenatal care, a worrying percentage do not, leading to home births assisted by traditional attendants, which can cause difficulties throughout pregnancy and labor. The main providers of medical services are private healthcare institutions and non-governmental organization (NGOs) clinics (Fouad *et al.,* 2026). The study identifies knowledge gaps in relation to family planning and the spread of HIV/AIDS. Overall, it highlights the FDMNs' fragile health situation, which is exacerbated by their restricted access to healthcare services. The report urges the creation of comprehensive programs that are culturally responsive, actively include males, address gender inequality and violence, give women more authority, and improve the health of this vulnerable community as a whole(Rawal *et al.,* 2021a). (Md. J. Hossain *et al.,* 2024) conducted a study on "Public Health Problems in Bangladesh: Issues and challenges". Bangladesh has improved public health significantly in South-East Asia during the past 30 years, yet it still faces substantial obstacles. Malnutrition in children, the high frequency of communicable illnesses, and contaminated food continue to be pressing problems (M. R. Alam *et al.,* 2021). While pneumonia and infections increase the risk of death in children, tuberculosis is still a major worry. Urbanization is contributing to an increase in non-communicable illnesses including cancer, diabetes, and cardiovascular conditions (Turaiche *et al.,* 2022). The pressures of urbanization and climate change impact vulnerable people. The burden of disease is increased by unsanitary living circumstances, which reflects economic inequality. Effective solutions for these public health issues are hampered by governance, accessibility, and affordability issues in Bangladesh's healthcare system (Md. J. Hossain *et al.,* 2024). (Khoso *et al.,* 2022) conducted a study on "Service quality in public and private hospitals in urban Bangladesh: a comparative study". In this study, the service quality offered by public and private hospitals in metropolitan Bangladesh was compared. Patients' opinions on five areas of service quality, including responsiveness, assurance, communication, discipline, and baksheesh, were sought using twenty-four scale items (Adongo *et al.,* 2022). Due to the fact that private hospitals are not financed, it was believed that their incentive structure would encourage them to offer higher-quality services than state hospitals. This claim received a lot of backing. The findings also showed that both groups might do better (Most. S. Rahman & Islam, 2024). (Begum *et al.,* 2022) conducted a study on "Patient satisfaction level and its determinants after admission in public and private tertiary care hospitals in Bangladesh". Through document analyses and key informant interviews, this research explores Bangladesh's pursuit of Universal Health Coverage (UHC). Despite tremendous political will, problems remain. Policies such as a health-financing plan and national health insurance seek to increase coverage and financial security. Implementation progress includes the growth of primary care access and the delivery of basic health services (Emon *et al.,* 2023). Outdated governmental finance, human resource concerns, and demand-side impediments such as sociocultural disinclination are all examples of roadblocks. Recommendations include reorganization of public finances, improved governance, and regulatory changes. For implementation issues, health system strengthening, service quality, and monitoring are advised (Ali Tarhini, 2020). To address demand-side hurdles, patient education and community empowerment are required. Overall, UHC growth necessitates multi-sector collaboration, health funding reform, and cross-cutting initiatives to eliminate impediments, creating a holistic approach to UHC progress (Hasan *et al.,* 2024). (Siddique *et al.,* 2024) conducted a study on "Patients' Satisfaction with Public Health Care Services in Bangladesh: Some Critical Issues". The observations of Bangladeshi patients within the public healthcare system are examined in this research, with an emphasis on their expectations, views of their health, and contacts with government professionals (Abdallah *et al.,* 2022). The study analyzes difficulties patients encounter in obtaining care and services by utilizing an interpretivist paradigm and qualitative research techniques such as interviews, focus group discussions, and documentation surveys (Morris *et al.,* 2024). It highlights the negative effects of a cycle of marginalization brought on by partnerships between suppliers of health services and allied organizations, such as private pharmaceutical firms and diagnostic facilities (Priyanka *et al.,* 2024). Interventions in policy are necessary as a result of the diminution in patients' consumer rights. The study stresses the need for effective measures to improve public hospital services and protect patient wellbeing, and it suggests response policies and programs to combat marginalization and exclusion of patient groups that are less fortunate (Sultana *et al.,* 2024). (Nuruzzaman *et al.,* 2022a) conducted a study on "Informing investment in health workforce in Bangladesh: a health labor market analysis". The importance of the health workforce (HWF) in maintaining effective health systems is emphasized in the 2016 Global Strategy on

