

Chapter VIII

Doctor- Patient Relationship

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Relationship is defined as a reciprocal influence between two or more elements, such that together they form a distinct unit. Here, the elements are the doctors and the patients. Good doctor-patient relationship is an important determinant of the quality care of a hospital social system built on solid foundation based on mutual trust and co-operation.

No matter advancement in any sphere, human life and health still remains the most precious asset in the world. Even if money is the commonest denominator of all values, it can't buy human life. It is in this aspect, the profession of doctors stands crucial. Nevertheless, the nature of the relationship is still paternalistic where patients fully submit himself to the doctor for his treatment expecting the same response from the doctor.

Unfortunately, the relationship between doctors and patients is in a deteriorating state where conflict between doctors and patients and patient parties become a common scenario specially in the Government Hospitals. There seems to have a deep sense of mistrust between the two. Patients who come to Government hospitals are from different social and economic backgrounds. It is a big challenge for the doctors and other staffs to satisfy all the patients. Both doctors and patients have high expectations.

In order to bring about a sound relationship between doctors and patients, it is necessary to clearly articulate the expectations of both patients and doctors.

Table 8.1: Patients' satisfaction on doctors and hospital system

Satisfaction of patients		No. of respondents	Percent
Duration of time spent before consultation	less than 30 minute	50	21.0
	more than 30 min	66	27.7
	more than 1 hr	122	51.3
Registration system	Dissatisfied	18	07.5
	Moderately satisfied	63	26.5
	Satisfied	157	66.0
Interaction with doctor	Dissatisfied	8	03.4
	Moderately satisfied	51	21.4
	Satisfied	179	75.2
Chance given by doctor	Dissatisfied	6	02.5
	Moderately satisfied	50	21.0
	Satisfied	182	76.5
Encouragement given by doctor to clarify about the illness	Dissatisfied	16	06.7
	Moderately satisfied	70	29.4
	Satisfied	152	63.9
Response of doctor on your enquiry	Dissatisfied	17	07.1
	Moderately satisfied	57	24.0
	Satisfied	164	68.9
Information provided about the illness and treatment	Dissatisfied	12	05.0
	Moderately satisfied	72	30.3
	Satisfied	154	64.7
Satisfaction level	Low	4	01.7
	Medium	45	18.9
	High	189	79.4
	Total	238	100.0

Generally, patients in the hospitals had to wait for a very long time to consult the doctor. Most of the patients (51.3 per cent) had to wait for more than one hour before consulting the doctor. Registration counter (system) is one of the important components in a hospital social system. The staffs here should be welcoming and helpful. Majority of the patients (66 per cent) were satisfied with the registration system in the hospitals. The overall interaction with the doctors was satisfied by majority of the patients (75.2 per cent). Most of the patients (76.2 per cent) were satisfied with the chance given by the doctors to fully express their problems. More than 60 per cent of the patients were satisfied with the encouragement given by the

doctors to clarify about their illness. Response given by the doctors on patients' enquiry was also satisfied by 68.9 per cent of the patients. Maximum number of patients (64.7) per cent was satisfied by the information provided about the illness and treatment. Further, the satisfaction level of patients was calculated as Low, Medium and High. Thus, nearly 80 per cent of the patients have high level of satisfaction with doctors, communication and hospital Social System.

Table 8.2: View of OPD patients on doctor

		No. of respondents	Percent
Think about doctor now-a-days	Doing service to humanity	113	47.5
	After money	57	23.9
	Others	68	28.6
Opinion about Govt doctor seeing patients at home/private	Agree	54	22.7
	Uncertain	61	25.6
	Disagree	123	51.7
Behavior of doctor	Not friendly	18	07.6
	Normal	96	40.3
	Friendly	124	52.1
Opinion on alternative medicine	Agree	126	52.9
	Uncertain	57	24.0
	Disagree	55	23.1
Opinion about faith on doctor	No faith	2	0.8
	Little faith	23	9.7
	Full faith	213	89.5
	Total	238	100.0

