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# PHYSICIAN-PATIENT RELATIONSHIP IN BANGLADESH: AN EMPIRICAL SURVEY ON PATIENTS



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## Abstract

**Purpose:** The interpersonal relationships between physicians and patients in Bangladesh are examined in this research. Patients may get better care as a result of their physician-patient relationship.

**Method:** Quantitative methods were used to collect primary data for this research during June and July 2022. For this research, 100 patients are surveyed about their experiences at Square Hospital Ltd. in Dhaka City. Each questionnaire in a survey has a certain format. A 16-item structured questionnaire was customized in the Bangladesh context.

**Result:** The findings present that out of the three hypotheses tested, two are not supported (Visit Duration→Interpersonal Relationship and Attention→ Interpersonal Relationship), and one is supported (Communication→ Interpersonal Relationship) from the patient's point of view in Bangladesh.

**Conclusion:** The physician-patient relationship is substantially poor from the patients' viewpoints in Bangladesh.

**Keywords:** Physician-patient relationship, Communication, Visit duration, Attention, Bangladesh.

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## Introduction

Bangladesh is a highly populated, densely agricultural nation that ranks ninth globally. With a total land area of 148,460 square kilometres (57,320 square miles), ranking it 92nd in the globe, and a population of 165 million, it is the eighth most populous country in the world. As of 2022, the annual population increase is estimated at 1.08%. If replacement fertility is met, Bangladesh might have 300 million people by 2050 (BBS, 2020). Population estimates range from 8.0 billion in 2020 to 9.7–10.0 billion in 2050 (Sadigov, 2022).

Communication between doctors and patients has been an important part of healthcare studies for a long time. As more people use healthcare services, the way doctors and patients talk to each other has changed, and the effect on the healthcare system is getting more attention (Lai, 2023). Evidence shows that effective physician-patient communication improves outcomes (Agostinelli et al., 2023; Alcindor, 2023; Lai, 2023; Olivero et al., 2023).

Vulnerability and trust are key components of the doctor-patient interaction. It is among the most heartfelt and profound experiences people have ever shared. However, this connection and the interactions that result from it are not always ideal (Chipidza et al., 2015).

A physician-and-patient relationship is "a voluntary connection in which the patient deliberately seeks the doctor's aid and the doctor knowingly accepts the individual as a patient.

In the healthcare industry, relationships between physicians and patients are facilitated through communication, which also serves as the first step in treating illnesses. A patient's explanations help a doctor determine the patient's illness state. Through the doctor's explanation of the patient's condition, the patient may get a greater understanding of that condition as

well as knowledge of the recommended course of treatment (Park et al., 2023).

## Background of the physician-patient relationship

In a historical context, the social climate and the medical environment both affect the doctor-patient interaction. This "medical situation" conveys the capacity for self-reflection and interaction between the doctor and patient and any technical abilities. The period's socio-political, intellectual, and scientific milieu is called the "social scene."

Through their research, Szasz and Hollender (1956)<sup>5</sup> distinguished between three distinct types of doctor-patient interactions. Active-passive, guided-cooperative, and mutually-active involvement are the three types. Both the active-passive and the guidance-cooperation paradigms emphasize the clinician rather than the patient. Patient-centred care is emphasised more under the latter model, known as mutual involvement. Using these theoretical frameworks, one may describe the evolution of the doctor-patient relationship and the birth of the patient-centred approach to healthcare that is commonplace today (Kaba & Sooriakumaran, 2007; Nazera & Raju, 2021). Brief descriptions of the social environments and healthcare models of the following eras will be provided:

- i. Ancient Egypt (approximately 4000 to 1000 B.C)
- ii. Greek enlightenment (approximately 600 to 100 B.C)
- iii. Medieval Europe and the inquisition (approximately 1200 to 1600 A.D)
- iv. The French revolution (late 18th century)
- v. Doctor-patient relationship 1700-to present day

### ***Ancient Egypt***

According to Edelstein et al. (1937)<sup>6</sup>, the doctor-patient connection is ideologically similar to the parent-figure relationship seen in the priest-suppliant relationship. As a result of worrying about things like powerlessness, illness, and death, humans have tried everything from magic and mysticism to religion and reason in an effort to exert control over nature. In addition to being medical professionals, healers often served as priests or other types of mages. Fractures and other obviously exterior injuries were the only ones treated. Internal mental health problems were difficult to observe when confronted with a medical system that lacked cultural sophistication. Therefore, it is probable that the activity-passivity type connection existed in ancient Egyptian medicine and remained unmodified. There was no pressing need for a shift in this connection due to either the prevailing social climate or the state of technology (Castiglioni, 2019; Kaba & Sooriakumaran, 2007).

