



A Study on Doctor, Nurse and Patient Relationship in Government Hospitals of Bangladesh

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ABSTRACT

Bangladesh also falls behind in maintaining the minimum threshold of doctors, and nurses. Doctor, nurse and patient relationship are very much essential for effective and proper patients care. However the present study has conducted to explore the doctor, nurse and patient relationship, to assess the role of the doctor, nurse and patient relationship for patients care and satisfaction. The study was a descriptive cross sectional study and was at Dhaka city in Bangladesh. The study was conducted at Ad-Din Women's Medical College Hospital and Dhaka Medical College Hospital. Purposive sampling method was used for the study. Total 400 respondents were selected for the study. From each hospital 200 respondents were selected. Data were collected from primary and secondary sources. Questionnaire was used for data collection. Primary data were collected through face to face interview with questionnaire and secondary data were collected by reviewing books, research report, journals and internet etc. Data were computerized, analyzed and interpreted using of SPSS (Statistical package for social science) Windows software program version 16. The study revealed that the patients expect the doctor and nurses to be professional, calm, patient, treat them with respect, provide them with all the information they need and would like to take part in making the decision. In order to maintain a better relationship with patients, this study shows that the main qualities that doctor and nurses should have are: respect, compassion, empathy, professionalism, punctuality, calmness and sufficient time during each patient's consultation. This research also identified that the patients do misbehave with the doctors and nurses. The patients have lack of patience. From the result it can be recommended that there should have mutual understanding and respect among patients doctors and nurses each other.

Key words: *Doctor, Nurse, Patient, Relationship, Hospital, Patients expectations, Medical services, Behaviour, Satisfaction, Dissatisfaction, Ethics.*

INTRODUCTION

The country has only 6 doctors, nurses, and midwives for every 10,000 population, according to the latest report of health bulletin published yearly by the Health Ministry. Bangladesh lags behind in the ratio between patients, and their doctors and nurses, when compared to other neighboring countries, thereby hindering proper and timely healthcare. Bangladesh also falls behind in maintaining the minimum threshold of doctors, and nurses for every 10,000 population as set by World Health Organization. The country has only 6 doctors, nurses, and midwives for every 10,000 population, according to the latest report of health bulletin published yearly by the Health Ministry. The current doctor-patient ratio in Bangladesh is only 5.26 to 10,000, that places the country at second position from the bottom, among the South Asian countries, according to the WHO. As a result, experts stressed the need for increasing the number of doctors immediately to ensure proper and timely healthcare for every person. 'For a sustainable healthcare system we must have enough doctors to serve citizens.

The doctor-patient ratio in other South Asian countries are, 7.77 in India, 9.75 in Pakistan, 9.5 in Sri Lanka, 6.5 in Nepal, 8.6 in Myanmar, and 22.3 in Maldives. Only Bhutan is placed behind Bangladesh in maintaining the ratio. Bhutan has 3.7 doctors to every 10,000 population, WHO data states. The country also falls behind from all of its South Asian neighbors in nurses-patient ratio as it has only 3.06 nurses to provide services to every 10,000 population. The nurses-patient ratio in other South Asian countries are, 21.07 in India, 21.15 in Sri Lanka, 26.85 in Nepal, 15.09 in Bhutan, 9.79 in Myanmar, 5 in Pakistan and 3.02 in war torn Afghanistan. In 2010, WHO categorized 49 countries as priority country, and set a minimum threshold of 23 doctors, nurses, and midwives per 10, 000 populations to deliver essential

maternal and child health services. Bangladesh is included in the list of those countries prioritized by the UN Global Strategy for Women's and Children's Health stated the WHO website.

There are some 86,800 MBBS doctors, and dentists registered with the Bangladesh Medical and Dental Council, the regulatory body for doctors, and medical education. Among them, about 20,000 doctors are currently employed with government facilities, which make the ratio as 1.29 doctors for every 10,000 population, according to a health bulletin. As of March 31, 2019, Bangladesh has a total of 56,733 registered nurses, and midwives, working in different positions, including nursing superintendent, deputy nursing superintendent, nursing supervisor, senior staff nurse, and staff nurse who are employed at different government, private, and army institutions, and NGOs. Bangladesh, however, is improving, and is currently ahead of India, Pakistan, Nepal, and Afghanistan in providing access to quality healthcare to citizens as revealed by a study conducted by a leading British medical journal, The Lancet. In the study, Bangladesh ranked 133rd among 195 countries in providing access to quality healthcare, and fell behind Sri Lanka and China in these areas.

