

PATIENTS' PERCEPTIONS REGARDING THE ATTRIBUTES OF DOCTORS SERVING IN A GOVERNMENT HOSPITAL

Asher Ahmed Mashhood, Tanwir Khaliq*

Combined Military Hospital Peshawar/National University of Medical Sciences (NUMS) Pakistan, *Pakistan Institute of Medical Sciences Islamabad Pakistan

ABSTRACT

Objective: The objective of the study was to explore the perceptions of entitled clientele regarding attributes of doctors serving in government owned hospitals.

Study Design: Qualitative study.

Place and Duration of Study: Government owned hospital, as part of research project for MCPS in health professional education. It was conducted from 1st Jan 2018 to 31st Jan 2018.

Material and Methods: The study population consisted of different categories of patients who had been visiting various government owned hospitals, as entitled patients, in the past 3 years. The participants of the study were purposefully selected, who were educated and rich in information. The data collection tool used in the study was focused semi-structured interviews. The data collection procedure was one to one interviews in Urdu, with audio recording and later translated and written in English. Key words and important points in the text were highlighted, coded, themed and categorized. The data was analyzed manually and validated by 2 observers.

Results: From 8 interviews nine themes were generated. These themes were doctors' attitudes, patients' expectations, patients' satisfaction, doctor-patient relationship, availability to patients, punctuality, professionalism, personal attire and influence of administration in doctors' attitude. From these themes several subthemes were derived, and their frequencies were calculated.

Conclusion: It was concluded from the study that the patients visiting the government owned hospitals were satisfied as far as the communication skills, professionalism, expertise, competence and doctor-patient relationship, were concerned. The patients, however wanted doctors to attend them whenever they come to the hospital, irrespective of OPD days and appointment system. They were unsatisfied if there was long waiting or short consultation time, if the doctors were paying more attention to the computer (electronic patients record system) and if the branded medicines of their own choice were not provided.

Keywords: Doctors' attributes, Doctors' attitudes, Government owned hospitals, Patients' perceptions.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

It is a common perception that doctors serving in government hospitals do not treat the patients well. This fact is augmented by several interviews, news reports, media clips and updates on social media^{1,2}.

Medicine is a very noble profession. Patients need 'good' doctors. A 'good' doctor is supposed to be communicative, decent, respectful, moral, virtuous, punctual, upright, honest and trustworthy. He/she must be competent,

knowledgeable, skillful and current of his professional knowledge. He/she is expected to maintain a cordial relationship with his/her patients and acts with integrity and within the principles of medical ethics³. Fisher *et al* in his study pointed out that patients consider a doctor as good if he is skilled, shows interest in his patients and explain patients about their management plan⁴. In another study, it is found that 30-40% patients in Europe and 50% in UK felt that health care could be improved and were mostly unsatisfied with the long waiting time for surgery⁵. In a study using open ended questions; Patients considered friendliness, proper listening, intelligence and knowledge as most important traits of a good doctor⁶. In another checklist-

Correspondence: Dr Asher Ahmed Mashhood, Classified Skin Specialist, CMH Peshawar Pakistan

Email: asher.mashhood@yahoo.com

Received: 22 May 2018; revised received: 21 Jun 2018; accepted: 23 Jun 2018

based study, being knowledgeable, up to date and ethical were considered to be the most essential domains⁷. One group of patients considered being respectful towards patients, involving them in decision making and being emotionally supportive are ideal traits of a good doctor⁸. Tak *et al* stated that according to patients' perspective, thoroughness of care is the most important trait⁹. Being communicative was considered as the most significant trait in a Japanese study¹⁰. In a good psychiatrist, patients considered altruistic motives, diligence, and clinical competence as the most desirable characteristics¹¹.

It is obvious from above paragraph that all the studies quoted are from foreign journals. Our study intends to see if the patients visiting a government sector hospital, recognizes these ideal traits in their treating physicians. Our study is significant in two ways. Firstly, there was no such study conducted in Pakistan, where the patients' perspective regarding the medical practitioners was recorded. Secondly, our health care system is very different from the west, where all the previous studies on the subject were conducted. In developed countries all the patients, by compulsion have to go to their general practitioners first, before being referred to any specialist. In our country the private practice is well established along with many government hospitals, and the patients have a choice to consult doctors in both setups.

