

Quality of Health Care in Bangladesh: A Study on Selected Upazila Health Complexes

Md. Lutfor Rahman, P.hD

Associate Professor, Department of Public Administration, Islamic University, Kushtia, Bangladesh

Abstract

Quality of care is an overwhelming issue in the context of health services of developing countries including Bangladesh. Performance of health care professionals and institutions determines the quality of care provided by the health facilities which in turn depends on governance as well as factors like access, safety, equity, appropriateness, timeliness, acceptability, reliability, assurance, responsiveness and empathy of care providers, health improvement and continuity of care etc. Though the governance issues affect massively the quality of care, in this article, an attempt has been taken to explore the factors which affect quality of care in health sector of Bangladesh. This paper also identifies the problems threat towards providing quality of health care in Bangladesh. Finally, this study recommends some policy options to ensure quality care in health sector and thus a healthy nation. To conduct this research and achieve the above mentioned objectives, upazila health complexes, the part and parcel of the public health sector in Bangladesh, has been selected as a case.

Keywords: Quality Health Care, Public Health Sector , Upazila Health Complex

Introduction

Quality of care has been identified as one of the macro-level management system issues to highlight practical manifestation of the state of governance in health sector. Quality of care is an overwhelming issue in the context of health services of developing countries including Bangladesh. Performance of health care professionals and institutions determines the quality of care provided by the health facilities which in turn depends on governance. As Goldfield (1996) notes, many factors outside the health service influence health status and it is therefore reasonable that social policy makers consider the impact of the policies on health and health status. Policies manifest governance of health system and eventually impact on services. The efficiency of the governance system has been blamed for the poor quality of care in facilities in Bangladesh as well as in other developing countries.

Accountability, transparency, effectiveness and efficiency of the system and dignity, respect and sense of responsibility towards the patients are preconditions to an ideal state of quality of care in health services. Patient satisfaction with medical care involves excellent interpersonal communication of care providers, technical quality of services, accessibility, finances, outcomes, continuity of care, physical environment and availability of medical care resources (Ware et al. 1983).

According to the national health policy of Bangladesh, the provision of healthcare services is a public responsibility and the government tries to fulfill this role through different health related plans, projects and programs and its own facilities that are geographically dispersed. A well-developed health infrastructure exists in Bangladesh but they are inefficiently operated, and there is a trend of declining use of public facilities in recent years (Cockcroft, et al, 2004 and 2007). Lack of transparency and accountability, absence of moral responsibility, corrupt tendency of patron classes, manpower shortage, lack of cleanliness, long waiting time, absence and lack of doctors and nurses, inappropriate behavior of caregivers, the public health care system has lost its credibility and people have limited confidence in it.

It is recognized that health is an important indicator of development of any country. Access to health care facilities is a basic right of the citizen of a country. It is an obligatory for the government to ensure health care facilities for all citizens of the country. The government of Bangladesh, along with the help of United Nations Educational, Scientific & Cultural Organization (UNESCO), United Nations International Children Emergency Fund (UNICEF), World Health Organization (WHO), various Non Government Organizations (NGOs) and welfare organizations, provides a variety of health care services to its citizens. In spite of these initiatives of Government of Bangladesh, the health status of people is not yet very satisfactory due to the lack of effectiveness, efficiency, access, safety, equity, appropriateness, timeliness, acceptability, responsiveness and empathy of care providers, health improvement and continuity of care which may be considered as major consequences of low quality of health care of the country.

The primary goal of quality medical care is to make health care more effective in bettering as well as improving the health status and satisfaction of a population, within the resources which society and individuals have chosen to spend for that care (Legido-Quigley et al.,2008). The quality of patient care means the degree of excellence of medical attention offered to patients by the hospital. In order to ensure the quality of anything, some standard with legitimacy should be available against which one product or service can be compared with another (Uddin, 2005). Donabedian (1980) defined quality as “the ability to achieve desirable objectives using

legitimate means”, while quality of care was defined as “that kind of care which is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses that attend the process of care in all its parts” The definition put forward by Avedis Donabedian has been particularly influential. One other very influential definition of quality of care is that proposed by the Institute of Medicine (IOM) in the United States of America. IOM defined quality of care as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (IOM, 1990). There are also the most frequently applied definitions of quality of care, as identified by different international organizations.

Department of Health, UK (1997) stated quality of care is: doing the right things (what); to the right people (to whom); at the right time (when); and doing things right first time. **Council of Europe (1998)** defined quality of care is the degree to which the treatment dispensed increases the patient’s chances of achieving the desired results and diminishes the chances of undesirable results, having regard to the current state of knowledge. Concurrently, **WHO (2000)** denoted that quality of care is the level of attainment of health systems’ intrinsic goals for health improvement and responsiveness to legitimate expectations of the population.

The above mentioned definitions given by several authors and/or organizations have defined quality of care by describing the concept according to a set of dimensions. The most frequently used dimensions include: effectiveness, efficiency, access, safety, equity, appropriateness, timeliness, acceptability, patient responsiveness or patient centeredness, satisfaction, health improvement and continuity of care. These dimensions are, however, neither comprehensive nor mutually exclusive. A number of studies on health care delivery system have been conducted by academic professionals and researchers over the past two decades. These available studies on the problems of the healthcare sector focus on proximate causes such as the absence of doctors, incompetence, and indifference of health staff, and corruption related to medical supplies and unofficial fees charged from patients, patients’ perception and satisfaction to health care, maternal and child health problems, problems of management etc. But comprehensive academic research with emphasize on factors which largely affect the quality of health care has not been conducted in public health sector in Bangladesh. Against this backdrop, this article is an attempt to explore the factors which affect quality of care in health sector of Bangladesh. This paper also identifies the problems threat towards providing quality of health care in Bangladesh. Finally, this study recommends some policy options to ensure quality care in health sector and thus a healthy nation. Thus, this study bears extensive significance and its findings will help to policy makers and planners to formulate pragmatic health policy and also will be useful for administrators as well as practitioners to implement policy with efficiency and also will be very helpful to conduct further research regarding health sector governance of developing countries in general and Bangladesh in particular. To conduct this research and achieve the above mentioned aims, upazila health complexes, the part and parcel of the public health sector in Bangladesh, has been selected as a case.

Methods and Procedures of the Study

The present research is basically qualitative in nature. Some quantitative data are also collected and used to substantiate the qualitative data. The study is the byproduct of both secondary and primary data. Secondary data are collected from different sources such as: relevant books, magazines, journals, reports, periodicals, research monographs published and unpublished documents and daily newspapers etc. Moreover, it covers the reading materials available in the internet and websites. Primary data for the study are collected through interviewing with structured and open-ended questionnaires and other techniques including observation and informal meetings.

