

Chapter IX

Findings and Conclusion

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The study was conducted in three Government hospitals of Manipur. Altogether, 238 OPD patients and 59 IPD patients were interviewed using structured interview schedule. Semi-structured questionnaire was used to collect data from 32 doctors working in the sampled hospitals. Focused Interview of 15 doctors, among them, was also conducted. Patients as well as doctors in the Psychiatry, Paediatric and Dental departments, and those patients who were seriously ill were excluded from the study. Patients who were above 16 years of age, both male and female were included in the study.

The answer to the research question, “does the functioning of the hospital affect the role performance of the doctors?” shows that the functioning of a hospital social system affects role performance of the doctors since doctors expressed their deep concerns about the difficulties they faced while performing their duties. Role performance of doctors depends on availability of infrastructure, facilities, medicine and the role performance of other staffs. Since inadequacy was there, doctors could not perform their duties to the best of their calibre. Seven specific variables such as medical care, appreciation and trust in the work groups, professional growth in terms of status and opportunities, pay, clarity of rules and regulations, Nurses’ role performance and inter-departmental co-ordination were used to study the organisational aspects of hospitals as a social system through doctors’ opinion.

Medical Care, here, includes basic requirements for treatment in the hospitals. For doctors to function effectively there should be adequate supply of equipments,

medicines and other necessary facilities. Doctors expressed their deep concern regarding the lack of basic requirements in the hospitals, because of which they found it difficult to perform their duties. Doctors were annoyed by the criticism among some of the colleagues and staff. Such attitude affects the functioning of the hospital. It seems that pay don not have much impact on the role performance of doctors as they have not mentioned about their pay in any time of the interview except one doctor who said that his pay was sufficient to lead a decent life.

Doctors were less satisfied with clarity of rules and regulations. Rules and regulations were almost absent probably because most of the staffs performed their duties in their own way. Inter-departmental co-ordination was far from excellence. There was no significant variation among the three hospitals in all the seven variables. Likewise, the differences in age, gender, marital status, religion and social background of doctors have no difference in opinion on the factors of hospital social system.

Related to the research question, “Does the extent of expectation of doctor and patient determine the level of satisfaction and dissatisfaction”, satisfaction level of doctors and patients, both OPD and IPD were examined.

Doctors' satisfaction and Dissatisfaction

Doctors' satisfaction was assessed using five variables such as sufficient time for family and social and cultural activities; recognition and respect from public; working hours; co-operation from patients; and behaviour of patients. Using 3 points Likart's scale by assigning value 1 to 'dissatisfied', 2 to 'moderately satisfied' and 3 to 'satisfied', the satisfaction level for the four variables are measured excluding the variable, sufficient time for family, social and cultural activities which has direct answer of 'yes' and 'no' with 'no' highly exceeding than 'yes'. The result indicated that there was moderate satisfaction related to 'recognition and respect from the public', 'co-operation from the patients', and 'behaviour of the patients'. Doctors found patients in general as co-operative but patient parties were often said to be lacking co-operation and understanding and most often, were aggressive. They interfered and irritated the doctors, even causing destruction of hospital property. Behaviour of Patients in general was said to be cool, calm and understanding but there were patients who were sensitive, complaining, blaming and dominating. Doctors felt that recognition and respect from the public had diminished compared to earlier days as some people thought doctors could be used in any way they wish. This type of attitude leads to doctors' discontentment. Most of the doctors were satisfied with the working hour though they were sometimes asked to overwork.

The influence of socio-demographic characteristics of doctors on their satisfaction level was determined by using chi-square test. Satisfaction level of doctors has no significant variation by different types of hospitals. Similarly, age of doctors, gender, marital status, religion and their social background were not

associated with the job satisfaction level of doctors. So, also the sufficient time for family, social and cultural activities was not significantly varied between male and female. Both male and female doctors received same level of recognition and respect from public. Similarly, the opinion of male and female doctors working in government hospitals has no significance on the working hours of hospitals, co-operation from the patients, and behaviour of the patients.