Human Resources for Health (GSHRH) (Alawode *et al.,* 2025). In order to make wise policy and financial decisions, Bangladesh's commitment to achieving universal health coverage (UHC) need a thorough understanding of its current HWF. This research evaluated the availability, demand, and supply of health professionals in Bangladesh using the framework for the GSHRH's health labor market analysis (Taher *et al.,* 2025). A national-level evaluation gave information about the private sector HWF, while data from government information systems offered documentation of the public sector HWF. The findings showed that Bangladesh's doctor, nurse, and midwife density was well below the threshold set by the Sustainable Development Goals Index, raising issues with regard to skill-mix, recognized roles and competencies, patient safety oversight in the private sector, and unequal access to qualified health workers (Shahrin, 2025b). There has been progress, including the creation of the HWF unit, but for UHC to advance in Bangladesh, more funding is required for interpectoral coordination, patient safety regulation, oversight of the private sector, accreditation mechanisms for training, and equitable access to qualified health workers(Nuruzzaman *et al.,* 2022b).

International Studies

(Bedingar, 2025) conducted a study on "Challenges and opportunities for healthcare workers in a rural district of Chad". This research focuses on the opinions of healthcare professionals in resource-limited situations in sub-Saharan Africa, especially in Abou Deia, Chad. Eight nurses participated in in-depth interviews, which uncovered a number of concerns, including a high workload, insufficient training, challenging case management, uncomfortable working circumstances, community-related problems, and interruptions to personal lives due to postings (Oginni *et al.,* 2022). Poor working conditions and a feeling of getting little acknowledgment were demotivating issues. Possibilities for increased work satisfaction and care delivery exist when motivation to improve abilities and the quality of care is combined with modest changes in circumstances and organization (Manda *et al.,* 2023). The study emphasizes the significance of taking into account healthcare professionals' perspectives to improve interventions for high-quality treatment. In this remote area of Chad, nurses' readiness to learn new skills, proactive approaches to supply shortages, and motivating elements stand out as essential improvements (Rice *et al.,* 2022). (Nyande *et al.,* 2024) conducted a study on "Factors influencing healthcare service quality". The study's goal was to determine what variables affect Iran's healthcare system's quality. The main variables influencing healthcare service quality in Iranian businesses were investigated through interviews with 222 healthcare stakeholders, including managers, payers, managers, and policymakers (Matthys *et al.,* 2025). The findings showed that good healthcare results from provider-patient collaboration in a nurturing setting. Service quality is affected by factors that are personal to patients, clinicians, healthcare organizations, systems, and the general environment (Hancock *et al.,* 2022). The study suggests that strong visionary leadership, efficient planning, education and training, access to resources, ideal resource and process management, and provider collaboration may all improve the quality of healthcare. Overall, the study presents a useful conceptual framework that gives managers and policymakers a realistic understanding of the variables affecting healthcare service quality in the Iranian environment (Acquah *et al.,* 2022). (Stark *et al.,* 2023) conducted a study on "Challenges in health and health care for Australia". The incoming Australian government will face tough healthcare issues because of changing demographics, a growth in chronic diseases, rising medical expenses, and the need to create open mechanisms for evaluating health technologies (Balasooriya *et al.,* 2023). The need for more workers, guaranteeing the quality and safety of healthcare services, and finding a balance between public and private healthcare delivery are urgent issues. Recognizing the significance of investing in children's health, including urban planning for healthier communities, and improving fairness, particularly for Indigenous Australians, are also essential (Tari-Keresztes *et al.,* 2024). In order to address these problems, it is necessary to prioritize issues related to national health and create a functional healthcare system. This means attending to administrative and financial obligations while looking for long-term and significant solutions (Priyanka *et al.,* 2024). (Sharma & Popli, 2023) conducted a study on "Challenges to Healthcare in India - The Five A's".The healthcare system in India contrasts sophisticated metropolitan facilities with underperforming rural settings. With a large and diversified population, difficulties are brought on by demographic changes, a lack of knowledge, uneven access, a shortage of healthcare workers, worries about affordability, and a lack of accountability (Matthews *et al.,* 2023). Low levels of education and literacy make it difficult for people to be aware of health concerns, and access differences between urban and rural regions still exist. The problem is made worse by a shortage and an uneven distribution of educated healthcare providers (Mehta *et al.,* 2023). The private sector predominates in the delivery of healthcare, which results in high costs and little regulation. Increased government expenditure, improved infrastructure, and a comprehensive national health insurance program are all necessary to address these issues. It is crucial to promote cost consciousness in healthcare and raise medical practitioners' understanding of economic issues at the local level (Tadisetti *et al.,* 2022). Improving accountability is essential for providing ethical healthcare with affordability. Concerns are raised by high out-of-pocket costs and a lack of regulation. Although the public sector provides healthcare at a lesser cost, it is viewed as untrustworthy(Albishri *et al.,* 2021). (Farber & Taylor, 2023) conducted a study on "Health care delivery in