### ***Greek enlightenment***

The Greeks made a system of medicine that was based on both reason and experience. They did this by relying more and more on scientific observation, which was improved by trial and error. They stopped using magic and religion to explain why people got sick. They were also one of the first groups to move towards a democratic way of running their society, which led to equal voting rights for everyone. So, the relationship between physicians and patients was characterised by guidance-cooperation and, to a smaller extent, equal involvement (Kaba & Sooriakumaran, 2007).

The Hippocratic Oath set up a rule of ethics for the physician and gave the patient a "Bill of Rights." The rules that spell out how a physician should treat his patients: "The regimen I choose shall be for the benefit of my patients, according to my ability and judgement, and not to hurt or

wrong them. Wherever I go, I will help the sick. I will not do anything wrong or crooked, and I will especially not try to seduce anyone, male or female, who is free. I won't talk about anything I see or hear about people's lives, whether I'm taking care of the sick or not, that shouldn't be made public. I'll treat these things as holy secrets."

Compared to other rules of behaviour, this promise is more humanistic in how it deals with people's wants, well-being, and goals. The Hippocratic Oath put medical ethics above class and position differences (Arafat et al., 2017; Kaba & Sooriakumaran, 2007).

### ***Medieval Europe and the Inquisition***

After the Roman Empire fell, people started to believe in religion and the supernatural again. This led to the Crusades and witch hunts during the Middle Ages, which made the relationship between doctors and patients worse, weaker, and go backwards. People started to believe again in the magic and religion that the Old and New Testaments describe. The doctor had magical skills and a high place in society. On the other hand, his patients were seen as powerless babies, similar to the activity-passivity model (Arafat et al., 2017; Kaba & Sooriakumaran, 2007).

### ***The French revolution***

With the start of the Renaissance, which was fuelled by the rise of Protestantism, man's desire for freedom, equality, respect, and real science started all over again. There are clear examples of how the most important social and political events of the time (like the successful protests of Protestants against the unchecked power of the Roman Catholic Church, the end of English rule in America, and the important social struggle of the French Revolution) affected medical attitudes, actions, and thus behaviours during this time. The events that led to the French Revolution ended an era in which mentally ill and socially

disadvantaged people were locked in prisons.<sup>5</sup> This shows how the doctor-patient interaction has changed from an active-passive model to a guidance-cooperation model (Arafat et al., 2017; Kaba & Sooriakumaran, 2007).

### *Doctor-patient relationship 1700-to present day*

During the Industrial Revolution in the 18th century, the number of aristocrats and wealthy patients grew. This led to a patient-dominated doctor-patient relationship, and doctors began competing to please their patients (Ganesh et al., 2023; Verma et al., 2023). Physicians were more interested in taking care of the need caused by the symptom than in checking out the patient, and this symptom-based model of illness led to a situation where the patient was in charge during this time. Hospitals were the centre of medical science and technology development, which slowly led to the biomedical model of illness. This made it more important to examine the patient, and the patient once again became dependent on the doctor's clinical expertise, creating an active-passive model of the doctor-patient relationship (Arafat et al., 2017; Kaba & Sooriakumaran, 2007).

### **Problem Statement**

Physicians are the first and key respondents of patients. When a patient is sick, he rushes to a physician for treatment. The patient expects the physician to ask about his or her illness and related treatment. If the physician is negligent to the patient by not communicating with the patient properly, it affects the whole service. This is an acute problem in Bangladesh. Physicians are incommunicative with the patient, although they provide adequate treatment.

So considering this problem, this Study aims to find out the relationship between

the determining factors (communication, visit duration, attention) and the physician-patient interpersonal relationship.