OBJECTIVES OF THE STUDY

The objectives of the study are as follows:

1. To explore the doctor, nurse and patient relationship.
2. To assess the role of the doctor, nurse and patient relationship for patients care and satisfaction.

METHODOLOGY OF THE STUDY

Study design: It was a descriptive cross sectional study which assesses the level of Relationship among Doctor, Nurse and Patient in Government Hospitals of Bangladesh at Tertiary level hospital in Dhaka city.

Study area: The study was conducted in selected hospital in Dhaka city.

Study place: The study was conducted at Ad-Din Women's Medical College Hospital and Dhaka Medical College Hospital.

Sampling method: Purposive sampling method was used for the study.

Sample Size: Total 400 respondents were selected for the study. From each hospital 200 respondents were selected.

Sources of Data: Data were collected from primary and secondary sources.

Sources of Primary data: Primary data were collected from the respondents of study area.

Sources of secondary data: Secondary data were collected from books, research report, journals and internet.

Instruments of data collection: Questionnaire was used for data collection.

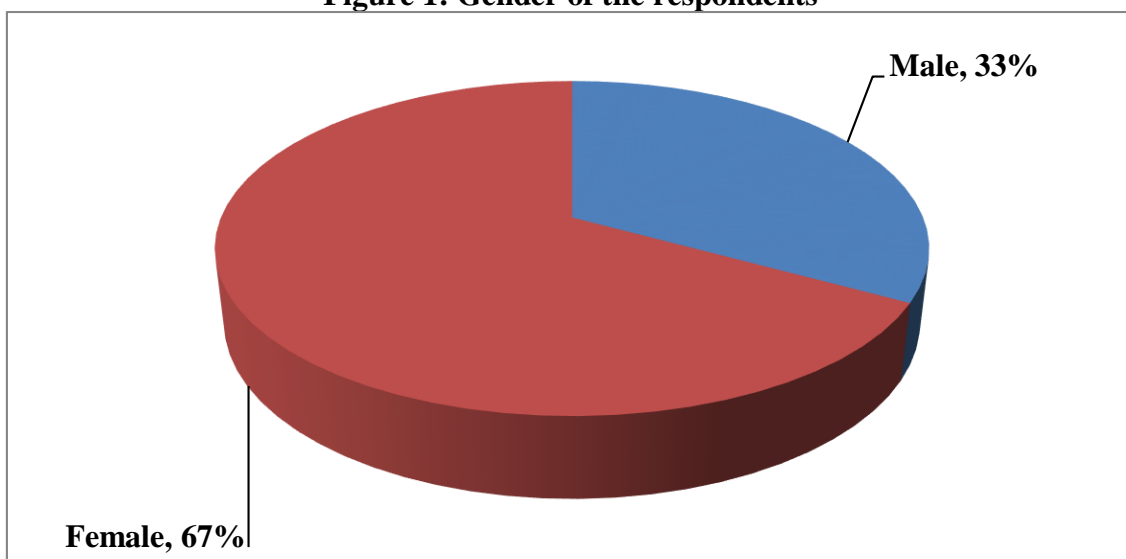
Media of language: Data were collected in English Media.

Methods of data collection: Data were collected through face to face interview with questionnaire and secondary data were collected by reviewing books, research report, journals and internet etc.

Data processing and Analysis: Data were computerized, analyzed and interpreted using of SPSS (Statistical package for social science) Windows software program version 16.