Bangladesh is divided into seven administrative divisions: Khulna, Barisal, Dhaka, Chittagong, Rajshahi, Rangpur, and Sylhet. Each division is divided into zilas (64), and each zila into upazilas (492). As the area of study, two upazila health complexes (UHCs) under Kushtia district of Khulna division are selected out of 50 upazila health complexes in Bangladesh purposefully because of its manageability and controllability. So, a representative sample has been taken to conduct this research.

Civil surgeon officials, doctors, nurses, hospital staffs and the patients (admitted and non-admitted) of two (2) upazila health complexes (Kumarkhali and Khoksa UHCs) are randomly selected. Four sets of questionnaire for collecting data are designed for five groups of respondents under two categories (service providers and service recipients); questionnaire-1 for civil surgeon officials, doctors, hospital staffs, questionnaire-2 for nurses, questionnaire-3 for inpatients (admitted) and questionnaire-4 for outpatients (non-admitted). Total 80 respondents are chosen from five categories which are 8 doctors, 8 nurses, 9 hospital staffs, 10 civil surgeon officials, 25 inpatients, and 20 outpatients. The sample size has been presented as on the following table 1:

Table 1: Distribution of Respondents by Categories and Types of Health Facility

Types of Health Facility	Type of Respondents and Size of Sample						Total
	Doctors	Nurses	Staffs	Civil Surgeon Officials	Inpatients (Admitted)	Outpatients (Non-admitted)	
UHC	8	8	09	-	25	20	70
Civil Surgeon Office	-	-	-	10	-	-	10
Total	8	8	09	10	25	20	80

Collected data is processed, analyzed and presented by using statistical and other related methods of analysis. Then, the findings of the study are presented with tabulated form and descriptive manner. Furthermore, discussion is made on data collection techniques and methodological implications to justify the use in the context of the present research.

It is need to explain why the researcher has chosen 80 samples from the study area. Actually, 100 samples were selected for this study. After completion of data collection, all answer sheets were re-checked for its quality and validity. It was checked one by one and 20 incomplete as well as inconsistent data sheets were rejected from the present research. Purposive sampling method was used to select respondents because of making easy the management of research works within reasonable time frame. Though the governance issues affect massively the quality of care, in this article, the researcher assesses the quality of health care through some factors especially the factors developed by Syed Saad **Andaleeb**.

Factors of Quality Health Care

Researchers have selected a set of factors in respect of assessing quality status of health care services of selected UHCs under the district of Kushtia in Bangladesh. These are discussed below:

Reliability

Reliability refers to providers' ability to perform the promised service dependably and accurately (**Huque, 2011; Andaleeb et al, 2007**). In the boardest sense, reliability emphasizes on promises about delivery of services, problem resolution ability, pricing and other core service attributes of the organization (**Huque, 2011**).

Responsiveness

Responsiveness is the willingness to help customers and to provide prompt service. This dimension emphasizes attentiveness and promptness in dealing with customer requests, questions, complaints, and problems (**Huque, 2011**). Responsive is also implying that institutions and processes serve all stakeholders within a reasonable time frame (**Roncarati, 2010**). Patients expect hospital staff to respond promptly when needed. They also expect the required equipment to be available, functional and able to provide quick diagnoses of diseases. In addition, patients also expect prescribed drugs to be available and properly administered, as other indicators of responsiveness (**Andaleeb et al, 2007**).

Assurance

Assurance is defined as employees' knowledge and courtesy and the ability of the firm and its employees to inspire trust and confidence (**Huque, 2011**).

Knowledge, skill and courtesy of the doctors and nurses can provide a sense of assurance that they have the patient's best interest in mind and that they will deliver services with integrity, fairness and beneficence. For a service that is largely credence based (**Zeithaml and Bitner 2000**), where customers are unable to evaluate the quality of the services after purchase and consumption, the sense of assurance that is engendered can greatly influence patient satisfaction. In the health care system, assurance is embodied in service providers who correctly interpret laboratory reports, diagnose the disease competently, provide appropriate explanations to queries, and generate a sense of safety. Nurses also play an important part in providing additional support to patients' feelings of assurance by being well-trained and by addressing their needs competently (**Andaleeb et al, 2007**).

Tangibles

Tangibles are defined as the appearance of physical facilities, equipment, personnel, and communication materials. All of these provide physical representations or images of the service that customers, particularly new customers, will use to evaluate quality (**Huque, 2011**). Generally, good appearance (tangibility) of the physical facilities, equipments, personnel and written materials create positive impressions to patients. A clean and organized appearance of a hospital, its staff, its premises, restrooms, equipment, wards and beds can influence patients' impressions about the hospital (**Andaleeb et al, 2007**).

Communication

Communication is also vital for patient satisfaction. If a patient feels alienated, uninformed, or uncertain about

her health status and outcomes, it may affect the healing process. When questions of concern can be readily discussed and when patients are consulted regarding the type of care they will be receiving, it can alleviate their feelings of uncertainty. Also, when the nature of the treatment is clearly explained, patients' awareness is heightened and they are better sensitized to expected outcomes. Appropriate communication and good rapport can, thus, help convey important information to influence patient satisfaction. In particular, patients expect doctors and nurses to communicate clearly and in a friendly manner regarding laboratory and other test results, diagnoses, prescriptions, health regimens, etc. Similarly, nurses are expected to understand patient problems and to communicate them to the doctor properly (Andaleeb et al, 2007).

Empathy

Empathy is defined as the caring, individualized attention the firm provides its customers. The essence of empathy is conveying through personalized or customized service to the patients (Huque, 2011). Health care providers' empathy and understanding of patients' problems and needs can greatly influence patient satisfaction. Patients desire doctors to be attentive and understanding towards them. Similarly patients expect nurses to provide personal care and mental support to them. This reflects service providers' empathy (Andaleeb et al, 2007).

Process Features

Process features refer to an orderly management of the overall health care service process. This constitutes patients' expectation that doctors will maintain proper visiting schedules and that there will be structured visiting hours for relatives, friends, etc. Updated patient records and standard patient release procedures also facilitate patient care (Andaleeb et al, 2007).

Availability/Access

Availability of doctors, nurses and hospital beds round the clock is of concern to patients in defining the level of access they have to health care. Accessibility means delivering of health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need (WHO, 2006a). It is important to note that access has been attributed different meanings by different authors (Saturno, Gascón and Parra 1997). However, the common concern is to quantify whether a health service or treatment is available to the person needing it, at the time it is needed (Legido-Quigley et al., 2008).

