

## **Abstract**

### **Background**

One of the most important aspects of health care delivery is the doctor-patient relationship which has become more and more complex with the advancement of technology and increase in knowledge and complexities in human behaviours. Though the paternalistic model where doctor is not only the healer but also the decision maker is still prevailing particularly in general hospitals in India. Frequency of conflicts has been increasing disturbing the serene relationship between doctor and patient. More than hundreds of conflicts have been reported in the local and national newspapers in the last three years. The study tries to find out the elements that comprise the relationship, how it is disturbed and how it can be maintained with reference to three Government Hospitals in Manipur. It also strives to find suggestions for improvement. In order to find the elements and its effect on the relationship, the study tries to explore whether the social environment of a hospital affect the performance of doctors. It also explores area of satisfaction and dissatisfaction of both parties related to doctor-patient relationship and how they view each others' roles. Socio-economic backgrounds of patients as well as doctors in Government hospitals are also studied. The study seeks doctors for suggestions for improvement in Government hospitals to create a conducive atmosphere for a healthier doctor-patient relationship. The study frames five Objectives and equal number

of Research Questions for analysing the doctor-patient relationship in Government Hospitals in Manipur.

The thesis comprises 9 (Nine) chapters including Introduction which forms Chapter I. comprising Statement of Problem, Conceptual and Theoretical framework, Objective of the study, Research Questions and Operational Definition.

Definition of doctor-patient relationship is explained and the importance of the relationship in health care delivery and the society elucidated through sociologists and experts, to mention some, which includes Parsons, Madan, Advani, Georgopolous, Parmley William, Leonard L, JJ Chin, Qualtere – Burcher Paul, Popenoe. It also reviews aspects about society and social conduct with reference to Banerjee Amitav, Sanyal Debmitra, Chakravorty Bhuban Mohan which logically leads to define the functioning of a hospital and the profession of medicine. The conflict and decline of doctor-patient relationship as well as the poor health care facility in India can be felt strongly. Since May, 2012 till date, more than one hundred reports on conflict between doctors and patients have been published in both national and local newspapers. It is observed that there is a trend where Joint Action Committee (JAC) is formed for almost every unnatural casualty and assault in Manipur.

Conceptually, the study is mainly based on Siegler's two models, the paternalistic and consumerist libertarian model incorporating with other models of doctor-patient relationship. And theoretically, it incorporated Parsonsian Functionalism and Symbolic Interactionism perspectives though other theories namely, Conflict Perspective, Marxist

theory, Feminist theory and Foucauldian theory contribute immensely in the analysis of doctor-patient relationship.

The study focuses on five objectives with five research questions for analyzing doctor-patient relationship.

### **Objectives of the study**

- (i) To study the functioning of hospital as a social system and its effect on doctors.
- (ii) To explore area of satisfaction and dissatisfaction related to doctor-patient relationship
- (iii) To study socio-economic background of patients and doctors in government hospitals
- (iv) To study how doctors and patients view and evaluate each other's role
- (v) To identify area of improvement in government hospitals with special reference to doctor-patient relationship

### **Research Questions**

1. Does social environment of a hospital affect the performance of doctors?
2. Does the extent of expectation of patient and doctor determine the level of satisfaction and dissatisfaction?
3. Does the choice of hospital indicate the socio-economic background of patients?
4. Does the behaviour of doctors and patients influence each other?
5. Does the nature of doctor-patient relationship determine the status of a hospital?

### **Operational Definition**

Doctor-patient relationship can be defined as a reciprocal social interaction based on mutual trust and respect, honesty, co-operation, and mental desire with strong support of adequate resources to improve health outcomes in a hospital set up.

Chapter II includes the Review of Literature. There is limited literature on doctor-patient relationship in India particularly in the North East India. Nevertheless, some books, journals, thesis, periodicals newspaper that contain topics on doctor-patient relationship could be referred and reviewed. Thematic Review of Literature is mainly concentrated on topics related to doctor-patient relationship such as Communication, Trust, Satisfaction, Work Stress and Medical and Health Care and profession. It has been viewed by many sociologist and experts that Talcott Parsons was the first Social Scientist to theorize the doctor-patient relationship referring to his works including a book entitled 'Social System', 1951. He explained 'sick role' and considered doctors as experts and healers providing professional treatment to the sick person. He included health in the functional needs of the individual member of the society with respect to functioning of the social system. Parson also focused on other aspects related to doctor-patient relationship that include professionalism, social background, role performance and pattern variable. Paul Burcher referred Cassell to explain that medicine as moral art that uses science claiming that medicine was beyond clinical treatment. The thesis also reviews portions by Parson William, Voss and John Hopkins.