The intended results of the study could be used to identify the deficiencies and areas of improvement in the attitudes of the medical practitioners and working flaws in the health care system. These results could be used for teaching purpose to both under and post graduate students, in order to improve their attributes as doctors and for the overall upgrading of the health care system.

MATERIAL AND METHODS

This research was of qualitative design and the research paradigm is constructivist.

The purpose of this 'case study' was to discover the perceptions of entitled patients regarding the attributes of the treating doctors in government owned hospital. In this study it was intended to interview 8-10 chronic patients of different categories, who have been visiting various hospitals of the same category in different cities, at least for the last 3 years. Hence the comments were general and not specific to any particular doctor, specialty or hospital. The interviews were conducted till the data saturation. Being a qualitative research fewer patients could give satisfactory results. The purpose of the study was not to bring any major change in health care system, but to highlight the patients' perceptions and expectations from the doctors serving in these government hospitals.

The research question or hypothesis was to find the patients' perceptions regarding the attributes (qualities and characteristics) of doctors serving in a government hospital.

The study was conducted at 1st January 2018 to 31st January 2018.

The study population consisted of different categories of patients who have visited various government hospitals of the same category, in the past 3 years. Since this study intended to gain maximum information from a few patients, the participants of the study were purposefully selected, who were educated and rich in information in their multiple encounters with the doctors of different specialties in different hospitals. The patient population was homo-genous, since we intend that the patients included in the study were all frequent visitors of the same category of government owned hospitals. Hence the sampling technique was "Purposeful-homogenous sampling".

The Limitations of the Study were:

- a) One cohort of patients, from a relatively homogenous patient population.
- b) Short time frame.

- c) Other health care providers and the environment influence the patient's perception.
- d) Data needs approval from the Commandant
- a) The study included patients who were visiting various government hospitals of same category in the last 3 years.
- b) These patients must have visited at least 3

Table-I: Theme identified in the interviews.

S/No	Themes	Patients' Comments
1	Attitudes	The young doctors doing house job or who have just completed their house jobs are a bit arrogant, till they become specialist.
		The young specialists have good attitude with their patients.
		Senior specialists also have a good attitude.
		Some of the junior doctors have bad body language.
		The doctors in government hospitals are much better in their attitudes and competence as compared to their counterparts in private practice.
		If a doctor has a bad attitude, it would only be due to some personal reason.
		Heavy patients load or built-in personality cause bad attitude.
		Sometimes one odd doctor is harsh or arrogant. Due to personality of that doctor. Otherwise maximum have much better attitudes than doctors in private practice.
		The doctors have a good attitude in the evening and bad in morning, mainly due to huge work load. When they see 100 to 150 patients, it is difficult to maintain a good attitude.
		Some doctors are a bit harsh to retired and old patients.
2	Patient's expectations	Sometimes patients expect special care, which when not received from doctors they feel offended.
		Junior ranks do not expect the doctors in senior ranks, to see them, as these doctors are busy in attending officers and their families.
		Every officer demand special protocol, especially an independent and luxurious room during admission
		Officers and their families expect to be attended in the evening during private practice timings of the specialists.
3	Patient's satisfaction	Senior officers demand to be seen without waiting.
		The doctors answer properly if they are asked any questions.
4	Doctor-patient relationship	The doctors maintain good doctor-patient relationship
		Higher ranks of the specialists influence juniors, who find it difficult to express their true problems.
		Compared to doctors in private practice, who are too money minded, doctors in government hospitals maintain better relationship with their patients.
		In private practice, doctors do not give time to their patients and write so many tests. This is not the case in this hospital.
5	Availability to patients	If any patient comes at night, he is given due treatment and care. This is not possible in any private practice hospital as they go in procedural delays.
		Senior doctors are usually not available for the patients, because of their other commitments.
		Tea break of doctors is disturbing. The tea break time is long, i.e. from 10 AM to 12 noon.
		Long tea breaks of doctors are not liked by anyone.
		If a person comes in planned way, doctors give time and see them properly, but if some patient comes unplanned, the doctors tend to see them hurriedly.
		If an entitled patient comes in the private practice time of the specialists, they do not see them properly, even if they are serious.
		Specialists going for tea break is not liked by the patients, who keep on waiting for them during this time.
		Patients are not happy when doctors see private patients during day time.
6	Punctuality	In medical OPD, same doctor is not always available for follow up. Rather every time the patient is seen by a different doctor.
		Some doctors start their OPDs late
		Punctuality issue is there.
		A few specialists do not observe appointment timings.
		The doctors generally do not adhere punctuality.
7	Professionalism	Sometimes, doctors do not come to OPD in time or leaving OPD during rush hours for personal/official reasons.
		There are some delays in arrival of on-call Specialists at night.
		If doctors are in doubt, they do not hesitate in consulting other fellow doctors.
		The doctors are knowledgeable and not shallow.
		Some doctors carry out ward rounds casually, and leave decision making to the nurses and house officers.
		There is no issue of professionalism among doctors of this hospital.
		A few doctors use telephone while attending patients, EPS computer system is another distractor. Doctors pay more attention to the computer, rather than the patients.
		A few doctors fail to counsel patient or attendant regarding possible poor outcome of surgery/ procedure.
		Doctor at emergency and general OPDs see the patients hurriedly without proper clinical examination, due to heavy patient load.
		Serious patients must be seen out of turn.
8	Personal Attire	A few female specialists tend to avoid night calls and surgeries in emergency.
		The doctors pay visits to serious patients and post-surgical cases at irregular timings in the evening or at night.
9	Influence of administration on the doctors' attitudes towards the patients	The doctors are not properly dressed in their uniform and civil dresses. Civil doctors are not wearing white coats and not displaying name plates.
		The doctors' attitudes change with the change in the policy of commandant of the hospital.
		Some doctors put blames of their wrong doings to the Administration and tell the patients to go to administration for complaints.
		Non-availability of branded medicine as desired by the patients, they are rather provided substitute drugs.
		Harsh attitude of paramedical staff, although doctors are soft and considerate.
		Uncomfortable waiting areas for the patients. Though now the conditions are much better.
Some paramedics show strict and indifferent attitudes towards the patients.	Long queues in getting medicine at the medical store creates bad impact on the patients.	