Major Findings of the Study

This section deals with major findings generated from the analyses & discussions. Discussion is accomplished in the light of prescribed objectives, review of literature, findings and analyses of the present study. Discussion has successively been made according to the selected factors by which the status of quality of health care services has been assessed.

Quality of Health Care

A comprehensive model of patient satisfaction has many policy implications in regard to identifying patient needs, developing standards, designing services systems, and processes, establishing employee and patient roles in service delivery, enhancing training programs, managing demand and capacity, and delivering the needed quality of services. To these ends, measuring service quality and satisfaction is very important. Quality of medical care has been assessed in terms of doctors' attention, physical examination and follow up by doctor, doctors' behavior and services provided by nurses and other supportive staffs, investigation advised, supplies of essential drugs, food and bed linens, cleanliness of hospital wards, toilets as well as overall environment, physical facilities and overall service satisfaction. In this study, quality of health care is discussed under the following factors.

Reliability

In Bangladesh, reliability of the provider is often perceived as low for various reasons, such as the accusation that doctors recommend unnecessary medical tests, there is an irregular supply of drugs at the hospital premises, supervision of patients by care providers is irregular, and specialists are unavailable. Perceptions of reliability are also attenuated when doctors do not provide correct treatment the first time.

In this study, 43% respondents of all categories of patients mentioned that doctors advised for doing tests and they opined that most of the tests are not necessary. It is known to all that doctor gets commission from diagnostic center in where tests are done by patient. The present study shows that 40% patients have done their tests from outside of the hospital due to lack of quality tests, instruments for diagnosis were inactive and mind set up favor the outside tests as it's better than hospital's diagnostic center etc. Rahman (2005) shows that most diagnostic centers are doing booming business in convenience with a section of doctors who get various benefits

from them. These doctors allegedly refer patients to such diagnostic center for various unnecessary pathological, biological and biochemical investigations, blood, urine and stool tests, and X-ray in exchange for commission. An investigation shows that doctors get 20 to 80 percent commission out of the profit from such tests, depending on personal with the centers. In this regard, prominent economist Dr. Atiur Rahman said, “Doctors at government hospitals offer little services to the patients. There is an unholy alliance between these doctors and private diagnostic centers and clinics. As a result, the poor people are not getting proper services” (**Rahman, 2005**). It is common phenomenon in public health care in Bangladesh that there is an irregular and inadequate supply of drugs. Here, the researcher found that 30.2% patients didn't get any medicine and 62.6% patients have got some medicine from hospital. Besides, majority percentage (57.4% & 59.3% outpatients and 52.5% & 51.1% both types of patients) of respondents respectively claimed that patients are not provided prescribed medicine properly and in time. It is observed from the service providers opinion that most of them (82.9%) stated all prescribed drugs are not supplied to the patients from hospital dispensary and 42.4% & 38.2% respondents respectively opined that supply of medicine is inadequate & irregular. In these circumstances, patients are bound to buy medicine from outside hospital for meeting up their necessity. The all categories of patient mentioned the major reasons to buy medicine from outside hospital that inadequate supply of medicine (56.6%) and unavailability of medicine in hospital store due to supplied medicine are sold (8.5%) by hospital authority. In terms of supplied of medicine, service providers support patients' opinion. According to opinion of service providers that the reasons for not supplying all medicine from hospital dispensary are insufficient supply of medicine by government, all kinds of drug are not available, insufficient budget, huge patients in compare with supplying medicine. In this regard, majority percentage (53.3%) of respondents is fairly satisfied. But not satisfied subjects (33.3%) are higher than satisfiers (17.8%) in getting medicine from the hospital. Though 65.7% care givers said that doctor visits 2 times in a day for inpatients, but 56% care receivers do not support their opinion. They opined that supervision of patients by care providers is irregular. In Bangladesh, patients do not get proper treatment due to shortage of doctors especially unavailability of specialist doctors. For instance, in the beginning of 2011, Daulatpur Upazila Health Complex, Kushtia, has 18 Doctors and 15 Senior Staff Nurses. But now only 11 doctors (Two doctors on deputation) are working here. One Anesthetic Medical Officer and one Consultant (Gynae. & obs.) are available here. But there is no Medicine, ENT, Eye, Pediatric specialist in this UHC. Not only is the unavailability of specialists but also vacancy rate of doctors in this UHC 68%. Due to lack of human recourse it couldn't provide optimum services to the beneficiaries. It is a common picture almost in all public hospitals in Bangladesh. Proper and quality treatment at first chance brings patients' satisfaction and reliability to care givers. But, it is seen from the study that 37.7% patients didn't get right treatment at first chance from doctors.

Responsiveness

In public facilities of Bangladesh, providers were often found to be unfriendly and non-responsive to patients. Providers did not consider themselves accountable to the patients and were unaware of patients' rights, expectations, need for confidentiality, respect and dignity.

In this study researcher found from the opinion of 57.8% respondents that service providers are not cordial with patients. Doctors don't give more attention to identify patients' problems. 60% patients opined that they have been given less than 5 minutes by doctors for physical check up. Besides, 60% service receivers opined that physician don't response spontaneously when patient wanted to know their complications. It is also found from the study that 60% service receivers opined that doctors visited patients 2 times a day, but 36% patients stated that they were not provided services by doctors in right time due to absence as well as inadequacy of doctors and their engagement with medical representatives and other activities in working hour. According to the opinion of care receivers (46.7%), doctors are fairly responsive in providing services. It should be mention here that 26.7% service receivers opined that doctors as service providers are not responsive. For this reason, patients are fairly satisfied regarding doctors' responsiveness and overall service getting from doctors. In this regard, number of dissatisfied subjects is higher than satisfiers. In the case of responsiveness of nurses, most of the patients responded positively. They said that though the nurses were not cordial, but they explained prescription appropriately, advised regarding medicine and disease properly, provided service in time spontaneously.

Assurance

The present study shows that majority patients (59.7%) thought about doctors' competent positively. They opined that doctors are capable to explain laboratory report correctly, a significant number (40.3%) of respondents mentioned doctors' insincerity in terms of examining diagnostic report. 43.2% patients have doubt regarding appropriateness of doctors advice on their disease. They thought that doctors were fairly efficient in providing services to them. Service providers also support this statement. 73.2% service providers stated that doctors who provided health care services in Bangladesh are fairly skilled. Nurses are also fairly skilled as mentioned by 76.2% respondents. In spite of that majority patients (87.8%) felt themselves safe to doctor when

they were checked up. But, a few number (12.2%) of them didn't feel safe to doctor. Reasons for unsafe feeling to doctor in medical checkup are that prescription is given them without test and not hearing properly their physical problems. Even they opined that doctors are not cordial and sincere to patients care.