A major portion of the literature could be reviewed giving importance to communication between doctors and patients which is generally considered a major cause of conflict and misunderstanding. The communication which also involves of face-to-face interaction with its various aspects for which portions from the literary works of Luhmann, Turner, Muhamud A, Brown, Weston, Williams Mark, Burke, Shukla, Roter & Hall, Sushil Kumar Sharma, Adams and Sydie, Voss and Rublin and more are

discussed. Another important component of healthy doctor-patient relationship, 'trust' is reviewed through the works of Chin JJ, Friedenber, Janakiraman, Park, Berry, Irvine, and many more. Elements of Trust can only be restored and preserved the soul of medical profession for which Physician's involvement to patient management is fundamental in developing patient trust. And the development of trust to physician leads to proper patient-doctor relationship and is part of the healing process. The aspects of Satisfaction and Dissatisfaction of doctors and patients are studied and reviewed through studies conducted by Mohan Advani, Madan, Williams Susan, Wong & Lee, B.S. Akoijam, R.K Narendra. With the complexities of life, doctors are said to be highly stressed affecting doctor-patient relationship. This aspect was reviewed through British Medical Association report and findings by Dasgupta and Kumar. Review is also made on the history and status of medical and health care in which K. Ganesh viewed the origin of medicine when doctors more often than not treated their patients free of charge and with contempt where Patients considered the physician and his mundane order as God's own gospel. Popenoe discussed about the differently prevailing health care systems in some countries including the USA, Great Britain, China, Japan, Germany, Cuba and many others. Reviews includes authentic books, journals, periodicals, thesis, studies, reports, newspaper, magazines and websites which contributes and lays foundation in the study of doctor patient relationship in three Government hospitals in Manipur with respect to functioning of hospital as a social system, the area of satisfaction and dissatisfaction related to doctor-patient relationship, socio-economic background of patients and doctors in government hospitals, how doctors and patients view and evaluate each others' role, areas of improvement needed in Government hospitals.

Chapter III comprises Methodology. The present study focuses on three Government Hospitals of Manipur. It aims to explore elements comprising doctor-patient relationship and how to maintain it. Considering the different types of data and wide ranges of variables, the study employed mixed method approach, a combination of quantitative and qualitative techniques based on primary and secondary data. Each of the nine districts in Manipur has one major government hospital. However, Jawaharlal Nehru Institute of Medical Sciences (JNIMS) Hospital is the only state general Hospital which is attached to Medical College. Therefore, it was included in the study. And two more district hospitals, one from valley and one from hill districts were selected at random. District Hospital, Bishnupur was randomly selected from valley District Hospitals and District Hospital, Churachandpur was selected from hill District Hospitals. The study covered patients both from out-door and in-door departments (OPD and IPD). Patients in the Paediatric, Psychiatric and Dental departments and patients who are critically ill were excluded from the study. Patients, both male and female who were sixteen years of age and above were covered for the study. The selected three Hospitals were treated as strata. Stratified Random sampling under Proportional Allocation was used for selecting OPD and IPD patients. The research design adopted for the study was descriptive and exploratory, based on the objectives of the study. Exploratory design is used when the investigator involves the exploration of the field of research to be conducted on knowledge about the problem under investigation. The study was conducted using validated tools. Separate Structured Interview Schedules were administered for OPD patients and IPD patients. In order to obtain more understanding on the nature of relationship and to explore the contributing factors affecting the relationship of doctors

and patients in the government hospitals in Manipur, focused interviews of 15 doctors, 5 from each of the three hospitals were conducted. The data is also supported by field observation, non-controlled and non-participant observation has been followed in the study. Both quantitative and qualitative measurements were used. Many study variables relating to opinion on satisfaction of doctors and patients were qualitative in nature. These qualitative measures were converted into quantitative measures by adopting Likert's scaling method so as to quantify the level of their opinion. Both 3-point and 5-point Likert's scale were used as scaling method. The data obtained from the survey were presented in the form of charts (like Bar-chart, Pie-chart etc.) and frequency tables. Descriptive statistics, viz., percentage, mean, standard deviation etc. were used to interpret the findings. Further, t-test, chi-square test and ANOVA (or F-test) were used as tools for testing the hypotheses.