Patients' Satisfaction and Dissatisfaction (OPD)

Hospital environment and doctors' general information provision during consultations were positively related to patients' satisfaction. In terms of relationship factors, OPD patients' satisfaction was analysed by using seven variables such as duration of time spent before consultation, registration system, interaction with doctor, chance given by doctors to fully express patients' problems, encouragement given by doctor to clarify about the illness, response of doctor on enquiry and information provided about the illness and treatment.

The overall satisfaction of the patients was measured by using Likart's 3-point scales. The result indicated that more than half of the patients (51.3 per cent) interviewed expressed that they had to wait for more than one hour before consulting the doctor. Majority (66 per cent) of the patients were fully satisfied with the registration system. Most of the patients (75.2 per cent) were satisfied with the overall interaction they had with doctors. The chance given by doctors to fully express their problem was satisfied by 76.5 per cent; encouragement given by doctor to clarify about the illness was satisfied by 63.9 per cent. 68.9 of the patients were

satisfied with the response of doctors on patients enquiry and majority of the patients (64.7 per cent) were satisfied with the information provided about the illness and treatment. Further the satisfaction level of OPD patients was classified into three groups as “Low” with score of 7-11.7, “Medium” with score range 11.8-16.4 and “High” with score ranges from 16.5 to 21. The result indicated that nearly 80 per cent of patients were highly satisfied with the health care services given by doctors, 18.9 percent of the patients have medium level of satisfaction and only 1.7 percent of them with low level of satisfaction.

Patients’ Satisfaction and Dissatisfaction (IPD)

Similarly, In-patients satisfaction and dissatisfaction was also analysed using six variables. The findings reveal that majority of the patients (72.9 percent) were satisfied with doctors’ concern about illness and treatment. Regarding the variable, information on illness and treatment, nearly 80 per cent of the patients were satisfied. Maximum number of patients (64.4 per cent) was satisfied with doctors’ instruction on diet and preventive measure. Most of the patients (79.7 per cent) were satisfied with the doctors’ response on enquiry about illness and treatment. Most of the patients (71.2 per cent) were satisfied with role of staffs. Satisfaction level of patients on the privacy maintained in the ward was little low (52.5) compared to other variables.

The findings revealed that there was no statistically significant variation among the hospitals regarding patients’ satisfaction. Similarly, the satisfaction of patients on doctors did not have significant variation by duration of stay in the

hospitals. Further, the variation of satisfaction of in-patients were analysed with respect to difference in age, gender, marital status, social background, religion, community, education, occupation and income. The result indicated that there was no significant variation with the socio demographic characteristics of the patients. However, there was high significant difference by various occupations of patients. The government employees and unemployed patients have higher level of satisfaction on health care system of the government hospitals than other patients of different occupations.

In order to assess who are the patients visiting Government hospitals, socio-demographic characteristics of patients, both OPD and IPD patients and doctors were obtained separately using structured interview schedules and semi-structured questionnaires.

Socio-economic background of doctors

The findings on the socio-economic background of doctors indicated that maximum number of doctors (37.5 per cent) was in the age group of 25 to 34 years. The mean age for the doctors in the sample was 40.34 years with standard deviation of 11.47 years. More than two third of the doctors (71.9 per cent) were male and most of the doctors (78.1 per cent) were married. Majority of the doctors (62.5 per cent) were Hindu by religion. There was no major gap between the urban and rural background of doctors. Fifty-six per cent of the doctors were from urban background and forty-four per cent of them were from rural background. Most of the doctors (65.6 per cent) were MBBS by qualification. The result indicated that the doctors who were working in the Government hospitals were from diverse social and

economic background, though they were from the same occupational group, the medical professionals.

Socio-economic background of Patients (OPD)

Related to the socio-economic status of patients, research question of the study was that, “Does the choice of hospital indicate the socio-economic background of patient. As per findings of the study gives the answer that patients from lower socio-economic background normally visit Government hospitals. The finding revealed that maximum number of patients who visited the Government hospitals were below 45 years with a mean age of 36.21 and standard deviation of 14.39. Male patients were slightly greater in number than female counterparts in the sex ratio of 859:1000. Majority of the patients (80 per cent) were married. Among the patients who visited the hospitals, Hindu constituted maximum (42.4 per cent) whereas Muslims were the least (8 per cent). Majority of the patients (47.1 per cent) were from the general community. More than fifty per cent of the patients visiting OPD of Government hospitals had attained high school level of education or below. Patients who have attained educational level of post graduate and above were the lowest in number who visited Government hospital. This indicated higher educated people were not willing to attend Government hospitals. Majority (60.5 per cent) of patients had monthly income less than Rupees 10,000. Patients with occupation such as professional and government employee rarely visit hospital but self employed (34 p.c.) and house wife (25.2 p.c.) frequent the hospital. The average monthly family income of OPD patients in government hospitals is Rupees 12,779 with standard