Tangibility

It is seen from the study that majority percentage (54%) of respondents opined that hospital premises is not visually attractive. Overall hospital environment i.e. hospital compound, beds of cabin and ward, toilet and bathroom- all are not neat and clean though majority percentage (56%) of respondents opined that ward, toilet & compound of hospital is cleaned everyday, 1 time in most of the cases and 2 times in some cases. Service providers also support the opinion of service receivers regarding cleanliness of ward, toilet, and compound of the hospital. Even 24.2% service providers claimed that ward, toilet, and compound of the hospital are not cleaned every day. The finding of the study reveals that majority percentage (52.4%) of respondents (service receivers) is not satisfied on cleanliness of ward, bathroom, toilet, and compound of hospital. Besides, majority respondent (71.4%) as service receivers claimed that garbage is not disposed from the waste basket everyday. The service providers also agree with the fact. A significant number (36.7%, 25.4% & 49.2%) of respondents stated respectively that waste is not disposed daily from the waste basket, no dusting of wall and roof is done every week as well as no cleaning of toilet is done every day in UHCs. As a result, overall hospital environment remain very dirty with bad smell that was not suitable for patients to stay there. Besides, majority number of inpatients (54.8% & 76.2%) and outpatients (53.7% & 61.1%) of both types of hospital have made negative response in respect of the status of logistic support in hospitals as adequate space for waiting, necessary modern equipments. In addition to that, most of the outpatients (55.6%) also made negative response regarding proper supply of lighting. At the same time a greater number of both types of patients opined that supply of water and security system of the hospital is not properly active. In this regard, higher numbers of care receivers were not satisfied to overall facilities of the hospital.

Communication

There is an allegation to public sector hospitals in Bangladesh that treatment is delivered through one way communication. In most of the cases, patients do not get opportunity to express their complications regarding disease to doctors' due to their unwillingness, negligence and irresponsible attitude to service receivers. In this study, researcher found that doctors listen to all physical problems of patients, but they are not cordial to them. Even, when the patients wanted to know regarding physical condition, doctors didn't response spontaneously. The diagnoses of the disease, laboratory test result, prescription and other related issues to healthcare were not consulted properly as well as explained clearly to patients with friendly manner. In this regard, doctors explained only prescription to nurses first, then they tried to understand to patients about doctors' advice, when and how will they take medicine, what should be done and what shouldn't be etc. with spontaneously and friendly manner in some cases. But they were ill equipped and inefficient.

Empathy

It is clear from the result of the present study regarding doctors' empathy and responsiveness that they are not attentive to patients and they don't try to understand their problems properly. At the same time, result also show that some of the patients made response negatively to nurses empathy, but majority of them have mentioned that though they are not paid personal attention by nurses, they are cordial and they provide moral courage to patients i.e. don't be anxious, become round quickly etc.

Process Features

It has been mentioned earlier that doctors visit 2 times a day for overseeing the physical condition of admitted patients in hospital. But it is clear from the observation and talking to patients that doctors rarely maintain proper visiting schedules. In almost all time, they visited patients one or two hours later than prescribed visiting schedules. On the other hand, in spite of structured visiting schedule for relatives, friends, it is also not maintained properly due to weaknesses of management administrative failure. In these circumstances, patients' relatives or friends can communicate with patients very frequently except when doctors' visit them. As a result, the hospital environment especially every ward remained very crowded like hat-bazaar in where to stay for sick people is not possible. In addition, though hospital authority maintains patient records and release procedures, but it is a lengthy process due to administrative complexity, service providers' irresponsibility, lack of professionalism and after all excessive working load that all create hazards for patient care. As the research area is the researcher's own area, he went to hospitals with their patients several times. He observed from his experience and views exchange with other patients and their relatives that time required for admission more than 30 minutes and for maintaining release procedures more than 1 hour in most of the cases. By no means, it is not acceptable for quality patient care.

Availability/Access

Availability of doctors, nurses and hospital beds round the clock is of concern to patients in defining the level of access they have to health care. In Bangladesh, scarcity of beds and cabins in the government hospitals increase hassle to patients.

Due to shortage of doctors and nurses, absence of doctors, doctors' business to other non-professional activities like taking to medical representatives or colleagues in working hour, a significant number (36.0%) of patients deprived from health care services in proper time. Actually, the number of doctors and nurses as well as the number of beds in Bangladesh today imposes serious constraints on health service delivery. It is seen from the present study that there are only 2.4 doctors, 5.7 nurses and 16.4 beds for 100,000 people in study area. The study conducted by **Andaleeb et al, (2007)** showed that there were only 11 nurses for 1,00,000 people in Bangladesh compared to 94 in India and 103 in Sri Lanka.

In another study, it is also seen that current staffing patterns of the public sector facilities limit their capacity to provide good quality care. In public hospitals, sometimes medical officer performs as an anesthetist due to his non-availability. This additional responsibility interferes with the assigned staff's primary role as a Medical Officer. Moreover, in most of the cases, while the number of beds in the UHCs is being increased from 31 to 50, the number of designated posts has not been increased. Furthermore, they are also over burden with their responsibility due to execution of others duties in one hand, and performing long list of responsibilities which are beyond their capacity on other hand. For instance, according to present staff pattern, Mother and Child Welfare Centres (MCWCs) are equipped with four support staff (two posts of family welfare visitors and two posts of dai-cum-nurse/nursing attendants) to deliver outpatient services for women requiring antenatal and postnatal care, and children with ailments. They are also responsible for patient registration; dispensing of drugs; immunization; family planning services, including sterilization, Intra-uterine Device (IUD) insertion, implant insertion, administering injectables; menstrual regulation; indoor services for managing complicated pregnancies; abortions; normal delivery; assisted delivery; and comprehensive emergency obstetrical care. The stark mismatch between the long list of service requirements and the number of staff available to carry out these responsibilities offers a clear indication as to why quality of services is often compromised in these facilities. Moreover, only one sweeper is entrusted with the responsibility of cleaning the entire facility premises round the clock, including the outdoor, indoor, and operation theatre. Initiatives taken to outsource cleaning services could not be materialized due to non availability of funds (**Bangladesh Health Watch, 2010**). The aforesaid reasons existed in public health care of Bangladesh indicate the poor governance that is not capable to provide quality care as well as to meet up the citizens' needs.

To ensure quality care, WHO suggested 23 physicians for 10,000 people (**WHO, 2006**). But, the findings reveal that only 12 doctors are providing health care for 4, 94,870 people in study hospitals. Therefore, the study area needs around 1138 physicians.