Here, in this section, the view of OPD patients on doctors as well as how doctors themselves view their roles will be highlighted. On the general perception patients have towards the role of the doctors, majority (47.5 per cent) viewed that doctors were doing service to humanity. Among them, 23.9 per cent viewed that doctors were after money. This means that some of the doctors had their focus on

vested interest while performing their duties as a doctor. The general impression on doctors compared to earlier days has changed. In this materialistic world doctors could not view patients as patients who need help. Medical profession has become more commercialised. More than half (51.7 per cent) of the patients disagreed with doctors treating patients at home or private hospitals thinking that doctors attended duty late because of the dual nature of work and could not give sufficient time to their treatment. But 54 per cent of the patients agreed about Government doctors seeing patients at home or private hospitals, the reason being that they could always visit their concerned doctors at home or private hospitals at the time of emergency. Maximum number (52 per cent) of patients considered the behaviour of doctors as friendly. But there are also doctors who argue with the patients and hardly explain about the situation of the patient. What patients feel depends on the nature of the doctors. Until and unless the patients trust the doctor, the treatment may not be effective. Regarding the faith of the patients on doctors, most of the patients (89.5 per cent) had full faith on the doctors.

Table 8.3: Opinion of patients on doctors' role (OPD)

Opinion about doctors		No. of respondents	Percent
Doctor explain things in a way that was easy to understand	No	11	04.6
	Yes	227	95.4
Doctor advice for investigation	No	49	20.6
	Yes	189	79.4
Investigations were necessary	No	10	05.3
	Yes	179	94.7
Doctor discuss about any follow up plans	No	11	04.6
	Yes	227	95.4

To build a strong relationship with the patients, doctors need to consider and adopt new approaches to educate patients. In analyzing this aspect majority

(95.4 per cent) of the patients had responded that doctors always explain things in a way that was easy to understand. Generally, patients feel that they are treated well if their doctors advised for investigations. On this, 79.4 per cent of the patients said that they were advised for investigation where 75.9 per cent among them felt the investigations were necessary. One of the important, but often neglected part of the treatment process is the follow-up plan. Majority of the patients (95.4 per cent) responded that the doctors had discussed about follow-up plans. The result indicated that patients had the opinion on doctors as highly skilled in executing their roles as professionals.

Table 8.4: Satisfaction and dissatisfaction of In-patients; N=59

	Opinion	No. of respondents	Percent
Doctors' concern about your illness and treatment	Not satisfied	5	8.5
	Moderately satisfied	11	18.6
	Satisfied	43	72.9
Information provided about illness and treatment	Not satisfied	4	6.8
	Moderately satisfied	8	13.5
	Satisfied	47	79.7
Instruction of doctors about diet and preventive measures	Not satisfied	1	1.7
	Moderately satisfied	20	33.9
	Satisfied	38	64.4
Response of doctors on your enquiry about illness and treatment	Not satisfied	1	1.7
	Moderately satisfied	11	18.6
	Satisfied	47	79.7
Role of the staff in the ward	Not satisfied	4	6.8
	Moderately satisfied	13	22.0
	Satisfied	42	71.2
Privacy maintained in the ward	Not satisfied	7	11.9
	Moderately satisfied	21	35.6
	Satisfied	31	52.5
	Total	59	100.0

As shown in table 8.4, the satisfaction and dissatisfaction of In-patient related to the interaction with the doctors, the role of the staffs in the ward and maintenance of privacy in the ward would be examined. Regarding the doctors' concern about the patients' illness and treatment, maximum number of patients (72.9 per cent) were satisfied with it. Majority of the patients (79.7 per cent) were satisfied with the information provided about illness and treatment. Out of the 59 In-patients interviewed, maximum (64.4 per cent) patients were satisfied with the instruction about diet and preventive measures given by doctors. On the enquiry about illness and treatment, most of the patients (79.9 per cent) were satisfied the response of the doctors. Majority of the patients (71.2 per cent) were satisfied with the role of the staffs in the ward. Concerning the privacy maintained in the ward, maximum number of patients (52.5) per cent was satisfied with it.