deviation of Rupees 10,500. Majority (77.3 per cent) of patients visiting government hospitals were from rural background.

Socio-economic background of Patients (IPD)

Regarding the socio-economic background of the In-patient admitted in the wards of the selected Government hospitals, majority (45.8 per cent) of patients were less than 30 years of age. The number of patients decreases with increase in age. The average age of In-patients in selected hospitals was 37.95 years with standard deviation of 18.78 years. Male population of patients was higher than female population as the sex ratio of In-patient was 905 females per 1000 males. Majority of the In-patient (74.6 per cent) were married. Similarly as in the case of OPD patients, Hindu constituted the maximum number among the patients. Patients of general category were the largest in number (42.4 per cent) among the In-patients. Education wise, majority (28.8 per cent) of patients had attained high school level of education or below. Regarding occupation of the patient, majority (39 per cent) of the in-patients was self-employed. Most of the patients (74.6 per cent) were from rural background. Maximum (46 per cent) of who were admitted in the Government hospitals had monthly family income of less than Rupees 50000. The average family income of In-patient was found to be Rs. 10,259 with standard deviation of Rs. 10309. It indicates that people from the lowest income group normally visit Government hospitals for treatment.

The study also attempted to answer the research question, “Does the behaviour of doctors and patients influence each other?”

Patients' view on Doctors (OPD)

Regarding the view of OPD patients on doctors, majority of the patients (47.5 per cent) viewed that doctors were doing service to humanity. They (52.1 p.c.) considered the behaviour of doctors as friendly. Maximum number of patients 89.5 p.c. had full faith on their doctors. The result indicated that patients had positive opinion on alternative medicine as 52.9 per cent of the patients agreed to the treatment of alternative medicine besides modern allopathy medicine. More than half (51.7 p.c.) of the patients disagreed with government doctors seeing patients at home or private set up as they felt that doctors' could not devote enough time and attention due to their busy schedules.

Five other factors related to communication behaviour of the doctors were also analysed. Five questions regarding explanation of doctor, advice for investigation, necessity of the investigation, follow up plan and recommendations were asked to the OPD patients with option for two straight but opposite answers 'yes' and 'no' to study how patients feel about the treatment of their doctors. Each variable got highly positive answer of 'yes'; 95.4 p.c. think doctor explain things in a way that was easy to understand. 79.4 p.c. said yes to doctors' advice for investigation out of which 94.7 percent of them considered the investigation necessary. Majority of the patients (95.4 per cent) felt that doctors discussed for follow up plans. 79.4 p.c. agreed to recommendation the hospital to friends and relatives.

The variation of the faith of patients on their doctors by type of hospital and type of visit were analysed by using ANOVA based on the total score of 5 items. It

is observed that there is no significant variation on patients' view on doctors by type of hospital and type of visit.

Likewise, the variation of faith of the ODP patients on doctors was analysed with respect to difference in age, gender, marital status, social background, religion, community, education, occupation and income. It is highly significant variation by different age of the patients. The patients of age from 31 up to 60 years have higher level of faith than other age groups of patients and older persons have least level of faith on their doctors. However, it has no variation by difference in gender, marital status, social background, religion, community, education, occupation and income of the patients.

Patients' view on Doctors (IPD)

In order to assess how the indoor patients viewed their doctor, patients were asked to give their opinion on some of the areas which were considered important in doctor-patient relationship. The finding revealed that 69.5 percent of the patients viewed their doctors as friendly. More than 80 per cent of the patients generally felt that their doctors were concerned about the illness as physical examination was done daily during their ward round. Majority 89.8 percent had full faith on their doctors. Maximum (83.1 percent) felt that doctors spent enough time with them and 94.9 per cent of the patients felt that they could understand easily what the doctors say. More than half (50.8 per cent) stated that the final decision on treatment were taken by doctors. Majority of the patients (35 out of 59; 59.3%) were asked for outside investigation by their doctors the main reason being non-availability of facility.