Chapter IV comprises socio-economic background of Doctors and Patients. This chapter aims to discuss who are the doctors working in the Government hospitals and who are the patients visiting Government hospital. Many sociologists have agreed that health is a basic determinant of life chances, and there is a strong relationship between people's socio-economic status and the quality of their health and the length of their lives. The measure of social status taking into account a person's age, gender, marital status, religion, community, educational attainment, occupational prestige, income level and the social background. Of the 32 doctors who responded the questionnaire, maximum (50 per cent) are MBBS followed by 40.6 per cent of doctors who are MD/MS by qualification. Majority (37.5 per cent) of the doctors are in the age group of 25-34 years. More than 2/3 rd of the doctors were males. Majority of the doctors (78 per cent) were

married. Hindu constitutes the majority (62.5 per cent) followed by 31.3 per cent Christian and Muslim constitute the least numbers (3.1 per cent). Low representation of Muslim in the profession may be because of their lower general education level and socio-economic condition. Doctors who are working in the Government hospitals are from mixed background, both urban and as well as rural.

Regarding the age of patients who seek treatment in the Government hospitals, maximum numbers of patients in both the cases (OPD and IPD) were below sixty year of age. The numbers of male patients in both the cases (OPD and IPD) were greater than the number of female patients. Patients who visited Government hospitals were mostly married. Hindus constitute majority among the patients. Maximum numbers of patients have attained High school level of education, were self-employed and from rural background in both the cases. Majority of the patients were from the lowest income groups given in the categories for the research.

Chapter V is dedicated to Hospital as a social system In Parson's theory, a system is a complex unit of some kind, with boundaries, within which the parts are connected, and within which something takes place. The modern hospital is viewed by social scientists as a highly complex system based on the mutual cooperation of a large and heterogeneous group of interdependent professionals and semi-professional personnel who represent different values and orientations, but who constantly deal with human problems.

Government hospitals in Manipur represent a social system functioning under the authority/governance of the Government, administrators, doctors and other staffs.. Hospitals, today, is becoming an increasingly complex social system called upon to fully

facilitate the requirements and needs of the staffs to perform their roles efficiently and responsive to the rising expectations of the society. The findings, concerning the seven important factors, suggest that organizational goal and adaptation are the most important factors that impact role performance of the doctors. Hence, Government hospitals need better infrastructure and facilities, human resources, maintenance and dedicated planning for effective functioning of doctors' sub system in hospital social system. Attention should also be paid on co-ordination among staffs, work motivation and role performances of nurses as well as other staffs.

Chapter VI discusses Doctor as a professional. The Medical profession is one of the important occupational groups, the contribution of which to development is obviously more direct than that of others. It is collectivity-oriented and not self-oriented. Affective neutrality is also involved in the physician's role as an applied scientist. The medical professionals are very special group of people entrusted with very special responsibilities. Considering their primary role as a healer, service to humanity is the major attribute of being a doctor. Sincerity and dedication in service to mankind is the principal aim of the doctors. The medical professionals are controlled by regulatory bodies and professional associations to work under a professional system. Despite of the overwhelming number of doctors who are keen in practicing with professional conduct, unethical practices of some of the doctors spoil the image of the profession. The professional trend is closely associated with bureaucracy which reduces physician autonomy. Working without medical ethics or having improper attitude may be one of the factors of misunderstanding between doctors and patients or patient parties. Hence, standards alone cannot improve the quality of practice unless they are disseminated and implemented in practice level.

Emphasis should be laid down on specialized knowledge and professional ethics in order to maintain higher standard of this profession. Considerable importance should be given to educate and impart knowledge to the medical students a sense of social awareness and responsibility. To retain the true meaning of being a noble profession doctors need to possess a sense of commitment and a strong desire to help others and relieve suffering. The profession is highly esteemed and remained as the most preferred profession in Manipur.

Chapter VII discusses Patients in Hospital Settings. Patient is defined as a sick person who attend OPD of a hospital or who is admitted in a hospital ward for treatment. Generally, patients come to a particular government hospital for treatment mainly for convenience. Most OPD patients visited the hospital more than two times and IPD patients generally stay in wards for shorter duration that is less than a week. Patients visiting the hospital are content with the treatment in the hospital that they are keen to recommend the hospital to friends and relatives. They also considered the option of alternative medicine for treatment for various diseases. Uncooperative and unruly patients and patient parties, substance abuse and drunken patients, over-smart and aggressive patients were considered as problem patients by doctor. With the advancement of communication technology there has been an attitudinal shift among the younger patients but elders still appreciate and trust doctors as they used to. Over all, patients still have good impression on the government hospital.

Chapter VIII studies Doctor- Patient Relationship. Various factors are involved in making the relationship 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. Problem patients, according to doctors, were ‘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’.

Chapter IX discusses the major findings of the study, gives suggestions for a healthy doctor-patient relationship and Conclusion of the study.