of the hospital and Hospital Ethical Committee before publication.

The Delimitations are:

- different OPDs during the past 3 years.
- c) They must have got at least one admission during the last 3 years.

- d) The patients who will be interviewed must be at least Matric in his/her qualification.
- e) The patients interviewed must have consulted doctors in private practice at least 2 times in the past 3 years.

The Data Collection tools used in the study was 'focus semi structured interviews'. The data collection procedure was individual (one to one) interviews with audio recording, that was organized in a separate and quiet room in the hospital. An interview protocol was prepared for the general guidelines (Annex A). A few of the questions asked are as below:

1. Name a few good traits of the doctors working in the hospital.
2. Do you think the doctors are competent, knowledgeable, skillful, current, honest, and trustworthy or maintain good relationship with you as a patient?
3. Name a few bad traits of the doctors working in the hospital.
4. Are the doctors you have come across harsh, arrogant, serious, ill-tempered, incompetent, orthodox, or busy? Do they give you time to listen and explain?
5. Are there any other factors you want to talk about?

The interviews were initially asked question 1,3 and 5. Question number 2 and 4 were asked only when the answers were very superficial.

The audio interviews were taken in Urdu. They were then translated to English by two individuals who had good command on both Urdu and English. Key words or important points in the text were highlighted, coded, themed and categorized. The data was analyzed manually. The date was validated by 2 observers.

Permission was sought from the Commandant of the hospital and the Hospital Ethics Committee (HEC), before presenting it for publication. Individual consent forms were signed by all the patients giving the interview (Annex B). Patient's identity was protected and

they were assured that the study would have no adverse effects on them, due to their participation and taking names of the doctors.

RESULTS

Total number of patients interviewed were 8. There was 1 retired Havildar, 2 retired junior commissioned officers, 3 retired and 2 serving officers. Nine themes were derived from the interviews and the individual responses under the themes are mentioned in table-I. From 9 themes, we derived several subthemes. The subthemes along with the frequency with which they were mentioned and percentage of times each subtheme was quoted in all the interviews is cited in table-II.

DISCUSSION

Before discussing the results of the interviews, it is important to mention again that the question posed to the interviewees was, What are the qualities of doctors serving in the government hospitals? In response nine themes came up in the interviews. These themes were doctors' attitudes, patients' expectations, patients' satisfaction, doctor-patient relationship, availability to patients, punctuality, professionalism, personal attire and influence of administration on the doctors' attitudes towards the patients.