### **Objectives**

This study's overall objective is to determine the relationship between the determining factors (communication, visit duration, attention) and the physician-patient interpersonal relationship.

The specific objectives of this study are;

**RO1:** To identify the relationship between communication and physician-patient interpersonal relationship.

**RO2:** To determine the relationship between visit duration and physician-patient interpersonal relationship.

**RO3:** To examine the relationship between attention and physician-patient interpersonal relationship.

### **Research Questions**

The following research questions have been framed to achieve the objective of this Study;

**RQ1:** Does communication relate to physician-patient interpersonal relationships?

**RQ2:** Does visit duration relate to a physician-patient interpersonal relationship?

**RQ3:** Does attention relate to a physician-patient interpersonal relationship?

### **Conceptual Framework**

The Study tries to determine the link between the determining elements (communication, visit duration, and attention) and the interpersonal relationship between a physician and a patient from the patient's viewpoint.

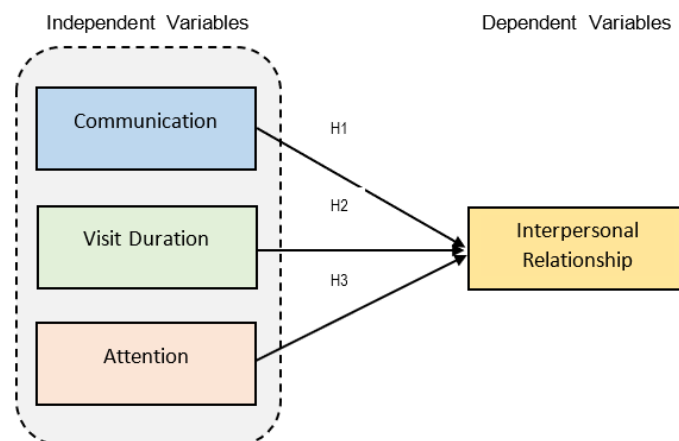


Figure 1: Conceptual Framework (Self-created by author)

### Hypothesis

The following hypothesis is considered for this Study;

**H1:** There is a significant relationship between communication and physician-patient interpersonal relationship

**H2:** There is a significant relationship between visit duration and physician-patient interpersonal relationship

**H3:** There is a significant relationship between attention and physician-patient interpersonal relationship

### Method

This Study examines initial patient perception data to provide a complete picture of the doctor-patient relationship. However, the research aims to determine how the influencing variables—communication, visit duration, and attention—relate to the interpersonal interaction between the doctor and the patient. This is because exit patients speak about their feelings during the most recent incident, their experience with family members, and themselves.

Cross-sectional research was done for this Study. Employing the purposive sample method while adhering to a quantitative approach. The components of a sample are selected for the sample using the researcher's best judgement when using the

non-probability sampling technique known as "purposeful sampling." Furthermore, according to K. Black (2019), researchers will assume that deliberate sampling might save time and cost (Black, 2019). A brief survey was completed to collect data for this Study, and 100 patients were ultimately selected as the study sample following many rounds of filtering. The researcher personally administered the questionnaire in the quantitative survey to collect the data from different hospitals' outgoing patients. Data is contained in the metropolis of Dhaka from one of the busiest hospitals, Square Hospital Ltd. The researcher interviewed patients in five categories: medicine, gynaecology, obstetrics, paediatrics, and surgery. 20 (each category) patients of top senior physicians who consulted with these patients. Data were collected from June to July 2022.

For this study, the researcher created a 16-item (English-only) questionnaire. There are four demographic questions, and the other twelve items have a Likert scale with five possible responses: 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree, and 5 for strongly agree.

### Analysis and Results

The researcher used SPSS software (26 editions) to analyse this Study. To verify participant information, descriptive statistics examined the demographic

portion. The correlation analysis was used to evaluate the hypothesis.