Table 8.5: View of patients on doctors (IPD)

	Opinion	No. of respondents	Percent
Behaviour of doctors	Not friendly	2	3.4
	Normal	16	27.1
	Friendly	41	69.5
No. of physical examination during their ward round	Occasional	4	6.8
	Sometimes	6	10.2
	Daily	49	83.1
Doctors advise for outside investigation	No	24	40.7
	Yes	35	59.3
Reason for outside investigation	No facility	15	42.8
	For better accuracy	8	22.9
	Others	12	34.3
Trust/faith on the doctors	No faith	1	1.7
	Little faith	5	8.5
	Full faith	53	89.8
Doctors spend enough time with you	No	10	16.9
	Yes	49	83.1
Doctors explain things in a way that was easy to understand	No	3	5.1
	Yes	56	94.9
Final decision on treatment	By doctor	30	50.8
	By the patient	2	3.4
	Through equal negotiation	25	42.4
	Family members	2	3.4

Behaviour of doctors is well associated with the communication of the patients thereby leading to effective treatment outcome. Most of the patients (69.5 per cent) felt that their doctors were friendly. Besides the nature of doctor, patients generally felt that doctors were concerned about their illness of doctors conduct physical examination frequently. When asked on this aspect, majority of the patients (83 per cent) responded that doctors had conducted physical examinations daily during their ward round. Most patients (59.3 per cent) were often discontent since doctors advised them for outside investigation, reason being no facility (42.8 per cent) in the hospital. Other reasons stated were for better accuracy (22.9 per cent) and others (34.3 per cent). Faith or trust on doctors is an important element

in the relationship between doctors and patients. Majority of the patients (89.8 per cent) had full faith on the doctors. Time is one factor which doctors find hard to devote to the patient because of various reasons. Most of the patients (83 per cent) felt that doctors spend enough time with them. Maximum (94.9 per cent) patients had the opinion that doctors explained things in a way that was easy to understand. Regarding the final decision for treatment, more than half of the patients (50.8 per cent) stated that it was taken by the doctor.

Table 8.6: Satisfaction and dissatisfaction of doctors

Job satisfaction		No. of Doctors	Percent
Sufficient time for family, social and cultural activities	No	23	71.9
	Yes	9	28.1
Recognition and respect from the public	Dissatisfied	4	12.5
	Moderately satisfied	15	46.9
	Satisfied	13	40.6
Satisfied with the working hours	Dissatisfied	9	28.1
	Moderately satisfied	9	28.1
	Satisfied	14	43.8
Co-operation from patients	Dissatisfied	4	12.5
	Moderately satisfied	17	53.1
	Satisfied	11	34.4
Behavior of patients	Dissatisfied	5	15.6
	Moderately satisfied	18	56.3
	Satisfied	9	28.1
Job satisfaction level	Low	4	12.50
	Medium	18	56.25
	High	10	31.25
Total		32	100.00

To identify the overall job satisfaction of doctors, five sets of question had been administered to each and every doctor and their responses are shown in table 8.6. It has been revealed that 71.9 percent of doctors had no sufficient time for family and social and cultural activities as they were confined to their duty. However, 46.9 percent of doctors felt that they got moderate recognition and respect from public on their service, 40.6 percent of them were satisfied and only 12.5 percent of them were not satisfied with the recognition and respect from the public. As far as working hours of the doctors is concerned, maximum of them was satisfied with it (43.8 percent), 28.1 percent of them answered that they were moderately