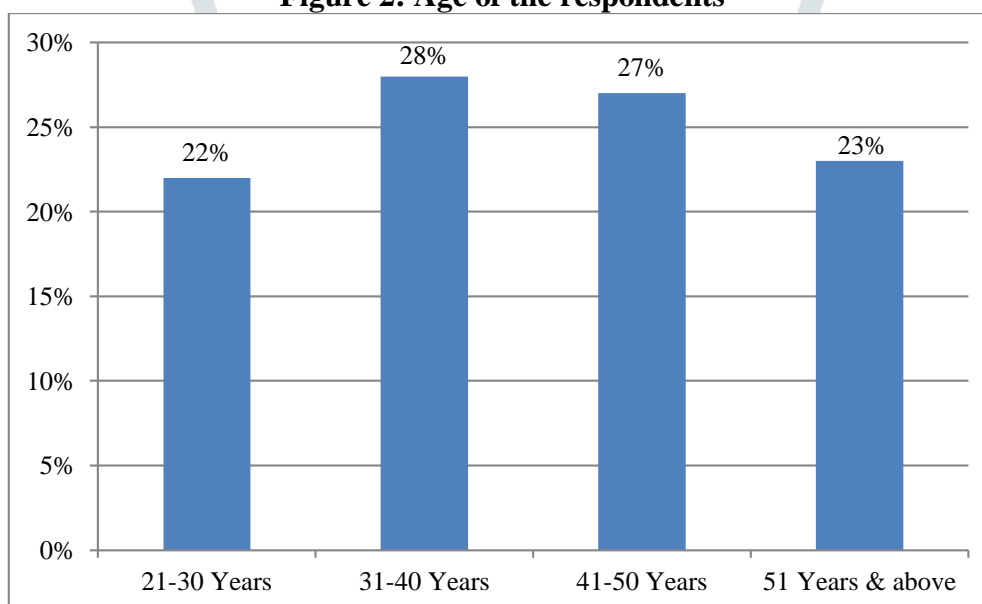
RESULTS AND DISCUSSION

Figure 1: Gender of the respondents



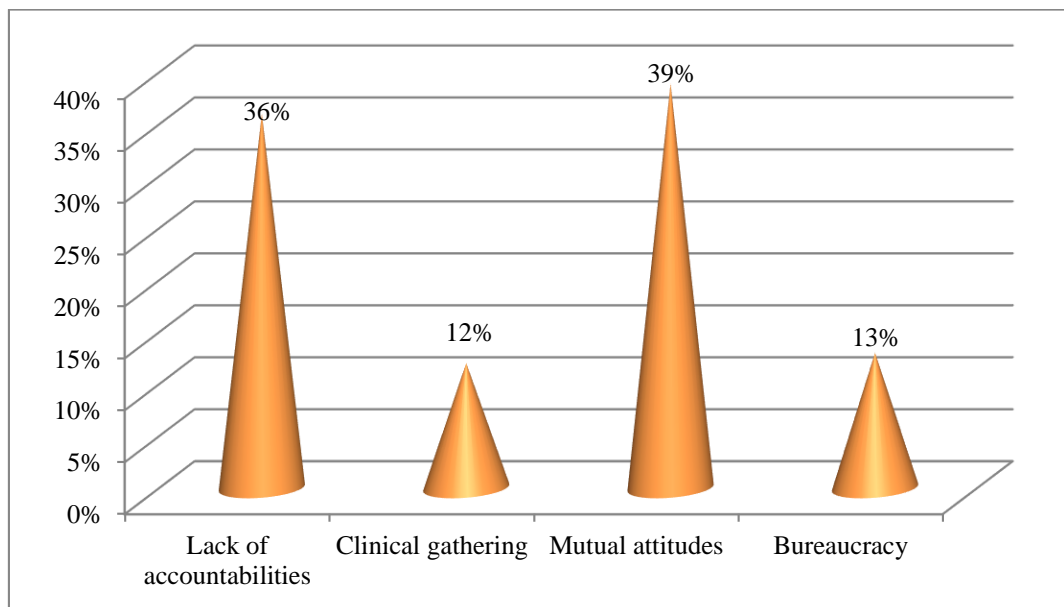
Gender of the respondents has shown in the above table and graph. From the result it was found that 67% respondents were female and 33% respondents were male.