Malaysia: changes, challenges and champions". Malaysia's healthcare system has undergone a considerable overhaul since 1957. This article assesses the evolution of healthcare management, including fair access and finance, as well as the obstacles in healthcare delivery (Su *et al.,* 2025). The focus of healthcare is changing from treating illnesses to promoting wellbeing. To improve service delivery, the Malaysian Ministry of Health (MOH), a key healthcare provider, may require better healthcare finance systems (Awang *et al.,* 2023). Fostering cooperation between the public and private sectors while using traditional medicine to complement contemporary medical care is one recommended technique. This collaboration intends to continue the pace of better healthcare delivery and advance a wholistic perspective on wellbeing (Abu Shamsi *et al.,* 2026). (Zulfakhar Zubir *et al.,* 2025) conducted a study on "Healthcare personnel absenteeism, presenteeism, and staffing challenges during epidemics". The presenteeism problem in the healthcare sector and its effects on staffing for COVID-19 were the main topics of this retrospective cohort research (Gazi *et al.,* 2022). The study studied the effect of seasonal influenza-like illness (ILI) on absenteeism, especially among hourly workers, using payroll data spanning a decade from a significant US university medical institution. Using linear regression models, unplanned absences were examined as indicators of sick leave due to acute illness (Rahaman *et al.,* 2023). The findings showed a substantial relationship between the numbers of hours worked and unplanned absences and the local frequency of ILI, which was especially evident among hourly workers. The study emphasizes the value of encouraging paid employees to stay at home when ill in order to lessen the impact of illness on the healthcare workforce, particularly in light of the staffing problems associated with COVID-19(Challener *et al.,* 2021). (Manda *et al.,* 2023) conducted a study on "Level of Motivation Amongst Health Personnel Working in A Tertiary Care Government Hospital of New Delhi, India". The 2016 GSHRH places emphasis on the health workforce's (HWF) critical role in the operation of effective health systems (Abu Shamsi *et al.,* 2026). In order to inform policy, Bangladesh's desire for universal health coverage (UHC) necessitates a thorough assessment of its HWF. This study evaluated the supply, demand, and need for health workers using the GSHRH framework. Government records were used to obtain HWF statistics for the public sector, and a nationwide review gave information about the private sector (M. S. Islam *et al.,* 2024). In comparison to GSHRH criteria, the findings showed considerable shortages of physicians, nurses, and midwives, which were made worse by unrecognized jobs that affected skills. There were also identified skill-mix imbalances and a predominance of private sector activity (Khoso *et al.,* 2022). To achieve UHC goals in Bangladesh, the report suggests strengthening intersectoral collaboration, improving patient safety control in the private sector, certifying training institutions, and guaranteeing fair HWF access (Most. S. Rahman & Islam, 2024).