Table 1: Analysis of the Current Study

NO	Analysis Table	Threshold	Reference
1	Descriptive Statistics		
2	Path coefficients	* $<0.10$ , ** $<0.05$ , *** $<0.01$ (p value) >1.28 significant level =10% > 1.96 significant level =5% >2.33 significant level =1% (t value)	(Hair Jr. et al., 2021)

A total of 100 respondents were involved in this Study. Respondent's demographic descriptive statistics of frequency and valid percentages were summarized in Table 2. The table shows that 52% and 48% were male and female participants. Among them, 3% were aged between 20 to 29, 49% were aged between 30 to 39 years, and only

48% were 40 and above years old. And also, 6%, 62%, and 32% were primary and less, Secondary and higher secondary, Graduation and above the education level. At the professional level, 32% were self-employed, 20% were service holders, 10% were housewives, 14% students, and 24% others.

Table 2: Demographic Information

Demographic Information	Categories	Frequency	Valid%
Gender	Male	52	52%
	Female	48	48%
Age	20-29	3	3%
	30-39	49	49%
	40 and above	48	48%
Education	Primary and less	6	6%
	Secondary and higher secondary	62	62%
	Graduation and above	32	32%
Profession	Business	-	-
	Self-employed	32	32%
	Service	20	20%
	Housewife	10	10%
	Student	14	14%
	Others	24	24%



**H1: There is a significant relationship between communication and physician-patient interpersonal relationship**

The outcome revealed that the path coefficient between COM and IR is 0.584. The t-value is 4.331, which is higher than the value of

1.96 (significant as  $4.331 > 1.96$ ). In the same way, the p-value of 0.000 is lower than the threshold value of 0.05 (significant  $0.000 < 0.05$ ). Therefore, the finding is that H1 is acceptable. There is a significant relationship between COM and IR.

Table 3: Path coefficients

Variables	Path coefficients	Mean	SD	T value	P value
COM*	0.584	0.553	0.135	4.331	0.000
VD*	0.207	0.247	0.153	1.355	0.179
ATN*	0.115	0.116	0.066	1.756	0.082

\*Communication, \*visit duration, \*attention

**H2: There is a significant relationship between visit duration and physician-patient interpersonal relationship**

The outcome revealed that the path coefficient between VD and IR is 0.207. The t-value is 1.355, which is lower than the value of 1.96 (not significant as  $1.355 < 1.96$ ). In the same way, the p-value of 0.179 is higher than the threshold value of 0.05 (not significant  $0.179 > 0.05$ ). Therefore, the finding is that H2 is not acceptable. There is no significant relationship between VD and IR.

**H3: There is a significant relationship between attention and physician-patient interpersonal relationship**

The outcome revealed that the path coefficient between ATN and IR is 0.115. The t-value is 1.756, which is lower than the value of 1.96 (not significant as  $1.756 < 1.96$ ). In the same way, the p-value of 0.082 is higher than the threshold value of 0.05 (not significant  $0.082 > 0.05$ ). Therefore, the finding is that H3 is not acceptable. There is no significant relationship between ATN and IR.

Table 4: Summary of Hypothesis Test

	Relation	Outcome
H1	COM→IR	Supported
H2	VD→IR	Not Supported
H3	ATN→IR	Not Supported

**Discussion and Conclusion**

Healthcare quality depends on the nature and strength of the doctor-patient relationship. By maintaining high-quality medical treatment, a pleasant doctor-patient relationship raises the possibility of desirable health results. It is essential to build a good healthcare delivery system in a nation. This study evaluates the relationship between the determining elements (communication, visit duration, and attention) and the interpersonal relationship from a patient's point of view. To find out these relationships, three hypotheses were tested. Communication is supported, and visit duration and attention were not supported. These hypotheses were tested, aligning with the objective of this research.

Respondents' unfavourable opinions about physicians have been stated. According to

this study, the most important causes of the undesirable physician-patient relationship include ignoring enough consultation time and inadequate attention to patients. Most respondents state that they are unhappy with the medical treatment they get from the physicians and do not have a reliable connection with them.

In previous research, communication between physicians and patients was negative (Hamid et al., 2021). However, in this research, the communication was positive.

According to the findings, one of the main causes of this unfavourable view of physicians is a lack of conciseness in presenting the illness and clearly outlining the prescription to the patients or guests. As shown by the issues like weak governance, a lack of health workers, and a lack of comprehensiveness, allocating fewer minutes to the patient for a detailed description of the ailment and a prescription is necessary (Irving et al., 2017). A majority of the patients voiced their dissatisfaction with those provided by physicians. Patients also claim that medical professionals do not show them kindness or support.