Figure 2: Age of the respondents



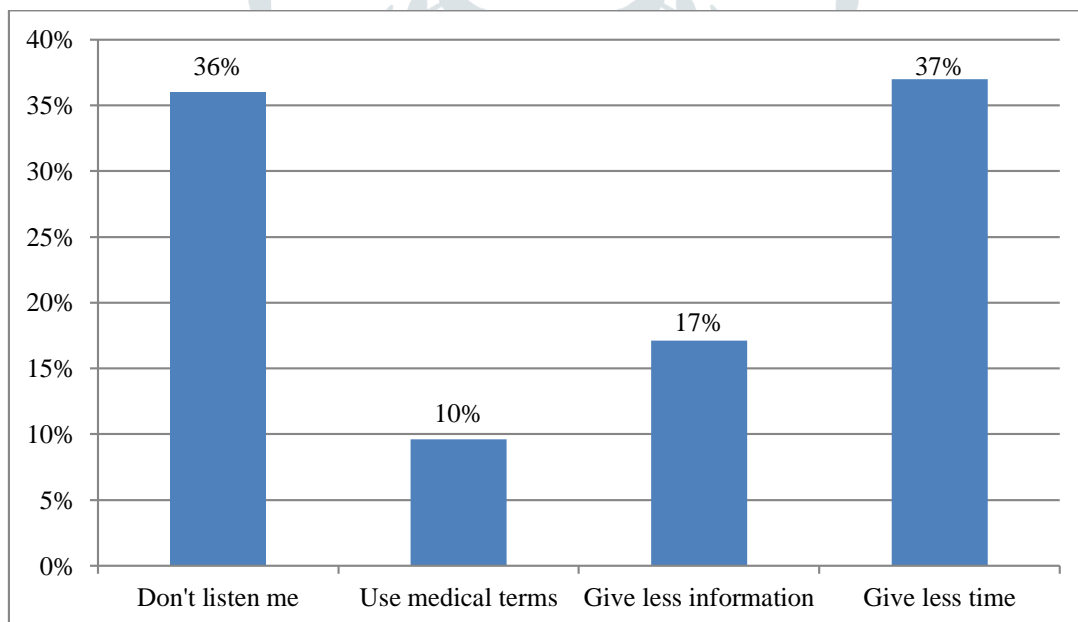
Age of the respondents has shown in the above table and graph. From the result it was found that 28% respondents were age group 31-40 years which was maximum but 22% respondents were age group 21-30 years which was minimum. On the other hand 27% were age group 41-50 years and 23% respondents were age group 51 years and above.

Figure 3: The main factors that determine the expectations of patients towards the medical services



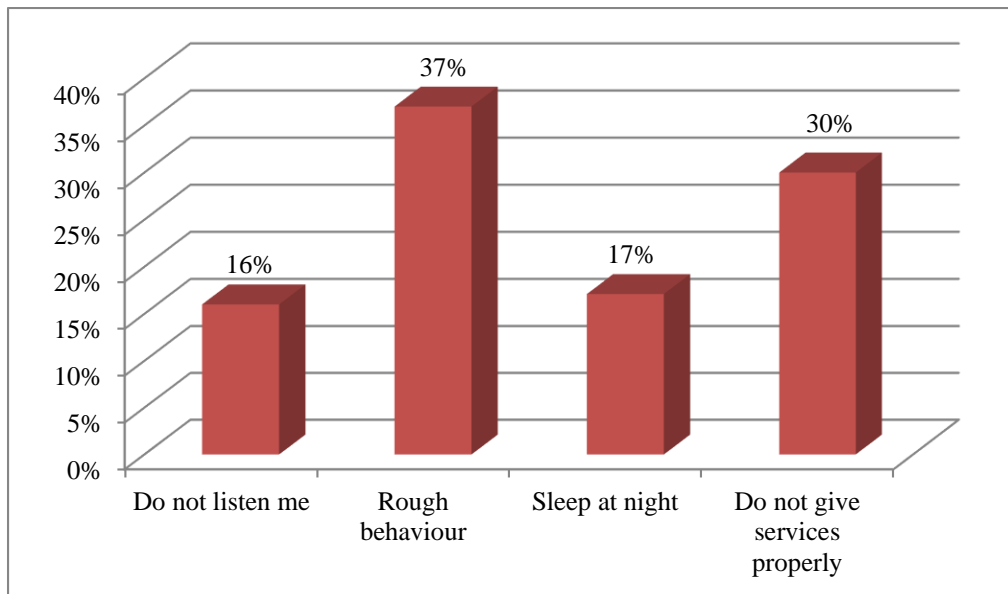
The main factors that determine the expectations of patients towards the medical services have shown in the above table and graph. From the result it was found that 39% respondents replied that mutual attitudes were main factors that determine the expectations of patients towards the medical services, 12% respondents replied clinical gathering, 36% replied lack of accountabilities and 13% replied bureaucracy.