MATERIALS AND METHODS

This was a descriptive type of cross-sectional study. This study was conducted at indoor department of Kurmitola General Hospital, Dhaka Bangladesh. The study was carried out in Kurmitola General Hospital, Dhaka which is a 500 bedded in Bangladesh. The study was conducted among the health care personnel (Doctors, Nurses, technologists) at Kurmitola General Hospital, Dhaka, Bangladesh. Sample size was n=119. Data were collected through face-to-face interview and self-administered written questionnaire by using semi structured questionnaire and a check list. Data was analyzed by using software SPSS, version 26.

RESULTS AND DISCUSSION

Sociodemographic Characteristics

This result shows in table-1 that the highest number, 68(57.1%) of the study population were within 20-29 years, 37 (31.1%) were within 30-39 years, 14(11.8%) were 40-49 years. The mean age of respondents was 29.29 year with Standard deviation ± 6.969 year. At the maximum number of respondents, 104 (87.4%) were female and 15 (12.6%) were male. The majority of responders 97 (82%) were Muslims, 16 (13%) were Hindus, 5 (4%) were Christians and 1 (1%) practiced Buddhism. The majority of respondents, 55 (46.2%), had an HSC or comparable degree; the second-highest percentage, 49 (41.2%), had a bachelor's degree; 11 (9.2%) had a master's degree; and 4 (3.4%) had an SSC or equivalent degree. The greatest proportion of responders, 86 (72%) were nurses, followed by doctors 18(15%) and technologists 15(13%).

Challenges of Healthcare Personnel at KGH

Table-2 reveals that 62.20% (71) of healthcare personnel reported availability, while 37.80% (45) said there was a lack of availability. In terms of drugs and medical

Table 1: Socio-Demographic Characteristics among the Respondents

Variables	Parameters	Frequency	Percentages (n=119)	Statistics
Age (Years)	20-29	68	57.1 %	Mean±SD (year) =29.29±6.969(year)
	30-39	37	31.1 %	
	40-49	14	11.8 %	
Sex	Female	104	87.4%	
	Male	15	12.6%	
	Muslim	97	82%	

Religion	Hinduism	16	13%	
	Christianity	5	4%	
	Buddhism	1	1%	
	SSC/Equivalent	4	3.4 %	
Educational status	HSC/Equivalent	55	46.2 %	
	Bachelor degree	49	41.2 %	
	Master's degree	11	9.2 %	
	Doctors	18	15%	
Occupational status	Nurses	86	72%	
	Technologists	15	13%	

equipment, 102 respondents (85.7%) confirmed their availability. However, only 74% (88) expressed satisfaction with the ambulance service, while 26% (31) felt it was insufficient. In relation to funding from the government, 69% (82) reported adequacy, whereas 31% (37) disagreed. Routine monitoring and counseling received positive feedback from 68.1% (81) but was perceived negatively by 31.9% (35). Nearly more than half of respondent 58% (69) were agreed to effectiveness of current healthcare policies and regulation in Bangladesh & 42% (50) were not. Majority of health care personnel 77.3% (92) were trained to adopt new disease 22.7% (27) were not trained. Managing newly emerged or reemerged diseases was seen as a challenge by 92.4% (110). The management system received a satisfaction rate of 74% (88), and 89.1% (106) reported effective communication and coordination. Maximum 89.1% (106) respondent was communicating and coordinates each other. 68.1% (81) respondents agreed to technology availability at KGH &31.9% (38) disagreed. Most of the respondents 80.7 %(96) were thought that population increasing are also challenges of KGH (table-2). This study was statically significant (<0.05) which compare with ensure quality care of patient at KGH.