The findings of the present study that there are 28 trained nurses for 4,94870 people in study area which lead to a density of 0.57 nurses per 10,000 people. **Rasheed et al, (2009)** showed that there were 0.2 nurses per 10,000 people. It is recommended that there should be 3 nurses per physician. To abide by this recommendation we need 36 nurses for the number of physicians available in study area and therefore there is a shortfall of 8 nurses. To match the ideal number of physicians recommended by WHO, the hospitals of the study area needs 3,414 nurses. How and when the desired number of trained healthcare providers can be made available with the current level of production is a recurrent question. The scenario in terms of other type of healthcare providers is as serious as that of physicians and nurses. A similar situation exists in the whole country according to the latest report of Bangladesh Health Watch (**Bangladesh Health Watch, 2012**).

Bangladesh is predominantly a rural country and only 26 percent of its population lives in urban areas. The government policy for healthcare development in Bangladesh has been emphasizing private sector investment since 1980s. It resulted in high concentration of private inpatient care facilities in urban areas where more affluent people reside. It means that the rural people are more dependent on public hospitals (**Bhuiya et al. 2009**) and choice of rural people is thus limited. Such a limitation is a big concern since the public hospitals have limited number of beds and poor quality of care (**Andaleeb et al. 2007**). A total of 536 public hospitals with 37,387 beds provide inpatient care services in Bangladesh (**Bangladesh Health Watch, 2012**). According to Health Bulletin 2012, there are 576 public hospitals with the capacity of 42,175 beds for providing inpatients care to the people of Bangladesh (**Health Bulletin 2012, p.17, 54-55, 236-240, DGHS, MoHFW**). The present study shows that there are 81 beds which lead to a density of 1.64 beds per 10,000 people in study area. Comparison in international context (**WHO, 2011**) shows that hospital beds per 1,000 populations in Bangladesh are 0.400 which is less than half of Ghana (0.9 per 1,000 populations). Kenya is at the same economic level as Bangladesh, but has 35 percent higher number of hospital beds. To reach the level of Thailand, which is close to achieve universal health coverage, we need to increase the number of hospital beds by 5.5 times in Bangladesh (**Bangladesh Health Watch, 2012**).

The other important issue is the physical access to the small number of physicians and professionals

available as they are mostly based in the *Upazila and district headquarters*. It needs to mention here that while basic health care service is supposed to be free in public hospitals, patients end up bearing the costs of medicine and laboratory tests, travel, drugs and accommodation cost, as well as some additional unseen costs (**Andaleeb et al. 2007**). Given the poor economic condition of the villagers and the direct and indirect costs involved in visiting a healthcare provider at the *Upazila and district* headquarter, access to modern health services remains a challenge for the villagers. Physical distance and cost has always been a major barrier in accessing health services for the rural people in general and poor and female in particular (**Cited in Rasheed et al, 2009 form Gwatkin, Bhuiya and Victora 2004**).

Most of the service users of public hospitals in Bangladesh are poor who have limited access in health care facility. The study shows that majority percentage (50.7%) service receivers came to public hospitals for receiving free treatment. But the state-run hospitals are increasingly becoming useless for poor patients. Even though treatment and medicines are supposed to be free there, it does not benefit the poor due to corruption and neglect allegedly by corrupt service providers. The study reveals that 85.3% outpatients spent money for treatment and they spent average Tk.312 and maximum Tk. 2000 for various purposes such as outdoor ticket, medicines, test, doctor's fees, extra payment for staffs and middle man. On the other hand, 89% inpatients of both the hospitals spent average Tk.1786 and maximum Tk.50,000 for treatment purposes such as admission fees, doctors fees, purchasing medicines, diagnostic, extra payment for nurses, aya and middle man.

A similar finding was reported by **Rahman (2005)** in his study that the patients had to pay extra money for treatment in government hospitals up to Tk. 1,847 per family. Such corruption and neglect have become common in Bangladesh where the majority of the people have no access to proper healthcare. There are state-run hospitals and health complexes which are supposed to take care of patients free do not do so. The government healthcare system is thus plagued by mismanagement, irregularities, harassment, and corruption.

Case Study-1: Expensive Treatment in Free Hospital

Majid Mia, a rickshaw puller from Damurhuda Upazila in Chuadanga district, came to Damurhuda Upazila Health Complex with his 12 years old son who has been suffering from appendices. Lack of operation facility, his son was referred to Chuadanga district sadar hospital where Majid Mia's son stayed for 7 days. He spent Tk.12000 paying everything including syringe, hand gloves used by doctors during operation. "Only a few tablets for removing pain were given free".

The foremost characteristic of quality medical care is to arrange a suitable environment for patients that they can peacefully meet with doctors to get necessary advice regarding their physical problems. But the common picture in developing countries like Bangladesh that patients have no access to doctors without impediments. In other words, they face different problems at the time of meeting with doctors. The present study shows that majority percentage (63%) of respondents agree with this statement. Waiting for long time, not getting service 'first come first serve' basis, passing over embarrassing situation at the time of doctors' meeting with medical representatives, harassment by middlemen are the invariable hindrances for patients in terms of getting services from public hospitals' doctors. There is acute shortage of all essential and lifesaving drugs, surgical equipments in both the hospitals. In almost all the wards even outside wards, patients are lying in the most unhygienic condition. Critically ill patients are carried not on trolleys but by the relatives who accompany them. Often the attendants are forced to pay money for extra favour from some of the members of general staff. This favour may be in terms of getting a trolley, a bed or a bedpan. The experience of a patient undergoing treatment in a government hospital is nothing short of nightmarish.

Service Providers' Behavior

The most powerful predictor for client satisfaction with government health services was the provider's behaviour towards the patient, particularly respect and politeness. This aspect was much more important than the provider's technical competence (characterized by elements such as explaining the nature of the problem, physical examination, and giving advice). The second most powerful predictor for being satisfied was the respect for privacy, followed by short waiting times (**Aldana et.al., 2001**). It has been mentioned earlier from the finding of the present study that long waiting time to get healthcare is the prime obstacle for patients in public hospitals in Bangladesh. Besides, it is clear from the researcher's observation that privacy is not maintained properly there. Furthermore, service providers were not cordial in most of the cases, but they provided necessary advice with rude behavior. In spite of that 26.7% and 57.8% patients were satisfied and fairly satisfied. It is simply because of the expectation level of the patient is low in Bangladesh. A similar findings reported by **Aldana et.al., (2001)** in their study that despite long waiting and short consultation time in disseminating healthcare, the majority of patients were satisfied might reflect a low expectation level owing to their lifelong experience of spending a short time with health care providers or that the expectations of patients are directed on a priority basis towards other elements of care (e.g. the provision of medicaments or the provider's politeness).