Majority (97.5) of the patients also expressed that they will surely recommend the hospital to friends and relatives. Hence, the result indicated that what patients feel depends on the nature and behaviour of the doctors.

Doctors' view on Patients

The results related to the view of doctors on patients were based on the data from focused interview and questionnaire of doctors. Generally, doctors feel that patients are co-operative and understanding though most of the patients lack health literacy. They opine that unless the health situation becomes urgent, patients do not normally visit hospitals as they are tied with their daily earning since most of the patients were self-employed and from the lower income group. Doctors have bad impression about emergency patients considering most of them lack in understanding and being oversensitive expecting instant relief without realizing the inadequacies around. They complain about drunken patients who are alarming. It is their general view that doctors needed to inform the patients well about the illness and treatment since patients had the habit of blaming. They faced alteration even with the educated and elders. Another component doctors were highly uncomfortable that disturbed the relationship was the mind set of some of the patients who thought that that doctors could be used in any way they wish. But there were also patients who were cool and calm and would appreciate the service of doctors. In most of the cases, the relatives, friends and neighbours other than the patients and family interfered and some patient parties happened to be very aggressive. Un-cooperative and unruly patient, drunken patients, over smart and

aggressive patients, poor and illiterate patients were perceived as problem patients by doctors.

Majority of the respondents suggested that there was need to educate the public on basic health and importance of good doctor-patient relationship as well as health institutions. They expressed that Public needed trust on health care delivery system and appreciate the role of doctors.

The study also intends to find answer to the research question, "Does nature of doctor-patient relationship determine the status of a hospital?". Patients come to hospital for curing and healing their illness and doctors work for the welfare of the patients. But a number of facilities are to be provided for making the doctor work and the patients satisfied and stay comfortable in the hospital. Hence, the doctors were asked to give opinion for improvement on certain important social as well as physical aspects such as the necessity to tell patients about treatment and illness, equipment, medicines, bed, co-ordination between various people and departments in the hospital, role of media in affecting the public in reporting health issues and the need of patient complaint/grievance redressal mechanism. The result revealed that majority (81.2 percent) of doctors feel the necessity to tell patients about the treatment and illness to great extent. Out of the 32 doctors who responded, 78.1 percent gave opinion to have more equipment in their hospital to great extent. Additional bed is also needed to a great extent as revealed by majority (62.5 percent) of doctors. It was also observed from the finding that there is need for improvement on the co-ordination between various people and departments in the hospital as 56.2 percent of the doctors agree the need to 'great extent'. The role of media is vital in affecting the public in reporting health issues. More than ninety percent of doctors

agreed on the need of improvement in the role of media to great extent. Doctors were little distressed on the reporting nature of media in case of any conflict in the hospitals. They wished for an unbiased reporting. The finding also revealed that there was need to introduce such component in the hospitals to great extent since majority (65.6 percent) of the doctors felt the need for it.

Further, the overall level of area of improvement in the hospitals was measured by using 3-point Likart's scale by assigning value 1 to 'not at all', 2 to 'to some extent' and 3 to 'to great extent'. The total score from seven items have been evaluated and it is categorized into three groups as "low" (score range:7-11.67), "medium" (score range; 11.68- 16.34) and "high" (score range:16.35-21). Finally, it has been revealed that 90.6 percent of doctors highly sensed the need for improvement in the government hospitals.

Inadequate infrastructure was something commonly faced by doctors in the work place. Because of this, confrontation with patient arose. Unfortunately, trust of patients is gradually losing ground. Poor maintenance expensive equipments and other grievances including inadequate medicine and bed directly impact doctor-patient relationship in the Government hospitals in Manipur. Hence, the nature of doctor-patient relationship determined the status of the hospitals.