The doctor-patient relationship is terrible from the patient's viewpoint, but prior research found that it's not all that awful from the physicians'. The patients are seen favourably by more than half of the physicians. Patients' unwillingness to cooperate and a failure to provide enough protection for the physicians' safety are to blame for poor perceptions (Hamid et al., 2021).

However, the physicians in Bangladesh are so overloaded with incoming patients that they cannot give each one the time and care they need. According to research, the number of patients to physicians is 5.26 per 10,000 people (Mohiuddin, 2020).

Despite lacking data in similar contexts, this study has significant policy implications and may inform future research. Based on the findings of this

research, policymakers and hospital administrators should take steps to foster better relations between physicians and patients.

### **Limitations**

There are some limitations of this Study. Firstly, the research was done based on one hospital. Second, there was no stratification of samples because of their availability. The researcher interviewed a patient when he/she was out of the physicians' clinic. And lastly, the time frame was very limited.

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### **Contribution of co-authors**

Dr Valliappan Raju and Dr Mahaaganapathy Dass: Overall Review of the manuscript, including academic guidance, proofreading, and conceptual framework of the study.

### **Ethical Considerations**

The author(s) have reported no conflicts of interest regarding this paper's study, writing, and/or publication.

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## References

- Agostinelli, V., De Filippis, C., Torniai, M., Rocchi, M. B. L., Pagliacci, A., Ricci, G., Corsi, R., Luzi, P., Caporossi, M., & Berardi, R. (2023). Primum non Nocere: How to ensure continuity of care and prevent cancer patients from being overlooked during the COVID-19 pandemic. *Cancer Medicine*, 12(2), 1821–1828.
- Alcindor, M. L. (2023). Challenges to building a trusting doctor–patient relationship with the transgender non-binary patient. *Evidence-Based Nursing*, 26(1), 36–36.
- Arafat, S. M. Y., Andalib, A., & Kabir, R. (2017). Progression of Doctor-Patient Relationship Model in light of Time and Culture: A Narrative Review. *International Journal of Perceptions in Public Health*, 1, 102–107.
- BBS. (2020). *pocket book bangladesh buero of statistic—Google Search*. [https://www.google.com/search?q=pocket+book+bangladesh+buero+of+statistic&rlz=1C1CHBF\\_enMY920MY920&sxsrf=APq-WBt-9f9ixfdiqHY-EpPEJsf5A1qM3w%3A1646621214324&ei=HnllYtGtE5ekoATb1LuACA&ved=0ahUKEwjRtLyE\\_rL2AhUXEogKHVvqDoAQ4dUDCA4&uact=5&oq=pocket+book+bangladesh+buero+of+statistic&gs\\_lcp=Cgdnd3Mtd2l6EAMyCgghEBYQChAdEB46BAgjECc6BQgAEJECOhEILhCABBCxAxCDARDHAR CjAjoLCC4QgAQQsQMqgwE6CwgAEIAEELEDEIMBOggIABCABBCxAzoFCAAQgAQ6BAgAEE M6BwgAELEDEEM6BAGuEEM6CggAELEDEIMBEEM6CwguEIAEEMcBEK8BOhAILhCABBDHARRDRaxDUAhAKOgUILhCABDoICAAQgAQQyQM6BwgAEIAEE Ao6CAgAEBYQChAeOgYIABA WEB46CAghEBYQHRAeOgUIIR](https://www.google.com/search?q=pocket+book+bangladesh+buero+of+statistic&rlz=1C1CHBF_enMY920MY920&sxsrf=APq-WBt-9f9ixfdiqHY-EpPEJsf5A1qM3w%3A1646621214324&ei=HnllYtGtE5ekoATb1LuACA&ved=0ahUKEwjRtLyE_rL2AhUXEogKHVvqDoAQ4dUDCA4&uact=5&oq=pocket+book+bangladesh+buero+of+statistic&gs_lcp=Cgdnd3Mtd2l6EAMyCgghEBYQChAdEB46BAgjECc6BQgAEJECOhEILhCABBCxAxCDARDHAR CjAjoLCC4QgAQQsQMqgwE6CwgAEIAEELEDEIMBOggIABCABBCxAzoFCAAQgAQ6BAgAEE M6BwgAELEDEEM6BAGuEEM6CggAELEDEIMBEEM6CwguEIAEEMcBEK8BOhAILhCABBDHARRDRaxDUAhAKOgUILhCABDoICAAQgAQQyQM6BwgAEIAEE Ao6CAgAEBYQChAeOgYIABA WEB46CAghEBYQHRAeOgUIIR CgAToHCCEQChCgAToECCEQC koECEEYAEoECEYYAFAAWKC nAWCQtgFoAHAAeACAAegBiA GfKJIBBjAuNDauMZgBAKABA cABAQ&scient=gws-wiz)
- Black, K. (2019). *Business Statistics: For Contemporary Decision Making*. John Wiley & Sons.
- Castiglioni, A. (2019). *A History of Medicine*. Routledge.
- Chipidza, F. E., Wallwork, R. S., & Stern, T. A. (2015). Impact of the Doctor-Patient Relationship. *The Primary Care Companion for CNS Disorders*, 17(5), 27354. <https://doi.org/10.4088/PCC.15f01840>
- Ganesh, K. V. B., Parimala, K., Raveesha, P., Samal, A., LN, M. L., & Verma, A. (2023). Internet of Smart Things for Smart Healthcare and Safety Management. 2023 *Third International Conference on Artificial Intelligence and Smart Energy (ICAIS)*, 71–75.
- Hair Jr., J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., & Ray, S. (2021). *Partial Least Squares Structural Equation Modeling (PLS-SEM) Using R: A Workbook*. Springer Nature. <https://doi.org/10.1007/978-3-030-80519-7>
- Hamid, S. A., Begum, A., Azim, Md. R., & Islam, Md. S. (2021). Doctor-patient relationship: Evidence from Bangladesh. *Health Science Reports*, 4(4), e394. <https://doi.org/10.1002/hsr2.394>
- Irving, G., Neves, A. L., Dambha-Miller, H., Oishi, A., Tagashira, H., Verho, A., & Holden, J. (2017). International variations in primary care physician consultation time: A systematic review of 67 countries. *BMJ Open*, 7(10), e017902.