Figure 4: The reasons of the patients’ dissatisfaction in their relationships with the doctors



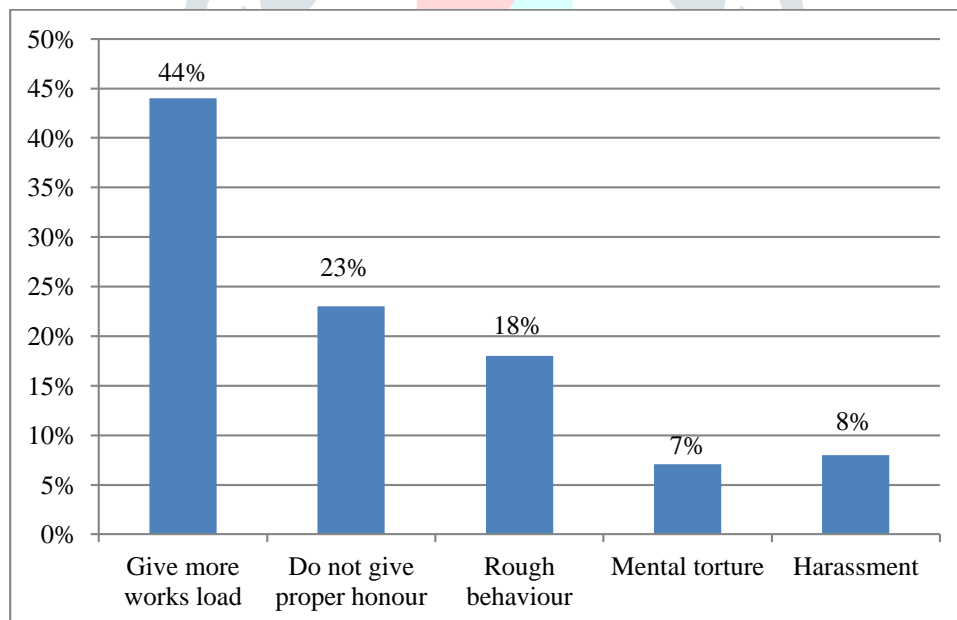
The reasons of the patients’ dissatisfaction in their relationships with the doctors have shown in the above table and graph. From the result it was found that 37% respondents replied that the doctors give less time to patients, 36% respondents replied that the doctors don’t listen to patients, 10% respondents replied that the doctors use medical terms and 17% respondents replied that the doctors give less information.

Figure 5: The reasons of the patients’ dissatisfaction in their relationships with the nurses

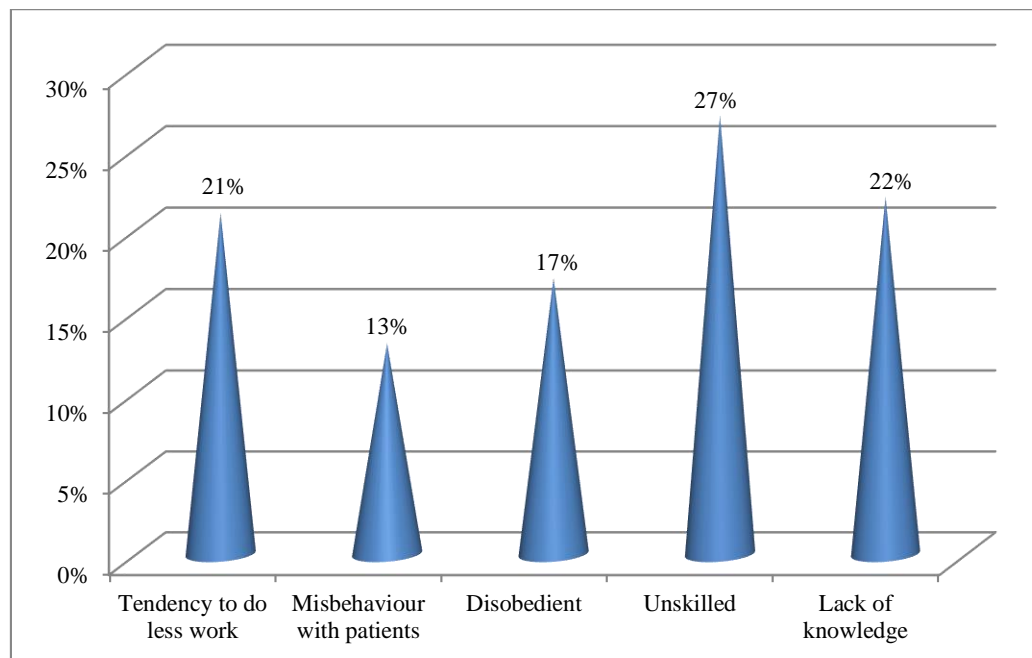


The reasons of the patients’ dissatisfaction in their relationships with the nurses have shown in the above table and graph. From the result it was found that the nurses show rough behaviour which patients, 16% respondents replied that the nurses do not listen to patients, 17% respondents replied that the nurses sleep at night and 30% respondents replied that the nurses do not give services properly to patients.