Suggestions and Recommendations

The following are the suggestions derived from the study:

1. Doctors are suggested to communicate or discuss about the illness and treatment with patient and patient party before commencing treatment.
2. It is obligatory for doctors to perform their duties ethically with full dedication and devotion.
3. It is vital for doctors to have patience and be calm.
4. Transparency on the part of doctor about diagnosis and treatment is required.
5. Doctors are desired to be more sympathetic towards patients.
6. Patients are suggested to be understanding and not to be over reactive.
7. Patients need to have respect and positive attitude towards doctors.
8. Transparency on the part of patient and patient party as far as history of illness is concerned.
9. Public need to be aware about the limitation of medical science.
10. Public need to realise the importance of medical institutions.
11. Social bodies are required not to be one sided.
12. It is obligatory for media to stand neutral.
13. There is an urgent need to improve basic infrastructure, supply of essential medicines and increase of manpower in the Government hospital..
14. Quality and patient-oriented service for better doctor-patient relationship.
15. Improved Sanitation is a necessary prerequisite for healthier doctor-patient relationship
16. Improvement of working condition in the hospital is also a vital condition for the growth of professionalism among doctors.
17. Need to introduce mechanism to protect doctors legally and Physically
18. Introduction and effective functioning of patient grievance redressal mechanism in the hospitals.

Conclusion

Doctor-patient relationship is fundamental to the practice of medicine and is essential to the delivery of quality health care. Hospital is considered as a social system where each part or the actor has obligatory roles to perform for the effective functioning of the system. In performing those roles the system has also an obligation to provide a conducive environment to the actors. Grievances in hospital as a social system affect the role performance of various members particularly, the doctors. For effective functioning of the doctors' sub-system in the hospital social system, more attention should be paid on work motivation, adaptation, co-ordination and integration. Government hospitals need adequate infrastructure and facilities, adequate manpower, maintenance and dedicated planning.

Patients who visited government hospitals were mostly below 45 years and married in both the cases (OPD and IPD). Male patients were slightly greater than female counterparts in the sex ratio of 859:000 for OPD patients and 903:1000 in the case of IPD patients. Hindus constitute majority among the patients and most of the patients were below high school level of education. The reason for this indication may probably be either the educated people were more reluctant to come to government hospital or lowly educated people were more prone to illness. Most of the patients visiting government hospitals were self-employed. The number of patient decreases with increase in family income and majority were from rural background.

The age group of doctors working in the government hospital was in the age group of 25 to 34 years. Males outnumbered females in the medical profession.

Doctors come from both rural and urban areas. Hindu constitute majority among the population of doctors. Both government schools as well as private schools have similar influence on the profession. Majority of the doctors hold MBBS (Bachelor of Medicine and Bachelor of Surgery) degree and another 40.6 percent of them with MD (Doctor of Medicine) degree.

Patients come to hospital to overcome their illness and to reduce pain and suffering. On account of this, patients have an obligation to co-operate with doctors. Patients in general were co-operative but patient's parties often lacked co-operation and understanding. Most of the patient parties were aggressive often causing destruction to hospital properties. Hence, there is need for the public to realise the importance of health institutions. Behaviour of patients in general was cool, calm and understanding but there were also patients who were sensitive, complaining, blaming and dominating. Doctors felt that recognition and respect from public had diminished compares to earlier days. Most often, doctors were discontent with the attitude of the patients. Since there was lack of manpower, there was overburden to the staffs. Hence, there was an urgent need to increase the number of doctors as well as other staffs especially in district hospitals.

Hospital environment and doctors' general information provision during consultation were positively related to patients' satisfaction. OPD patients were discontent with the waiting time for consulting doctors since most of them had to wait for more than one hour before consulting the doctor. Patients were satisfied with the registration system of the hospital. Regarding the interpersonal communication with the doctors nearly 80 per cent of the patients had high level of satisfaction. Patients felt that doctors were highly skilled in executing their roles as

professionals. Patients found the behaviour of doctors as friendly in both the cases and were also concerned about their illness and treatment. Discontentment among the In-patients were observed since most of the investigations were done outside the hospitals because of unavailability of facility. Doctors spent enough time with the patients. In most of the cases the final decision for treatment was taken by the doctor.

Patients should also be regarded as a partner in total effort in the care of disease and treatment of illness because his active co-operation is required for his recovery from illness. If the Government provide basic requirements in the hospitals, satisfaction of patients will also increase thereby leading to positive health outcome.