The 'doctors' attitudes' came under discussion 11 times (19%) in the interviews. The patients were generally satisfied with the attitudes of senior specialists. There were a few reservations regarding the attitudes of young doctors. It was also proposed that the bad attitude of a few doctors could not be generalized, but it could be due to personality issues of those doctors. This was also realized by a couple of patients that the attitudes of doctors in government hospitals was better in many ways from the doctors doing private practice.

The second theme which emerged after the interviews was 'expectations from the patients'. This theme was mentioned 6 times (10.5%). In this regard, the demand of special care with no waiting time for consultations, availability of doctors at the patients' convenience including at

the evening practice time and provision of best room to every officer and their families during single comment (1.75%), that the doctors satisfy the patients by answering to their queries. The

Table-II: Themes, Subthemes, frequencies and percentages.

S. No.	Themes	Trends/Subthemes	Frequency (no of times mentioned)	Percentage of the attribute being mentioned
1	Attitudes	Good personal attributes and personality of senior specialists.	2	3.5%
		Junior doctors display arrogance and bad body language	2	3.5%
		The bad attitudes are mainly due to personality issues of the doctors	2	3.5%
		Positive effect of seniority and specialization on doctors' behaviors	3	5.26%
		Better attitudes of doctors in government hospitals in comparison with doctors in private practice.	2	3.5%
	Total times mentioned		11	19%
2	Patient's expectations	Expectations of special care and no waiting time.	3	5.26%
		Expectations of junior ranks to show to senior specialists.	1	1.75%
		Expectations of patients to meet the specialists during evening practice time.	2	3.5%
	Total times mentioned		6	10.5%
3	Patient's satisfaction	Doctors are responsive to patients' queries.	1	1.75%
	Total times mentioned		1	1.7%
4	Doctor-patient relationship	The doctors maintain good doctor-patient relationship	3	5.26%
		Junior ranks are not comfortable with senior specialists.	1	1.75%
		The doctors maintain better relationship with patients in comparison with doctors in private practice.	3	5.26%
	Total times mentioned		7	12.2%
5	Availability to patients	Non-availability of senior specialists to patients	1	1.75%
		Lack of patient's ownership.	1	1.75%
		Non-availability to unplanned patient's visit.	2	3.5%
		Long tea breaks of the specialists, make the patients unsatisfied.	3	5.26%
		Unavailability of doctors to the entitled patients in the evening	1	1.75%
	Total times mentioned		8	14%
6	Punctuality	Doctors are not very punctual in adhering to OPD timings and appointments.	5	8.77%
		Delay in attending admitted patients	1	1.75%
		Total times mentioned	6	10.5%
7	Professionalism	Positive Traits		
		Knowledgeable about their profession	1	1.75%
		Collaborative and seek advice from colleagues.	1	1.75%
		Competent	1	1.75%
		Negative traits		
		Poor attention to patients during consultation	1	1.75%
		Poor counseling before surgery	1	1.75%
		Omitting detailed clinical examination during heavy OPDs.	1	1.75%
		Tends to avoid night calls and emergency surgeries.	1	1.75%
		Casually performing ward rounds	1	1.75%
Irregular timings in attending patients in the evening	1	1.75%		
Serious patients are not given priority in OPD	1	1.75%		
	Total times mentioned		10	17.5%
8	Personal Attire	Improper dressing	1	1.75%
	Total times mentioned		1	1.75%
9	Influence of administration in doctors' attitudes towards the patients	Impoliteness of paramedics	2	3.5%
		Commandant policies influence the doctors attitude	1	1.75%
		Uncomfortable waiting areas for the patients	1	1.75%
		Non-provision of branded medicines and long ques at medical store	3	5.26%
	Total times mentioned		7	12.2%
	Total number of frequencies with which the subthemes were mentioned		57	100%

admission, were a few prominent subthemes. The third theme discovered was 'patient's satisfaction'. It was found mainly in response to a

fourth theme which came up was 'doctor-patient relationship'. In three comments regarding this theme, the patients were generally satisfied with

the doctor-patient relationship and in other three comments the patients were convinced that doctors of government hospital maintain far better relationship with their patients compared to their private practice counterparts. Only one patient felt that the seniority of doctors is a hindrance in establishing a good doctor-patient relationship with patients of junior ranks.