satisfied with the existing working hours of the government hospitals and 28.1 percent of them were not satisfied. The satisfaction level of co-operation from the patients during treatment by the doctors was moderate by 53.1 percent of doctors, fully satisfied by 34.4 percent of doctors and not satisfied by 12.5 percent of doctors. Similarly, the maximum number of doctors was moderately satisfied with the behaviour of their patients, fully 'satisfied' by 28.1 percent of doctors 'Moderately satisfied' by 56.3 percent and 'not satisfied' by 15.6 percent doctors. The overall level of satisfaction is measured by Using 3-points Likart's scale by assigning value 1 to dissatisfied, 2 to moderately satisfied and 3 to satisfied for all four aspects of satisfaction as listed in table 8.6 excluding sufficient time for family, social and cultural activities. Further the satisfaction level is categorised into three groups as low, medium and high. It is observed that 56.3 percent of doctors have medium level of satisfaction, 31.1 percent of them do enjoy high level of satisfaction and only 12.5 percent of doctors have low level of satisfaction.

It was observed that the professional trend is closely associated with bureaucracy. Too much of bureaucratisation leads to depersonalisation. As a result human relations become extremely mechanical devoid of human touch.

Table 8.7: Satisfaction level of doctors by type of hospital and socio-demographic background; N=32

		Job satisfaction level			Total	Chi-square	P-value
		Low (%)	Medium (%)	High (%)			
Type of hospital	JNIMS	1 (5.9)	12 (70.6)	4 (23.5)	17	3.288	0.511
	District Hospital Bishnupur	1 (20.0)	2 (40.0)	2 (40.0)	5		
	District Hospital Churachandpur	2 (20.0)	4 (40.0)	4 (40.0)	10		
Age group	25-34	1 (8.3)	8 (66.7)	3 (25.0)	12	10.719	0.097
	35-44	1 (11.1)	7 (77.8)	1 (11.1)	9		
	45-54	2 (33.3)	2 (33.3)	2 (33.3)	6		
	55-64	0 0.0	1 (20.0)	4 (80.0)	5		
Gender	Female	2 (22.2)	6 (66.7)	1 (11.1)	9	2.814	0.245
	Male	2 (8.7)	12 (52.2)	9 (39.1)	23		
Marital status	Married	4 (16.0)	13 (52.0)	8 (32.0)	25	1.508	0.471
	Unmarried	0 0.0	5 (71.4)	2 (28.6)	7		
Religion	Hindu	3 (15.0)	11 (55.0)	6 (30.0)	20	3.173	0.787
	Christian	1 (10.0)	6 (60.0)	3 (30.0)	10		
	Muslim	0 0.0	0 0.0	1 (100.0)	1		
	Others	0 0.0	1 (100.0)	0 0.0	1		
Social background	Rural	2 (14.3)	8 (57.1)	4 (28.6)	14	0.124	0.940
	Urban	2 (11.1)	10 (55.6)	6 (33.3)	18		

The influence of type of hospitals and socio-demographic background of doctors on their satisfaction level can be determined by using chi-square test. As evident by chi-square test, there is no significant association between the satisfaction of doctors and type of hospitals and it suggests that satisfaction level of doctors is not significantly varied by different types of hospitals. Similarly, age of doctors, gender, marital status, religion and their social background are not associated with the job satisfaction level of doctors.

Table 8.8: Satisfaction of doctors by gender

Job satisfaction		Gender		Total	Chi-square	P-value
		Female	Male			
Sufficient time for family, social and cultural activities	No	7 (77.8)	16 (69.6)	23	0.216	0.642
	Yes	2 (22.2)	7 (30.4)	9		
Recognition and respect from the public	Dissatisfied	1 (11.1)	3 (13.0)	4	2.11	0.348
	Moderately satisfied	6 (66.7)	9 (39.1)	15		
	Satisfied	2 (22.2)	11 (47.8)	13		
Satisfied with the working hours	Dissatisfied	5 (55.6)	4 (17.4)	9	4.832	0.089
	Moderately satisfied	2 (22.2)	7 (30.4)	9		
	Satisfied	2 (22.2)	12 (52.2)	14		
Co-operation from the patients	Dissatisfied	2 (22.2)	2 (8.7)	4	3.351	0.187
	Moderately satisfied	6 (66.7)	11 (47.8)	17		
	Satisfied	1 (11.1)	10 (43.5)	11		
Behavior of the patients	Dissatisfied	2 (22.2)	3 (13.0)	5	1.879	0.391
	Moderately satisfied	6 (66.7)	12 (52.2)	18		
	Satisfied	1 (11.1)	8 (34.8)	9		
Job satisfaction level	Low	2 (22.2)	2 (8.7)	4	2.814	0.245
	Medium	6 (66.7)	12 (52.2)	18		
	High	1 (11.1)	9 (39.1)	10		
Total		9 (100)	23 (100)	32		