Socio – Demographic Characteristics of the Respondents

In the present study, it was found that most of the respondents 57.1 % were within 20-29 years of age. The mean age of the respondents was 29.29 with the standard deviation ± 6.969 years which is nearly similar

Table 2: Challenges of Healthcare Personnel among the Respondents

Challenges of healthcare personnel at KGH		**Frequency**	**Percentages (%)**	**P values (comparing ensure quality of care)**
Adequate infrastructure	Yes	82	68.80	0.001
	No	37	31.20	
Availability of health care personnel	Yes	71	62.20	0.000
	No	45	37.80	
Availability of drugs and medical equipment	Yes	102	85.70	0.003
	No	17	14.30	
Availability of ambulance service	Yes	88	74.00	0.004
	No	31	26.00	
Funding from government	Yes	82	69.00	0.001
	No	37	31.00	
Routine monitoring and counseling	Yes	81	68.10	0.000
	No	38	31.90	
Effectiveness of current healthcare policies and regulation	Yes	69	52.00	0.002
	No	50	42.00	
Trained to adopt new disease of health care personnel	Yes	92	77.30	0.004
	No	27	22.70	
Facing emerged, reemerged diseases problem	Yes	110	92.40	0.000
	No	09	07.60	
Satisfaction of management	Yes	88	74.00	0.004
	No	31	26.00	

Communicate and coordinate to each other's	Yes	106	89.10	0.001
	No	13	10.90	
Technology available in health services	Yes	81	68.10	0.002
	No	38	31.90	
Increasing population	Yes	96	80.70	0.001
	No	23	19.30	

to the findings of the study conducted by (Bedingar, 2025) "Mental health impacts among health workers during COVID-19 in a low resource setting: A cross-sectional survey from Nepal" among health workers in Nepal where they found that most mean± SD age of the respondents 28.20 (±5.80) years(Khanal *et al.,* 2020). Another dissimilar study conducted by (Bhat *et al.,* 2023) on "Knowledge, attitudes and practice of breast cancer screening among female health workers in a Nigerian urban city" among female health worker in Nigeria where they found that 65.2% age of respondents were 20–29 years (Adigwe *et al.,* 2022). The cause of dissimilarity with the present study may be due to differences in sampling area, sample size, study population and sampling technique. The present study reveals that most of the respondents 87.4% were female and 12.6%were male. This finding of the study coincides with the study conducted by (Md. Foyzul Bari Himel *et al.,* 2021) on "Assessment of Healthcare Providers in Bangladesh" among healthcare provider in Bangladesh where they found that more than eighty percentage healthcare providers in rural area are female(Md. Foyzul Bari Himel *et al.,* 2021). Another dissimilar study conducted by (Singh *et al.,* 2021) on "Biomedical waste management: A study of knowledge, practices and attitude among health care personnel at a tertiary care hospital in Bhopal, India" where 47.20% were male & female were 57.80% (Mehta *et al.,* 2023). This dissimilarity may be due to different study population, sample size, sampling technique. In the present study found that most of the respondents, 82% were Muslim, 13% were Hinduism, 5(4%) were Christianity 1(1%) were Buddhism of the respondent. According to 2022 census report About 91.04% of Bangladeshis are Muslims, 7.95% are Hindus, 0.61% are Buddhism and Christians 0.30% and others 0.12% (Abimbola *et al.,* 2024). In the present study it was found almost half of the respondents 46.2% were HSC/ equivalent qualified and 41.2%were completed bachelor degree where dissimilar study conducted by (Md. Foyzul Bari Himel *et al.,* 2021) on "Burnout Status of Health Care Personnel Working in Oncology and their Coping Methods" where they found that HSC were 39.9% & 28.8% were Graduate. The cause of dissimilarity with the present study may be due differences in sample size, study population and sampling technique. In this present study was reveals that highest number of the respondents 72% Nurses where nearly similar study conducted by (Mechili *et al.,* 2022) on "Primary healthcare personnel challenges and barriers on the management of patients with multimorbidity in Albania" who found 69% were nurses. Another dissimilar study conducted by (Abu Shamsi *et al.,* 2026) on "Musculoskeletal complaints in healthcare personnel in hospital: An interdepartmental, cross-sectional comparison" where they found that 87.6% were nurses. The cause of dissimilarity with the present study may be due differences in sample size, study population and sampling technique.