Diagnostic Facilities

Accurate diagnosis is very important and essential for physicians to suggest better and quality treatment to the patients that they can free from suffering of disease within minimum period of time. But without well organized laboratory facilities and well trained manpower, it is not possible to diagnosis disease accurately and to provide medical care properly. So, a well equipped laboratory is parts and parcel of healthcare delivery system. It plays a vital role in identifying disease and in providing proper treatment at right time. The present study reveals that all pathological and radiological investigation facilities are not available in Upazila Health Complexes. Except MRI and CT scan facilities, routine investigation facilities for blood and stool as well as urine examination facilities, X-ray facilities etc. are available in both the hospitals. But due to lack of reagents, absence of technicians, inactive machinery, patients are not provided necessary diagnostic facilities. It should be mentioned here that there are no posts of pathologist and radiologist in existing organogram of UHC. There are only two sanctioned posts of medical technologist (laboratory) and one post of medical technologist (radiography) in UHCs for over three lac people. But in many cases, the sanctioned posts remain vacant due to lack of qualified medical technician and negligence of concerned authority. The findings indicate that majority and higher percentage (42.6% and 41.9%) of respondents (service providers) opined that laboratory facilities are inadequate and fairly adequate respectively. So, it is found from the study that higher percentage (40%) of respondents (service receivers) have done their all suggested tests from outside hospital. Moreover, good percentages (26.7%) of care receivers have done their tests some from hospital and some from outside hospital. Even majority of them (43.4%) think that the quality of diagnostic facilities of outside private facilities is better than public hospital facilities. In terms of quality of pathological & radiological investigation facilities, majority (55.6%) service receivers opined as moderately good, where majority and higher percentage (53.1% & 26.6%) of service providers reported regarding quality of laboratory services as good and average respectively and 18% opined as poor. But most of the respondents response positively about delivery of report. The findings of the present study regarding diagnostic facilities are accorded with the study of **Uddin (2005), Khaleda (1996) and Karim (1999)**. It is said from the mentioned above findings of the study that patients don't get proper diagnostic services from public hospitals due to improper utilization of existing facilities; low monetary allotment for reagents, x-ray film and other necessary materials of diagnosis; weak monitoring and irregular supervision; shortage of qualified manpower, corrupt relations between public hospitals' providers and owners of private diagnostic centers etc. As a result, private diagnostic facility is now a growing business in the arena of healthcare delivery system in Bangladesh.

Dietary Services

Proper medicine as well as balanced diet is essential for any kinds of patients to recovery of their vulnerable health condition. There is a provision in public hospitals of Bangladesh like other countries of the world that admitted patients of the hospitals are provided dietary services. According to this provision, hospital authority distributes foods to the patients for three times a day. The present study shows that Majority percentage (88.1%) of respondents opined they receive food that is timely supplied from the hospital. But 63.5% respondents claimed that supplied food was not sufficient for the patients. Besides, 40% respondents also claimed that the quality of supplied food was not good. As a result, most of them (63.1%) were not satisfied regarding supplied food of hospital. **Uddin (2005)** in his study illustrates that diet was sufficient in quantity and timely served as mentioned by majority of respondents. But half of the respondents reported that quality of diet was not good. The findings of **Uddin (2005)** in relation to adequacy of supplied food do not conform to the present study, but regarding timely served and quality of diet does not differ with the study. The study also correlates with the study of **Haque (2002), Karim (1999) and Uddin (1996)**. But the findings are not consistence with the study of **Rahman (1997), Faruq (1993), and Roy (1994)**.

Housekeeping Services

Primary activity of housekeeping services includes the cleaning, dusting, mopping and related domestic duties involved in maintaining a high standard of cleanliness of hospital. Both providers and consumers expect a clean environment in a hospital. Failure to meet the expected standard can seriously reduce the confidence of patients and hampers the quality of services. But no standard service can be provided without good housekeeping services. It is seen from the study that overall hospital environment i.e. hospital compound, beds of cabin and ward, toilet and bathroom- all were not neat and clean though majority (56%) respondents opined that ward, toilet & compound of hospital is cleaned everyday, 1 time in most of the cases and 2 times in some cases. Service providers also support the opinion of service receivers regarding cleanliness of ward, toilet, and compound of the hospital. But 24.2% service providers claimed that ward, toilet, and compound of the hospital are not cleaned every day. The finding of the study reveals that majority percentage (60%, 64% & 52%) of respondents (service receivers) seemed that lack of well furnished cleaning service the wards, bathrooms, toilets, and compound of hospital is dirty and very much dirty as opined by 24%, 28% and 16% respondents as service

receivers. So, majority percentage (53.3% and 26.7%) of respondents (service receivers) is fairly satisfied and not satisfied on cleanliness of ward, bathroom, toilet, and compound of hospital. Besides, majority (68%) respondents as service receivers claimed that garbage is not disposed from the waste basket everyday. The service providers also agree with the fact. A significant number of respondents stated that waste is not disposed daily from the waste basket, no dusting of wall and roof is done every week as well as no cleaning of toilet is done every day in UHCs. Analysis of data indicated that the overall housekeeping services are poor in both study hospitals. As a result, overall hospital environment remained very dirty with bad smell that was not suitable for patients to stay there. A similar finding reported by **Uddin (2005)** in his study that 48.5% respondents stated that waste is disposed once in day and floor is cleaned once daily. The study findings of **Haque (2002)**, **Rashid (1997)**, and **Khaleda (1996)** are also similar with the present study in terms of housekeeping services. But it is found from all the studies that overall housekeeping services are poor due to weak supervision, poor governance, undisciplined administration, and poor supply of cleaning materials.