The satisfaction level on sufficient time for family, social and cultural activities is not significantly varied between male and female at 5% level of significance since the chi-square value is 0.216 with p-value 0.642 which is greater than 0.05. The recognition and respect shown by public towards male and female doctors has no significant difference that means both male and female doctors got same level of recognition and respect from the public. Similarly the opinion of male and female doctors working in government hospitals has no statistically significant differences at 5% level of significance on the working hours of hospitals, co-operation from the patients, and behaviour of the patients as all p-values are greater than 0.05.

View of doctors on Patients

In this section, how doctors view patients will be examined from the focused interview of 15 doctors, selected at random, in the three hospitals selected for the research. Patients come to government hospitals from different social and economic backgrounds. Most of the patients were from the lower socio-economic background, some did not even have family background at all. Majority of them were day-today workers who care more on earning than health care. Until the situation is urgent, they are not concerned about their health. Generally, patients were co-operative. Most of them were cool, calm and understanding. By and large, patients did not ask so many questions, they just obeyed whatever the doctors say. Co-operation from patients depend lots on the nature of the doctors. A good number of patients, even the educated ones, lacked health literacy. Majority of the patients had inadequate knowledge regarding pregnancy and childbirth. The present scenario is that age of marriage takes place at a very young age or very late. Patient parties are considered an important component in building the relationship. With increase in knowledge and increase access to internet, people are now aware of the services and facilities to be provided by patient and patient parties. Sometimes, patient parties intentionally tried to irritate the doctors. In case of serious illness, it is a matter of life and death and is difficult to take decision. Suddenly, someone who was unaware of the situation disturbed and interfered in the treatment process and created misunderstanding. Some patient parties happened to be very aggressive. They often caused destruction of hospital property. They just wanted instant relief. Some patients thought that doctors could be bought by money and could be used in any

which way they wish. Such attitude is one factor in making a strain relationship. But there were also patient parties who were understanding, co-operative and appreciate the service of the doctors. Uncooperative and unruly patients, substance abused and drunken patients, over smart and aggressive patient, poor and illiterate patients etc were perceived as problem patients by doctors.

Table 8.9: Difficulties/ constraints faced by doctors

Difficulties/constraints face	No. of doctors	Percent
Lack of infrastructure	11	34.40
Increase number of patients attending OPDs so unable to give enough time & care and unable to give beds to all	2	6.25
Insufficient man power	3	9.34
Pressures from higher authorities	2	6.25
Aggressive and uncooperative patient and patient party	4	12.50
Poor maintenance of infrastructure	2	6.25
Deteriorating nursing care	2	6.25
Poor and uneducated patients	2	6.25
Heavy workload	1	3.13
Dealing with drug addicts and drunken people	1	3.13
Lack of proper security	2	6.25
Total	32	100

The main difficulties or constraints faced by doctors while performing their duties as stated by majority (34.40) per cent of the doctors was lack of infrastructures, followed by aggressive and uncooperative patients and patient parties (12.50 per cent), insufficient manpower (9.34 per cent). Other difficulties as shown in table 8.9 were increasing number of patients attending OPDs making doctors unable to give enough time and care, pressure from higher authorities, poor maintenance of infrastructure, deteriorating nursing care, poor and uneducated patients, heavy workload, lack of proper security, dealing with drug addicts and drunken people and lack of proper security.

