

Short Communication

Financial Status of the Patients Influencing Doctor's Behaviour in Government Hospitals in Faisalabad–Pakistan

SADIA SALIM, YASMEEN NAZLY, ASMA SHAFIQUE AND ASHFAQUE AHMAD MANN
Department of Rural Sociology, University of Agriculture, Faisalabad–38040, Pakistan

ABSTRACT

The focus of the present study was to find out the views of the patients about doctors in the government hospitals. The study was conducted in the two-government hospitals namely Allied hospital and District Head Quarter hospital in Faisalabad. The main objective of the study was to investigate the doctor and patient relationship in the government hospitals. The result showed that higher the financial status of the respondents more pleasant would be the doctor's behaviour with them.

Key Words: Financial status; Patients; Doctors; Behaviour; Hospital; Faisalbad

INTRODUCTION

Health is the priority area of the government activities. In Pakistan, health infrastructure has developed significantly over the years, because health of the individual is not only important for him or her but also for the smooth running of the society (Zikria, 1988). Physician plays an important role in the life of the sick man because a patient has the need for technical services from the physician and the physician is the technical expert “who is qualified and prepared to help the patients” (Cockerhem, 1989). Modern society has developed formal institutions for patient care (Harper, 1949). The hospitals are established for the delivery of health (Arthur, 1980). The doctors actually protect the patients from exploitation. They are more interested in saving other than they are gaining for self (Bloom, 1963). The poor class affiliated with diseases and the modern hospital complex over aims sickness, so much that even access to these services becomes a problem. The modern physician is the product of long and expensive training. They prefer to check the patients in private clinics. That's why the poor receive significantly lesser care in illness than the rest of the population due to the increased expensiveness (Zia-ul-Din, 2003). The proper treatment facilities were out of his range. So, common man was unhappy with the existing health care system (Javed, 2003). Doctors are one part of the provision of quality health care and patient satisfaction is what a quality service is all about (Aziz, 2002). Many doctors treat patients at low costs if they cannot afford to pay and offer the best care (Shah, 1996).

Main objectives of the study were as under:

1. To know about the financial status of the patients
2. To find out the doctor's behaviour with the patients
3. To study the association between the behaviour of the doctor with the patient and the financial status of the patients

METHODOLOGY

Two government hospitals namely Allied hospital and District head quarter were visited for data collection regarding to investigate the doctor's behaviour with the patients. One hundred and fifty respondents were selected purposively as 88 respondents were selected from the Allied hospital and 62 respondents were from the District head quarter hospital. This is because the patients were more in Allied hospital as compare to the District head quarter hospital.

Interviewing schedule was prepared for data collection and the respondents were interviewed in face-to-face situation. The responses were tabulated and expressed in term of percentages. The data was further analyzed statistically by using chi-square test.

RESULTS AND DISCUSSION

As far as the financial status of the patients is concerned a little more than a half of the respondents (54%) belonged to the poor families, while 36.17% respondents belonged to the middle class. About one tenth of the respondents (9.33%) reported that they belonged to the rich families. So it appears that majority of the patients in the government hospitals were poor (Table I).

Table II shows that a less than half of the respondents (44%) said that doctor's behaviour was pleasant and polite; while 16% of the respondents reported that the behaviour was satisfactory. About 29.33% respondents said that the doctors behave rudely while the remaining 6% failed to decide the behaviour of doctor with them.

The results of chi-square shows significant relationship between the behaviour of the doctor's with patients and their financial status. It means high the financial

status of respondents; more pleasant will be the doctor's behaviour. So, the hypothesis is accepted (Table III).

Table I. Distribution of the patients regarding their financial status

Financial status	Frequency	Percentage
Poor	81	54.00
Middle	55	36.17
Rich	14	9.33
Total	150	100.00

Table II. Distribution of the patients regarding the doctor behaviour towards them

Response	Frequency	Percentage
Pleasant/Polite	66	44.00
Rude	44	29.33
Satisfactory	24	16.00
Undecided	16	10.67
Total	150	100.00

Table III. Association between the financial status of the patients and behaviour of the doctors with them

Financial Status of the patients	Doctor's behaviour				Total
	Pleasant/polite	Rude	Satisfactory	Undecided	
Poor	29(43.9)	14(58.3)	33(75.0)	5(31.3)	81(84.0)
Middle	31(47.0)	5(20.8)	6(13.6)	5(31.3)	47(31.3)
Rich	6(9.1)	5(20.8)	6(37.5)	6(37.5)	22(14.7)
Total	66(44.0)	24(16.0)	16(10.7)	16(10.7)	150(100.0)

$\chi^2 = 24.876$ D.F. = 6; Significant

CONCLUSION

It was concluded that the strength of the poor patients was high in the government hospitals. Less than one half of the respondents reported that the doctors behaved politely. About more than one half of the patients informed that the doctor's behaviour was rude. Mostly the patients were satisfied with their treatment. Main factor that was seen is ignorance of the people. They can't judge the behaviour of doctors even they can't have understanding about their treatment. However, they also complained that hospital staff did not provide free medicines to the poor patients. The condition of the District Head Quarter Hospital was bad as compared to Allied Hospital.

REFERENCES

- Arthur, J., 1980. *Basic health services in Developing Countries*, 2nd ed., p: 140. Ronald-W-O Conner, Lexingtonlons Buks U.S.A
- Aziz, A., 2002. Communication in health care settings. *J. phy. Surg. Pakistan*, 12: 649-50
- Bloom, S., 1963. *The Doctor and his Patients*, 2nd ed., p: 123. Russell Sage Foundation New York
- Cockerhen, C. William, 1989. *Medical Sociology*, 4th ed., p: 154. Prentice Hall, Englewood Cliff, New York
- Harper, 1949. *A report to the Nation America's health*, 1st ed., p: 195. Harper and brothers in New York
- Javed, T. Ali, 2003. *People are Unhappy with Health care System*. Published by the daily newspaper, Dawn, Feb.20
- Shah, A., 1996. *Better Facilities Higher Prices*. An article published by daily newspaper "The News" on July 19.
- Zikria, M., 1988. Doctor Patient role Relationship. Unpublished M.A. Thesis Department of Sociology University of Punjab Lahore
- Zia-ul-din, 2003. *Medical facilities and shortage of hospital*. Published by the daily newspaper "Dawn" Jan. 30.

(Received 27 December 2003; Accepted 30 March 2004)