Linen Services

Quality medical care also depends on supplying of quality as well as clean linen services. Clean linen impresses patients and visitors and it increases trust to healthcare providers. Furthermore, frequent changes of linen and its effective laundering is an accepted measure in controlling cross infection. The study reveals that 40.5% respondents claimed newly admitted patients are not provided clean bed sheet and pillow cover and majority percentage (96.4%) of respondents reported that bed sheet and pillow cover are not changed every day. These are changed once in week as opined by the majority (51.2%) of respondents. It is alarming that a good percentage (15.5%) of respondents claimed that bed sheet and pillow cover are not altered until patients' discharged. Another study by **Uddin (2005)** shows that majority (73.7%) of respondents reported that bed linen were dirty and 67.8% opined that bed linen were not changed in a week. A good percentage (32%) of respondents reported that bed linen was changed in a week. According to Uddin's (2005) study, the quality of linen service was not good. These findings mostly conform to the result of the present study. According to the opinion of service providers', the study also reveals that adequacy of supply of linen is fairly adequate as reported most of the respondents (45.5%). A good percentage (22.8%) of respondents claimed that supplying of linen is inadequate. Besides, though majority percentage (53.6%) of respondents (service providers) reported that quality of supplied linen is good, but a significant percentage (26.4%) and (17.6%) of respondents (service providers) opined that quality of supplied linen in public hospital are average and poor respectively. It is found from the researcher's observation that the quality of supplied linen is not good. A similar finding reported by **Karim (1999)** in his study that the quality of supplied linen was poor as stated 17.7% nurses and half of them mentioned as fair. As a result, majority (50.6%) percentage of respondents are not satisfied with the linen services of the hospital.

Ambulance Services

The study reveals that majority percentage (42.8%) of respondents opined that patients are deprived from proper ambulance service due to administrative complexity. Other reasons for not getting ambulance service are unavailability of ambulance, ambulance out of order etc. This is the common picture in almost all public hospitals especially in UHCs of Bangladesh where ambulance frequently remains out of order.

A report is published in 'Daily Naya Diganta' on dated 4 July'2013 that the ambulance which is handed over in 1997 by government in improving health services of Haripur Upazila Health Complex in the district of Thakurgaon is out of order due to financial adequacy for last 30 months. According to the statement of UHFPO, it is required more than one lac taka to repair the ambulance. Non availability of public funds it is not possible to spare the engine, tires, battery and various instruments of the ambulance. The matter has been informed to higher authority several times, but ultimate result was zero. It is clear that lack of finance, lack of sincerity and absence of willingness of concerned authority hamper to provide better healthcare to the people.

Patient's Satisfaction

Hospitals in the developed world recognize the importance of delivering patient satisfaction as a strategic variable and a crucial determinant of long-term viability and success (**Davies and Ware 1988; Makoul et al. 1995; Royal Pharmaceutical Society 1997**). **Donabedian (1988)** suggests that 'patient satisfaction may be considered to be one of the desired outcomes of care . . . information about patient satisfaction should be as indispensable to assessments of quality as to the design and management of health care systems'.

Patient satisfaction is defined here in Oliver's terms: that it is the patient's fulfillment response (**Oliver 1997**). It is a judgment that a health care gives service a pleasurable level of consumption-related fulfillment. In other words, it is the overall level of contentment with a service (**Andaleeb et al, 2007**).

The result of the present study shows that in most of the cases patients are not satisfied in respect of getting different services from hospitals as opined by the service providers. They reported that majority number of patients are dissatisfied regarding supplying prescribed drugs (81.7%), services getting from doctors (51.9%),

provided service by ward boys and Ayas (56.5%), provided diagnostic facilities (51.1%), cleanliness of indoor (62.6%) etc. The services with which majority patients are satisfied are emergency service within reasonable time (51.9%), nursing care (57.3%), linen condition (61.1%), service providers' empathy (63.4%) etc. But it is alarming that the number of dissatisfied patients is not much less than the number of satisfied patients regarding emergency service, nursing care, linen condition, service providers' empathy etc. Besides, majority numbers of respondents are dissatisfied about hospital information center in providing proper information, measures taken by authority against dissatisfactory behaviour of service providers as per patient complaint, waiting time for medical checkup, quality of supplying food, housekeeping, and linen services of hospital etc. as reported by service receivers. The reasons for patients' dissatisfaction on different aspects of medical services are failure of hospitals to provide quality treatment, insufficient supply of medicine, insufficient appropriate diagnostic facility, adequacy of hospital bed, scarcity of quality food, dirty & noisy environment, reluctant attitude of service providers in terms of hearing patients' problems, improper ambulance service etc.

Recommendations

According to following issues, this sub-section presents some important recommendations on quality health care. These are:

Reliability

Taking Legal Measures for Advising Unnecessary Tests and Ensuring Quality of Tests

It is strongly recommended that all types of modern investigation facilities should be provided from hospital to the patients. Furthermore, availability and functioning of essential equipment, regular supply of reagents, availability of essential forms and maintenance of medical records should also be ensured. Moreover, the authority has to take legal measures against them who advice patients to do their tests from outside hospital in spite of availability of all quality diagnostic facilities.

Ensuring Regular and Sufficient Supply of Essential Medicine

The inadequacy of essential medicine is another important barrier to provide quality health in Bangladesh. So, the supply of necessary medicine should be ensured so that patients can get full course of medicine prescribed by the doctors. Moreover, supply of prescribed medicines should also be ensured timely and properly.

Taking Necessary Measures to Resist Selling of Hospital Medicine and Maintaining Equity in Distribution of Medicine

Government has to take effective measures against them who involve to selling of supplying medicine. Government also should ensure to allocate medicine proportionally in all the hospitals of the country according to the number of population and bed occupancy ratio.

Ensuring Follow-up Visits in Inpatients Department

Patients of public hospitals have been suffering more due to irregular follow-up visit of doctors and lack of specialist doctors. So, it is recommended that follow-up visit to be ensured 2 times in a day. In addition, specialist doctors have to be posted in all Upazila Health Complexes and their presence should be ensured by providing sufficient financial and non-financial facilities.

Building Responsiveness among Service Providers

Government has to motivate service providers for showing responsible attitude to their profession. Government should build up awareness among the doctors about the belief that people's health is the wealth of the state. So, to protect the state's wealth is the sacred responsibility of a public servant. In the interest of development of the country, government must take initiatives to uphold mentality among the service providers to provide in time services to the people with spontaneously and responsively.

Generating Sense of Assurance

The service providers in public hospitals of Bangladesh fail to provide patients' feelings of assurance and satisfaction. As a result, the public health care system of Bangladesh has lost her credibility. So, to make the system credible and efficient and to generate a sense of assurance among the patients, service providers to be sincere and they have to keep in mind patients' best interest in terms of providing health facilities. For this, government should constitute a suitable working environment with necessary logistic support including effective training which helps them apply their acquired knowledge efficiently and appropriately.