Table 8.10: Main causes of conflict between doctors and patients

Main cause of conflict between doctors and patients	No. of doctors	Percent
Lack of communication and misunderstanding	17	53.1
Lack of infrastructure and manpower	2	6.3
Over expectation and quick fixed attitude of patients and patient party	5	15.7
Patients' hostile attitude	1	3.1
Lack of medical ethics and negligence on the part of doctors	4	12.5
Uncooperative patient party	1	3.1
Inadequate counseling and consent by the treating doctors	1	3.1
Lack of trust and respect from patients	1	3.1
Total	32	100

Conflict occurs in Manipur where both patients/patient parties and doctors equally have their contributions. Unfavourable and disturbed situation is the scenario of Government hospitals in Manipur. The intensity of the conflict seems to be grave as it was observed during data collection of the research in one of the hospitals that there were small posters on the wall in front of operation theatre written as “doctors are not God”. More than half (53.1 per cent) of doctors who responded gave the opinion as lack of communication and misunderstanding between doctors and patients/patient parties. Patients were not well informed about the illness, the diagnosis, and the treatment therapy. During study period it was observed that one doctor, who was in hurry, did not respond well to the enquiry of his patients. Doctors need to give proper explanation and counseling about the illness, the necessary medicines, the possibility of surgery, chances of relapse of the illness, etc. to make them understand. This way the chances of conflict may be minimised. Over expectation and quick fix attitude of patients and patient parties was also another cause of conflict as stated by 15.7 per cent of doctors. Generally, patients wanted instant relief and over expect. Among the doctors who responded to the

questionnaire, 12.5 per cent of them gave the opinion as lack of medical ethics and negligence on the part of the doctors. Some doctors stated practicing in an unethical manner. Sometimes, government doctors shift their patients to private hospitals for operations because of various reasons. They also often attend duty late. Another major mistake of doctors is prescribing expensive medicines when it could have been served by cheaper rate medicines. Lack of proper diagnosis is also one of the major factors leading to conflict between doctor and patient/patient party. Conflict occurs because of lack of infrastructure and manpower. Particularly in the district hospitals, it is a common grumble to face shortage of medicines, equipment, trained personal and specialists which led the doctors to refer patients to higher level hospitals. This makes the patients annoyed in most of the cases creating confrontations. It was observed, during study period, in one of the hospital during emergency that a patient attended walked out four times with prescription at hand to get medicines from outside pharmacy. Patients often come to the hospital with a pre-conceived notion that “doctors here are just attending duties for the sake of it, we will be referred after all”. Such type of attitudes creates an unfavourable situation between the doctors and the patients. Most of the conflicts occur in the casualty or emergency department. Problem arises specially during night duty. Problems are hardly created by patient and family members, but by a “third party” whom the doctors called them ‘relatives of the relatives’. Sometimes, they come fully drunk and even shouted at the doctors. Trust and respect on doctors is gradually losing ground.

Table 8.11: Doctors' opinion on area of improvement

Area of improvement		No. of Doctors	Percent
Tell patient about the treatment and illness	To some extent	6	18.8
	To great extent	26	81.2
Hospital requires more equipment	To some extent	7	21.9
	To great extent	25	78.1
Hospital requires more medicines	To some extent	4	12.5
	To great extent	28	87.5
Hospital requires additional beds	Not at all	1	3.1
	To some extent	11	34.4
	To great extent	20	62.5
Lack of co-ordination between various people and departments in a hospital are responsible for patients' dissatisfaction	To some extent	14	43.8
	To great extent	18	56.2
Role of media affect the public in reporting health issues	To some extent	3	9.4
	To great extent	29	90.6
Need of patients complaint/grievance redressed mechanism introduced at the point of service delivery	Not at all	2	6.3
	To some extent	9	28.1
	To great extent	21	65.6
Level	Medium	3	9.4
	High	29	90.6