The fifth theme that was revealed was the 'availability to patients'. One patient felt that senior consultants were generally not available to the patients, because of their other official commitments. The doctors were also not available to patients if they came on wrong OPD days and in the evening. One patient stated that his biggest reservation while coming to the hospital was that he could not find the same doctor at his every follow up visit. Rather every time he had to show to a new doctor and was told that the previous doctor was not available due to his personal or official reasons. Doctors going for tea break was not liked by 3 out of 8 patients. One was of opinion that the tea break timings were quite irregular. The doctors could go to tea break anytime between 10 AM to 12 noon.

The sixth theme was very negatively expressed by the patients. This was the 'punctuality'. Five out of 8 patients, thought that the doctors in the hospitals did not start their OPDs in time and did not fully adhere to appointment timings for consultations and procedures. One of the patient felt that doctors were not punctual in attending admitted patients as well. The seventh theme that came up was 'Professionalism'. Both positive and negative comments were received regarding this theme. The positive comments were that the doctors were knowledgeable, competent and collaborative. The negative comments included; doctors did not pay attention to patients during consultation if they are using EPR system (computer), not examining them properly if there was heavy OPD and did not counsel them properly, especially before an operation. It was also added that serious patients were not given priority in the OPD, ward rounds were

conducted hurriedly and serious admitted patients were visited at irregular timings in the evening. One patient complained that female specialists tend to avoid calls and emergency surgeries at night.

The eighth theme was the 'personal attire'. The patient who mentioned this was not happy the way doctors wear their uniforms and civil dress. He was also not happy with Civil doctors who were not wearing white coats and not displaying name plates.

The ninth and last identified theme was 'the influence of administration on doctors' attitudes'. Under this theme the most frequent complaints were regarding non-provision of branded medicines, long queues at the medical store and unsatisfactory attitude of the paramedical staff. There was a complaint regarding uncomfortable patients waiting area, but the same patient admitted that lately the waiting areas were much improved. One patient, who had been visiting the hospital for the last 30 years said that doctors' attitudes change with the change in Commandant's policies and priorities.

Patients' perceptions regarding doctor-patient relationships, has always been a commonly discussed topic in print media and medical literature. Among various aspects of a doctor-patient relationships, doctors' attitudes and behaviors are always the most frequently discussed and criticized. Time and again news have been appearing in print or electronic media, when patients or their relatives, misbehaved and fought physically with doctors and nurses. In an article published in a newspaper, the author blamed doctors to be indifferent from the patients' sufferings and diseases¹². In a study conducted in Haryana, the patients were dissatisfied from the behaviors of doctors and their way of checking and complained that the doctors did not visit the admitted patients daily¹³. In a study comparing public and private hospitals in Turkey, the patients gave highest marks to good quality communication between the doctor and patients, and keeping patients

informed about their illness and management plans¹⁴. In a study conducted in Canada, the chief complaint of the patients was long waiting time and short consultation time. Further it was noticed that the patients who were sicker were more dissatisfied with doctors' attitudes¹⁵. In another study, the observations were more interesting. Women were found to complain more about the doctors' attitudes, and the study concluded that the psychological aspect of doctor-patient relationship was not taught at any medical school¹⁶. In a study from Shanghai, the patients once again paid lot of stress on verbal communication between doctors and patients. It was also found that the patients understand their doctors' advice significantly less than what the doctors realize¹⁷. Lastly, a very detailed study conducted in Bangladesh, seeking the patients' perceptions and expectations while visiting government, private and foreign hospitals. Among various factors related to the hospital equipment and services of the hospitals, the patients paid a lot of importance to the healthy communication between doctors and patients, explaining them about their illness and discussing management plans. The patients did not like the doctors prescribing unnecessary tests and non-availability of specialists in the government hospitals. They also thought that the doctors' response to their complaints was not prompt. The patients judged doctors on the basis of knowledge, skill, courtesy, empathy and understanding¹⁸.