Tangibles: Making the Hospital Visually Attractive, Clean, and Secured

Visually attractive, clean, and secured hospital can make good image among the people of the society. But the

public sector hospitals in Bangladesh suffer in image crisis and distrust. So, for upholding the position of public hospitals, concerned government authority has to take some effective measures to build up suitable and lucrative infrastructure along with keeping the overall hospital environment i.e. hospital compound, beds of cabin and ward, toilet and bathroom- all are neat and clean, providing necessary logistic support as well as modern equipment for quality treatment, arranging adequate space for waiting and proper supply of water & lighting and maintaining strong security system for the greater interest of the patients. After all, service providers should emphasize maintenance of tangibility on a long-term basis. In addition, the scope of civil society and private sectors' cooperation in improving the tangibility matters of the existing public hospitals could be worth exploring.

Ensuring Two Way Communication for Delivery Quality Care

Due to unwillingness, negligence, and irresponsible attitude of doctors, patients can't know about their physical complications. Doctors never explain properly regarding patients' disease especially to marginalized people. They only listen to them. This one way communication is the great hindrance for delivering quality treatment. So, it is strongly recommended that service providers specially doctors have to listen all physical problems cordially first, then they have to consult with their disease according to the laboratory test result (if necessary) spontaneously and to explain their prescriptions and other related issues to healthcare clearly along with friendly manner.

Promoting Empathy

The quality of service of physicians and nurses in terms of empathy in Bangladeshi hospitals is poor. That's why patients in Bangladesh are very dissatisfied with the behavior of service providers and inefficiency in service delivery. So, service providers have to be sincere, attentive, responsive to patients' caring. They also have to understand patients' problems clearly and try to solve these problems cordially along with to provide personal care and mental support to them. To do so, government should initiate continuous technical and behavioral training and an evaluation program for physicians and nurses. In addition, authority should take attempt to ensure availability of modern equipments alongside strict supervision that help to develop service providers' efficiency and proficiency and that would definitely contribute to improve services in public hospitals of Bangladesh.

Maintaining Administrative Process

Visiting schedule of doctors should be maintained properly for looking after the physical condition of admitted patients in hospital. In addition, the frequent access of patients' relatives or friends in terms of meeting with them in hospital should strictly be prohibited. In this regard, visiting hours for patients' relatives or friends should also be strictly fixed up and maintained. Besides, for easy maintenance of the patient records and release procedures, administrative complexity should be overcome, service providers to be responsible, professionalism will have to be exhibited, and working load must be reduced. All of these should be done for minimizing existing mismanagement in public hospitals in Bangladesh and for the sake of providing quality health care.

Ensuring of Availability of Care Providers

It is recommended that the respective authority should undertake necessary steps to ensure availability of physicians, nurses, hospital beds, drugs, and their proper management and to mitigate corrupt practices existed in state-run hospitals and health complexes. In addition, government can focus on a holistic quality measures with the assistance of private entrepreneurs in the area of availability of physicians, nurses, hospital beds, drugs, and amenities of health care based on 'no loss no profit'. Such steps would not only offer better health care services, but also contribute to the sustainable growth of the health care sector in Bangladesh.

Ensuring Important Physical Facilities

Other than appropriate diagnostic facilities and improved balanced diet, continuous supply of electricity and water, clean environment, supply of clean and quality linen, proper ambulance service should be ensured. In addition, concerned authorities also have to ensure coordination among various government and non-government agencies to overcome poor management in service system that would capable to provide quality health care to the people of Bangladesh.

Setting Standard and Implementing Effective Measures

As there is no specific standard for measuring the quality of services in public health sector, it is recommended that a set of criteria and indicators has to be specified as standard that will guide to the service providers. At the same time, effective administrative measures and managerial steps to be implemented fruitfully in ensuring the quality of services.

Charging Reasonable Fees for Providing Quality Care

For improving the quality of medical care in public sector hospitals, a good number of doctors and nurses as respondents suggest to provide treatment with reasonable fees instead of free care. So, for ensuring better management of patients' care and providing available required services to the patients, government can fix reasonable fees considering the socio-economic conditions of the mass people of Bangladesh. This policy options will help to patients to get steady supply of medicine, better investigation facilities, and surgical operations without harassments, blood, and other opportunities.

Suggestions from doctors

For providing improved and quality healthcare in public hospitals, major recommendations as perceived by doctors are to adopt sound promotional and motivational policy for all, supplying of necessary medicine, arranging appropriate diagnostic facilities, ensuring accountability, providing available logistic facilities, provision for private practice after office hour, posting of specialized doctors, recruiting necessary numbers of medical officers, nurses and supportive staffs, arranging proper training etc.

Suggestions from nurses

The important suggestions made by nurses for improving medical services are to maintain schedule for controlling unexpected visitors, supplying adequate medicine and logistic support, overcoming promotional barriers, prohibiting private practice of doctors at inside and outside of hospital, recruiting sufficient doctors, nurses and supportive staffs, arranging transport facilities for emergency services and for the night shift duties, arranging adequate bed with necessary materials, granting sufficient salary, rendering suitable reward for recognition of good performance to encourage others etc.

Suggestions from patients

For providing quality medical care, service receivers have drawn some valuable suggestions, which are: ensuring cordial and courageous behavior by doctors and nurses with patients, preventing doctor's private practice in working hour at hospital and out of hospital, providing necessary services at right time, arranging bed for every admitted patients, supplying inevitable free medicine, arranging appropriate and proper diagnostic facilities, taking necessary measures to protect patients from harassment of touts, ensuring hygienic, safe and secured environment for patients, providing sufficient quality balanced diet etc.

Conclusions

The results of this study confirm that the criteria or elements used for judging quality at one moment may not be the same for the next, and that consequently client satisfaction reflects only part of the quality of the entire health care process. Indeed, ensuring quality demands as a prerequisite the answer to questions such as, "What are the elements in the process of delivering care that affect client satisfaction and to what degree?", "To what degree does the meaning of quality differ between laypersons and professionals?" and "To what extent does patient satisfaction reflect the "real" level of quality of care received?" These considerations lead ultimately to the question, "What is quality of care?", the answer to which might differ from country to country or at least from culture to culture. Our study answers part of this question for the context of Bangladesh, showing that the perceived technical quality of care for the client plays a lesser role in affecting satisfaction than the interpersonal nature of care, access to care, or continuity of care (Aldana, et. al., 2001).

In conclusion, it can be said that absence of accountability and transparency in public hospitals has created ineffectiveness and inefficiency in terms of providing quality health care to the people of Bangladesh. In order to overcome the existing institutional weaknesses of public health care system, the Government of Bangladesh has to take short-term as well as long-term policy measures for ensuring quality health care. The above recommendations which are made based on major findings of the present study will contribute to formulate effective policy that is essential to ensure quality care for health sector of Bangladesh. The results of research will also enable policy-makers and decision-makers to improve the quality of health care effectively, keeping a balance between providers' and patients' ideas of what quality of health care means.

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