Most of the conflicts occur with emergency patients who come in urgency and are oversensitive. In Manipur, there is a new trend of forming JAC (Joint Action Committees) for any unnatural death in the hospitals, mainly formed by members of social organisation and local people to carry out future course of action in case of any conflict. They are the protestors as well as negotiators. Until and unless there is understanding from the public the relationship will not be stable.

There was positive opinion on alternative medicine by patients and they disagreed with government doctors serving patients at home or private set-up. Un-cooperative and unruly patients, drunken patients, over-smart and aggressive patients were perceived as problem patients by doctors. On the other hand, co-operation from patients depend lots on the nature of doctor. During interaction, if doctors work to the interest of the patients, they feel pleased, otherwise they feel

bad. This kind of attitude shows the consumerist nature of the patients. Doctors should be always at cool, should have patience because patients will always be anxious, so they will have lots of questions. If doctors stay calm, most of the conflicts would be solved.

Doctors always give priority to patient care. They are always concerned about the welfare of the patients and their principal aim is service to humanity which indicates their professional conduct. Their wish is that each and every patient who come for treatment return back without any complication. Doctors always regard themselves occupying a high status in the society. They were aware about medical ethics and specified their work as profession. But doctors' role is more than just treating the diseases. Sacrifice, dedication and empathy are some of the attributes of being a healer. It is more of a vocation than just a profession. Malpractice of few doctors spoils the image of doctors in general. A major mistake of doctors is prescribing expensive medicines when it could have been served by cheaper priced ones. Often, people assume that the image of medical profession is identified by earning degree or holding a stethoscope. But this is not true. Working as a medical professional without following medical ethics or having improper attitude is one of the main factors of misunderstanding between doctors and patients and patient parties. Lack of proper diagnosis is also one of the major factors leading to doctor-patient conflict. An operation of the poorest patient should have no difference with that of the richest. There is nothing called little done. If such discrimination is there on the part of the doctor, then he or she is not fit to be a doctor.

In the USA, litigation is high, so doctors normally practice 'defensive medicine', where doctors try to avoid any loophole by advising the patients for

numerous tests, without considering the economic condition and affordability of the patients. Such trend is likely to prevail in the near future in Manipur, where clinical practice will depend too much on investigations thereby making treatment expensive.

Doctor-patient relationship is also associated with various other aspects. A number of facilities are to be provided for making doctors work efficiently and patients satisfied and stay comfortably in the hospital. In the government hospitals of Manipur, there is inadequacy in many fronts indexing loopholes on the planning of the government. Poor maintenance of important and expensive equipments leads to prolonged breakdown of machines asking patients for outside investigation, thereby making them disappointed. Ultra sound is not functioning properly and blood bank is almost absent in district hospitals making doctors perform surgery at risks.

To worsen it, there are also problems of electric supply, water, fans in the hill hospitals. Urgent need is observed for improvement of sanitation in all the hospitals. Since there is lack of manpower, there is overburden to the staffs. Shortage is also there in terms of number of doctors, nurses and others. There is no system to facilitate the specialists to perform to their calibre. It is assumed that medicine is supplied free of cost but it is not properly implemented. Supply of NRHM is not enough and quality is not maintained well. Most of the time, patients have to bear for medicines. Trust of patients will increase if there is adequate supply of medicine in the Government hospitals. Inadequacy is there for beds but manageable. The role of media is vital in affecting the public in reporting health issues. It has become an immune story of hospitals/health services, such as no medicine, no doctors, doctors taking charge for operation, wrong diagnosis,

negligence and so on. This stereotype image of hospital has been developed for years. Media need to stand neutral in reporting health issues. There is need for improvement on the role of media to improve doctor-patient relationship.

The nature of Doctor–patient relationship in Manipur resembles the two models laid by Mark Sigler, physician dominated Paternalistic and Patient dominated Consumerist model of medicine. Mutual trust and respect between doctors and patients can bring about a healthy doctor-patient relationship. So also, the authority/Government need to provide adequate infrastructure and supply of essential medicines to meet the expectation of doctors in making the patients satisfied, thereby, creating positive health outcome.