While keeping all the above-mentioned studies in mind and comparing the results of our study, the results are not much different. In our study the most preferred quality of doctors in government hospital was their good conduct and behavior with the patients (19%). The next in the preference were various professional traits like knowledge, competence, collaboration, answering the patient's queries, and maintaining a good doctor-patient relationship (12.2%). The patients were unhappy with the doctors' counselling skills, attention during consultation, history taking, clinical examination, lack of

patient's ownership, availability at the patients' convenience (14%), punctuality (10.5%), tea breaks (5.26%), and non-availability of senior doctors in the OPDs.

CONCLUSION

After going through the comments given by various patients attending the government owned hospitals, and analyzing the data, it is concluded that the patients were mostly satisfied with the doctors, as far as the communication skills, professionalism, expertise, competence and doctor-patient relationship, were concerned. The patients wanted doctors to attend them whenever they come to the hospital, irrespective of OPD days and appointment system, and also in the evenings. They were unsatisfied if they had to wait and given short consultation time by the doctors, the doctors not paying them attention while using computer (electronic patients record system) and non-provision of branded medicines of their own choice. The patients also did not like the attitudes of young doctors, unavailability of senior consultants due to their other commitments, doctors going for tea breaks, female specialists avoiding night calls and emergency surgeries and unsatisfactory attitude of the paramedical staff performing duties with the doctors. The results of this study cannot be generalized for all government owned hospitals of the same category. For this we would need more studies with larger sample size.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

REFERENCES

1. Ayesha Y. The express tribune blog [internet]. [Cited 2013]. Available from blog.tribune.com.pk.
2. Ayesha N. Healthy living blog [internet]. Available from healthy.pk/health-care-situation-in-pakistan.html
3. United Kingdom. General Medical council. Good medical practices 2013.
4. Fisher AW. Patients' evaluation of outpatient medical care. *J Med Edu* 1971; 46(3): 238-44.
5. Pringle M, Wilson T, Grol R. Measuring "goodness" in individuals and healthcare systems. *BMJ* 2002; 325(7366): 704-07.
6. Leahy M, Cullen W, Bury G. What makes a good doctor?" A cross sectional survey of public opinion. *Ir Med J* 2003; 96(2): 38-41.

7. Fones CS, Kua EH, Goh LG. What makes a good doctor? Views of the medical profession and the public in setting priorities for medical education. *Singapore Med J* 1998; 39(12): 537-42.
 8. Haron Y, Tran D. Patients' perceptions of what makes a good doctor and nurse in an Israeli mental health hospital. *Issues Ment Health Nurs* 2014; 35(9): 672-9.
 9. Tak H, Ruhnke GW, Shih YC. The Association between Patient-Centered Attributes of Care and Patient Satisfaction. *Patient* 2015; 8(2): 187-97.
 10. Kikuchi T. Patient anxiety and expectations surrounding the use of medication. *Seishin Shinkeigaku Zasshi* 2014; 116(9): 752-7.
 11. Tor PC, Tan JO. Qualities of a good Singaporean psychiatrist: Qualitative differences between psychiatrists and patients. *Asia Pac Psychiatry* 2015; 7(2): 135-42.
 12. Syed Danish Hussain Rude staff damn cares for patients at govt. hospitals the nation, 2009. <https://nation.com.pk/24-Jul.../rude-staff-damn-cares-for-patients-at-govt-hospitals>.
 13. Rajinder S. Patients' perception towards government hospitals in haryana. *VSRD-TNTJ* 2010; 1(4): 198-206.
 14. Taner T, Antony J. Comparing public and private hospital care service quality in Turkey. *Int J Health Care Qual Assur Inc Leadersh Health Serv* 2006; 19(2-3): 1-10.
 15. Ekos Research Associates Inc. Shifting Public Perceptions of Doctors and Health Care. The Association of Faculties of Medicine of Canada, 2011. <https://www.afmc.ca/future-of-medical-education...canada/.../EKOS-Final-Report.pdf>.
 16. Helode RD, Agrawal DP. Patients' perception of doctors. *Scientia Paedagogica Experimentalis*, 1974; 11(2): 157-73.
 17. Lujing Z, Jesse H, Mark H. Doctor and patient perceptions on health care in Shanghai hospitals: A cross-sectional survey. *Lancet* 2015; 38(1): S27.
 18. Syed SA, Nazlee S, Shahjahan K. Patient satisfaction with health services in Bangladesh. *Health Policy and Planning* 2007; 22(4): 263-73.
-