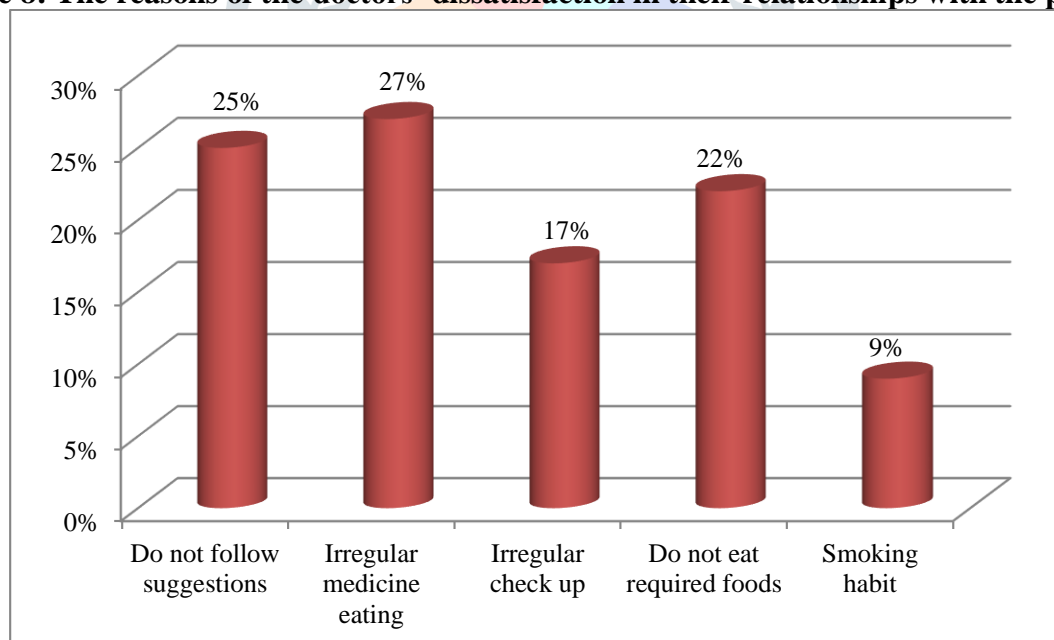
Figure 6: The reasons of the nurses’ dissatisfaction in their relationships with the doctors



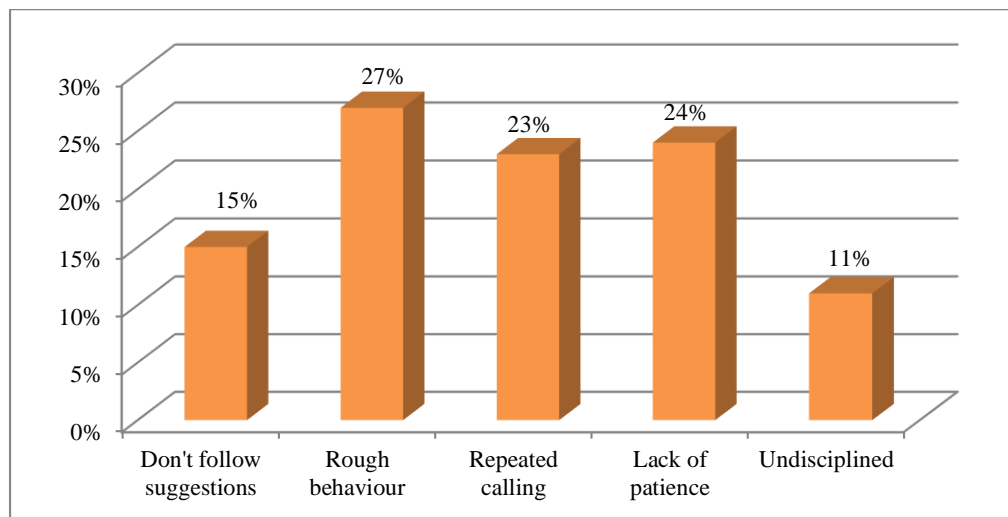
The reasons of the nurses’ dissatisfaction in their relationships with the doctors have shown in the above table and graph. From the result it was found that 44% respondents replied that the doctors give more works load to nurses, 23% respondents replied that the doctors do not give proper honour to nurses, 18% respondents replied that the doctors show rough behaviour with nurses, 7% 23% respondents replied that the doctors torture mentally to nurses and 8% 23% respondents replied that the doctors harass to nurses.