Good doctor-patient relationship is associated with various social as well as physical aspects. It was considered important to identify certain special area which needs improvement. Hence, the sample doctors were asked to give their ratings on the areas identified which need improvement that would lead to greater satisfaction to patients as well as the doctors. Majority of the doctors (81.2 per cent) rated the need of improvement on telling patient about treatment and illness to great extent. Patients come to doctors to relieve and recover from their illness. Therefore, both patients and doctors should together understand the illness, about the medicine and treatment process. Conflict occurs mainly because of lack of communication and misunderstanding. Thus, doctors need to give proper implementation and counseling

leading to patient satisfaction and gain trust on doctors as well as hospitals. In the government hospitals of the state, there is inadequacy in many fronts. The main problem is inadequate equipments. Maximum number of doctors (78.1 per cent) rated the requirement for more equipment to great extent. There is insufficient instrument in the OT (Operation Theatre), especially in the district hospitals. Ultra sound is not functioning properly. Blood bank is almost absent. Doctors are performing OT at risk. There is lack of facility for sophisticated investigation such as MRI. To worsen the problem, there is poor maintenance of important equipments and prolonged breakdown of important machines. Hence, patients were asked for outside investigation, thereby making them disappointed. It seems that installing huge machines simply makes a hospital look attractive, when the basic requirements were absent. Maybe the Government sanctioned the requirement but somewhere in midway it got disappeared or it may be provided from the government side but not present physically. Essential medicines are supposed to be provided free of cost in the Government hospitals. On this aspect, most of the doctors (87.5 per cent) gave the opinion that there was requirement of more medicines in the hospitals to a great extent. There was shortage of medicines in the hospitals. Patients could not help but to bear it most of the time. Sometimes, patients asked for discharge as they could not afford the expenses on medicines. Doctors expressed that despite of repeated promises from the authority; there is lack of logistic support. Additional bed was also needed to a great extent as revealed by majority (62.5 per cent) of the doctors. Sometimes, when the patient load was high, patients had to adjust somehow on the floor. Shortage of bed was observed particularly in the Gynaecology department of the hospitals.

In a hospital, treatment cannot be done solely by the doctor. There are also subordinate staffs whose role contributes to the treatment of the patients. Co-ordination between various departments is also needed for treating a patient suffering from multiple illnesses. Concerning this aspect, majority of the doctors (56.2 per cent) stated that lack of co-ordination between various people and departments in a hospital are responsible for patients' dissatisfaction to a great extent.

The role of media is vital in the delivery of health care and awareness to the general public. More than 90 per cent of the doctors agreed to great extent that the role of media affect the public in reporting health issues. It has become an immune story of dissatisfaction of hospitals or health services, such as no medicine, no doctor, doctor taking charge for operation, doctor assaulted, and medical negligence. Joint Action Committee (JAC) formed on the killing of so and so, doctors on strike, and so on. This stereotype image of doctors or hospitals has been developed for years. It is normal for some patients dying in the hospital due to some complications. It has become a trend that whenever a patient dies, doctors were blamed for negligence.

Media needs to report unbiased and truthful information with proper investigation as it is a very powerful medium. Media needs to stand neutral. It may be mentioned here that one of the doctors quoted

“The impact of media on public is most of the time negative, showing doctors as villains. That is something we do not like. No doctor has an intention to kill a patient. Doctors always strive for successful treatment as it brings pride and honour to him”.

Hence, media needs to analyse on how doctors are performing and their drawbacks and at the same time how patients are behaving, so that it can have a balanced approach.

Patients complaint or grievance redressal mechanism play most important role in hospitals which generally is neglected in our hospitals. On this aspect, majority of the doctors (65.6 per cent) rated the need of improvement 'to great extent', whereas 28.1 per cent of the doctors rated 'to some extent' and only 6.3 per cent rated 'not at all'. The data in table 8.11 revealed that 90.6 per cent of doctors recommended the need of high level of improvement on the selected seven domains in the Government hospitals.