Challenges Faced by Healthcare Personnel of the Respondents

In the present study reveals that 68.8% were agreed to adequate infrastructure where similar study conducted by (Adigwe *et al.,* 2022) on "Prioritizing essential surgery and safe anesthesia for the Post-2015 Development Agenda: Operative capacities of 78 district hospitals in 7 low- and middle-income countries" in United States among Rwanda, Liberia, Uganda, or in the majority of hospitals in Ethiopia. Where they found that 68% respondents were agreed to adequate infrastructure for surgery. In present study found that almost one-third (31.2%) were said inadequate infrastructure at KGH where another similar study conducted by (Begum *et al.,* 2022) on "Public-private integrated partnerships demonstrate the potential to improve health care access, quality, and efficiency and (Abu Shamsi *et al.,* 2026) on "With Inadequate Health Infrastructure , Can Ayushman Bharat Really Work ? An uncritical promotion of privatization of healthcare at the cost of public Ayushman Bharat National Health". In this present study reveals that 62.20% staff are available where similar study conducted by on "Staff resourcing, guideline implementation and models of care for gestational diabetes mellitus management" where they found that staff/teamwork and staff resourcing were 63%(Singh *et al.,* 2021). In the present study found that 37.80% were inadequate staff at KGH where nearly similar study conducted by (Niba *et al.,* 2022) on "Willingness to report to their hospital duties: following are unconventional missile attack. A state wide survey"at Israel among health worker in hospital where they found nearly 42% worker were available at hospital. In the present study shown that 85.7% of respondents were agreed to availability of drugs in KGH where similar study conducted by (Ferdos & Islam, 2023) on "Promoting adherence to treatment for tuberculosis: The importance of direct observation" where they found that 85% tuberculosis drugs are supplied by government (Toh Kit Mun, 2022). In the present study found that 74% were respondents said Yes to available ambulance service and 26% were said nowhere dissimilar study conducted by (Mohammad Mojahidul *et al.,* 2022) on "Emergency

Medical Rescue Services in Dhaka City, Bangladesh: A Situational Analysis and Needs Assessments" where they found that 11.3% were respondent used ambulance services, 67.3% were unavailability emergencies ambulance service (Mohammad Mojahidul *et al.,* 2022). In the present study shown that 85.7% of respondents were agreed to availability of drugs in KGH where similar study conducted by (Ferdos & Islam, 2023) on "Promoting adherence to treatment for tuberculosis: The importance of direct observation" where they found that 85% tuberculosis drugs are supplied by government. Another dissimilar study conducted by (Adigwe *et al.,* 2022) New on "medicines in health care delivery Bangladesh Situational Analysis: Report prepared using the WHO/ SEARO workbook tool for undertaking a situational analysis of medicines in health care delivery in low- and middle-income countries" where they found that drugs supply by government 70% of drugs are supplied by the Essential Drug Company Limited (EDCL), 25% by the Central Medical Stores Depot (CMSD) and the remaining 5% by local purchase that means 100% drugs supplied by government. Another dissimilar study conducted by (Gimenez *et al.,* 2020) on "Inventory management of drugs at a secondary level hospital associated with ballabgarh HDSS- An experience from North India" where they found that only 40% drugs supplied by government which ensure category. In the present study found that 74% were respondents said Yes to available ambulance service and 26% were said Nowhere dissimilar study conducted by (M. M. Uddin, 2025) on "Emergency Medical Rescue Services in Dhaka City, Bangladesh: A Situational Analysis and Needs Assessments" where they found that 11.3% were respondent used ambulance services, 67.3% were unavailability emergencies ambulance service(Mohammad Mojahidul *et al.,* 2022). This dissimilarity may be due different study population, sample size, sampling area, sampling technique. In the present study predicts that available health budget covered at KGH were 69% where the government report in 2020 per capita healthcare expenditure in Bangladesh rose by nearly 60 %(Per *et al.,* 2023). In the present study found that respondent were said 92.4% Bangladesh facing emerging and remerging disease where similar study conducted by (Secundo *et al.,* 2021) on "Reemergence of dengue in Cuba: A 1997 epidemic in Santiago de Cuba" where they found that 92% dengue were reemerged in Cuba.