Figure 7: The reasons of the doctors' dissatisfaction in their relationships with the nurses

The reasons of the doctors' dissatisfaction in their relationships with the nurses have shown in the above table and graph. From the result it was found that 21% respondents replied that the nurses show tendency to do less work, 13% respondents replied that the nurses show misbehavior with patients, 17% respondents replied that the nurses show disobedient with doctors, 27% respondents replied that the nurses are unskilled and 22% respondents replied that the nurses had lack of knowledge.

Figure 8: The reasons of the doctors' dissatisfaction in their relationships with the patients

The reasons of the doctors' dissatisfaction in their relationships with the patients have shown in the above table and graph. From the result it was found that 25% respondents replied that the patients do not follow doctors' suggestion, 27% respondents replied that the patients eat irregular medicine, 17% respondents replied that the patients do irregular check up, 22% respondents replied that the patients do not eat required foods and 9% patients had smoking habit.

Figure 9: The reasons of the nurses' dissatisfaction in their relationships with the patients

The reasons of the nurses' dissatisfaction in their relationships with the patients have shown in the above table and graph. From the result it was found that 15% respondents replied that the patients do not follow nurses suggestion, 27% respondents replied that the patients show rough behaviour with nurses, 23% respondents replied that the patients call repeatedly to nurses, 24% respondents replied that the patients had lack of patience and 11% respondents replied that patients were undisciplined.

CONCLUSION

The research pointed out the fact that the patients expect the doctor and nurses to be professional, calm, patient, treat them with respect, provide them with all the information they need and would like to take part in making the decision. The most important factors that determine these expectations that this research identified are: the service quality of government hospitals are not satisfactory and patients are also influenced by the doctors and nurses notoriety when setting up these expectations and at the same time are influenced by the fame of doctors working in private clinics. The causes we have identified in this study with the interview questionnaire were: misbehavior by the nurses and doctor, insufficient time spent on a consultation, information sent to patients in special medical terms that they do not understand. As the primary reasons that would cause patients to drop out of consultations with a doctor is lack of respect and poor communication. In order to maintain a better relationship with patients, this study shows that the main qualities that doctor and nurses should have are: respect, compassion, empathy, professionalism, punctuality, calmness and sufficient time during each patient's consultation. This research also identified that the patients do misbehave with the doctors and nurses. The patients have lack of patience.

Bangladesh is an over populated country. So the patients' pressure is more in government hospital. So the doctors and nurses face many patients. So they become tempered in some cases and show misbehaves with the patients. The nature of the doctor–nurse interaction is changing in substantial ways. Moving away from the traditional relationship, with its considerable differences in power and influence, nurses and doctors are now becoming equal partners in the clinical domain. Although it is important to understand the historical factors that have determined each profession's roles and responsibilities, as well as areas of conflict and disagreement, it is the mutual interdependence of nurses and doctors that will lead the way to true collaborative clinical work in psychiatry. The nature of psychiatric practice makes it even more vital to communicate and clarify the ways in which that relationship can be affected by dynamic interactions with patients in community and in-patient environments.

RECOMMENDATIONS

The recommendations of the study are as follows:

1. The doctors and nurses should behave gently and politely with the patients.
2. The doctors and nurses should have more patience to tackle serious and tempered patients.
3. The doctors should provide more time to patients for accurate identification of diseases.
4. Doctors, nurses and patients should have mutual understanding and respects with each others.
5. During giving treatment some unwanted condition may be happened naturally, some patients might die. Patients' relatives should face these unwanted situations with patience.
6. Patients should abide by all the rules and regulations of the government hospitals.

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