Some of the salient issues that were raised during the interviews of the doctors may be mentioned here. The problem in Government hospitals, most of the time, is inadequacy, maybe in infrastructure or medicines or doctors, trained personnels, or nurses, or grade iv, or dresser plus instruments. One important causes of conflict between doctors and patients as expressed by the sample doctors was shortage of manpower and hospital staff management. As far as the doctors were concerned, only one MO (Medical Officer) had to manage for casualty as well as ward call. At the same time enough attention and time could not be given to patients because of patient load. There is also inadequacy in the nursing and grade IV staffs. Such manpower should be increased so that limited number of family members could be allowed for care. Often patient parties run around in search of trolley, X-ray room, ultra-sound room etc. This makes them distressful. If these responsibilities were carried out by the staffs, tensions and confusions of patient and patient party would be reduced. Unfortunately, the existing manpower was also not utilized

properly because some of the staffs were not regular and punctual for duties. Worst of it, no action could be taken up to them, because many enjoyed backings from higher authority. There were also loopholes in the Government policy. If the government tended to increase manpower, they should be functional; otherwise they might be only on the list but not actually performing duties.

Table 8.12: Area of improvement rated by doctors (Mean & Standard Deviation)

Area of improvement	Mean	SD
Tell patient about the treatment and illness	2.81	0.40
Hospital requires more equipment	2.78	0.42
Hospital requires more medicines	2.88	0.34
Hospital requires additional beds	2.59	0.56
Lack of co-ordination between various people and departments in a hospital are responsible for patients' dissatisfaction	2.56	0.50
Role of media affect the public in reporting health issues	2.91	0.30
Need of patients complaint/grievance redressed mechanism introduced at the point of service delivery	2.59	0.61

Note: Score range from 1 to 3

In all aspects, need of improvement in government hospitals are highly rated by doctors as mean scores of all aspects or components of area of improvement are approximately round about 3 except three components i.e., hospital requires additional beds (mean=2.59 & SD= 0.56), lack of co-ordination between various people and departments in a hospital are responsible for patients' dissatisfaction (mean=2.56 & SD= 0.50) and need of patients complaint/grievance redressed mechanism (mean=2.59 & SD= 0.61).

Suggestions for strengthening doctor-patient relationship

Finally, doctors were asked for suggestions for strengthening doctor-patient relationship. The following are the suggestions from doctors' point of view.

1. Dedication and sacrifice of doctors and positive attitude towards patients and patient party.
2. Timely discussions between doctors and patients and patient party regarding the illness and transparency by doctors.
3. Information, education and counseling about the roles of doctors and patients through media, like local newspapers, radio and television.
4. Improvement of basic infrastructure and adequate supply of essential medicines at Government hospitals.
5. Respect and trust on each other.
6. Co-operations of patient and patient party.
7. Public should be aware about the limitation of medical science.
8. Doctors should be more sympathetic towards patients and should be less money minded.
9. Co-ordination and support among the staffs and departments.
10. Transparency in providing infrastructure by authorities.
11. Quality and patient oriented service.
12. Reduced work load of doctors and other staffs.
13. Society should not take law into its own hands and should not act as judge-cum-executioner of instance justice.

Summary

Various factors are involved in making the relationship between doctor and patient healthy. Patients were highly satisfied with the overall communication and interaction with the doctors. They would like to recommend the hospitals to friends and relatives. Patients view the behaviour of doctors as friendly and had full faith on the doctors. Patients had positive attitude on alternative medicine for treatment of illness. Patients did not like the doctors to treat patients at home or private set-up. Doctors found patients to be co-operative and understanding but there were also patients who were dominating and over expecting. Most often, relatives and neighbours other than the family members of the patients interrupt during treatment. Most of them were uncooperative and aggressive; there had been frequent altercation between doctors and patient parties. They often destroyed hospital properties. Main cause of conflict between doctors and patients were due to lack of communication and misunderstanding and also due to lack of basic infrastructure and facilities. Most of the conflict occurred in the emergency/casualty department. 'Uncooperative patients and unruly patients and patients' parties, 'substance abused and drunk patients', 'over smart and aggressive patient', 'poor and illiterate patients', 'critical patients as well as patients who lack trust and respect towards doctors' were considered as problem patients by doctors.