Finding

The study exposes distinguished findings regarding the demographic configuration, professional distribution, and perceptions of healthcare personnel at KGH. The majority of respondents, 57.1%, chop within the 20-29 age group, with a mean age of 29.29 years. Gender-wise, 87.4% were female, and 12.6% were male. Professionally, 72% were nurses, 15% were doctors, and 13% were technologists. Maximum respondents recognized as Muslims (82%). In terms of conveniences and services, drug and equipment availability was reported by 85.7%, while satisfaction with the ambulance service reached 74%. The study originate 69% perceived government funding as adequate. Notably, 92.4% saw managing emerging diseases as a challenge, contrasting with a 74% satisfaction rate with the management system. Positive feedback was received for routine monitoring (68.1%) and effective communication (89.1%). Technology availability was acknowledged by 68.1%, but 80.7% considered population increase a challenge. Overall, the study, statistically significant ($p < 0.05$), emphasizes the need for targeted improvements in disease management, communication, and technology while recognizing positive aspects of training and service provision at KGH.

Recommendation

Based on this study's findings and the challenges encountered by healthcare personnel at Kurmitola General Hospital (KGH), several recommendations can be made to enhance the quality of healthcare services-Address the infrastructure shortcomings identified by 31.2% of respondents to improve the working environment for healthcare personnel. Explore ways to ensure adequate staffing and resources, particularly for technologists and doctors about half of respondents expressed concerns. Maintain the high level of drug and medical equipment availability (85.7%) to support effective patient care. & continue to invest in ambulance services here significance to 74% of respondents. Ensure transparent and efficient allocation of government funds to meet the healthcare facility's needs, as noted by 69% of respondents & strengthen routine monitoring and counseling sessions to meet the expectations of 68.1% of healthcare personnel. Sustain and expand training programs for healthcare workers, as supported by 77.3% of respondents. Prioritize patient satisfaction, overall healthcare performance, and communication and teamwork, as indicated by 85.7%, 81.5%, and 78.2% of respondents, respectively. Given that 92.4% of respondents faced challenges in managing emerging diseases, establish a robust framework for disease preparedness and response, including regular drills and updates on the latest healthcare protocols. Continue investing in technology integration (68.1%) to improve healthcare delivery, streamline processes, and enhance patient care. Implement a continuous quality improvement program, focusing on reducing medical errors (75.6%) and monitoring patient outcomes (78.2%) to ensure the highest standards of care.

CONCLUSION

Health workers are essential for healthcare systems, and their presence, accessibility, acceptability, and quality are key factors in extending healthcare coverage and ensuring the right to optimal health. This study offers insights from healthcare personnel, highlighting key findings, such as 31.2% dissatisfied with healthcare infrastructure, 37.8% concerned about personnel availability, and 92.4% facing challenges managing emerging diseases, 31.9% did not

report receiving adequate government funding. Also find strengths while 85.7% affirmed the presence of drugs, the study also revealed. These findings offer a foundation for informed decision-making and continuous improvement in healthcare services.

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