- Kaba, R., & Sooriakumaran, P. (2007). The evolution of the doctor-patient relationship. *International Journal of Surgery*, 5(1), 57–65. <https://doi.org/10.1016/j.ijssu.2006.01.005>
- Lai, Y.-H. (2023). Exploring Factors that Influence Physicians' Usage of mHealth on Physician-Patient Communication. *International Journal of Business and Technology Management*, 5(1), 39–49.
- Mohiuddin, A. K. (2020). An extensive review of patient health-care service satisfaction in Bangladesh. *Adesh University Journal of Medical Sciences & Research*, 2(1), 5–16. [https://doi.org/10.25259/AUJMSR\\_6\\_2020](https://doi.org/10.25259/AUJMSR_6_2020)
- Nazera, F., & Raju, Assoc. Prof. Dr. V. (2021). Comprehending the Role of Physicians and Counterfeit Medicine in Bangladesh. *Global Conference on Business and Social Sciences Proceeding*, 12(1), 102–102. [https://doi.org/10.35609/gcbssproceeding.2021.12\(102\)](https://doi.org/10.35609/gcbssproceeding.2021.12(102))
- Olivero, A., Miniotti, M., Bailon, M., & Leombruni, P. (2023). The importance of the doctor-patient relationship in transplantology for improving adherence: A proposal for integrating medical curricula. *Tutor*, 22(1).
- Park, S., Kim, H.-K., & Lee, M. (2023). An analytic hierarchy process analysis for reinforcing doctor-patient communication. *BMC Primary Care*, 24(1), 24. <https://doi.org/10.1186/s12875-023-01972-3>
- Sadigov, R. (2022). Rapid growth of the world population and its socioeconomic results. *The Scientific World Journal*, 2022.
- Verma, H., Mlynar, J., Schaer, R., Reichenbach, J., Jreige, M., Prior, J., Evéquo, F., & Depeursinge, A. (2023). Rethinking the role of AI with physicians in oncology: Revealing perspectives from clinical and research workflows. *Proceedings of the 2023 CHI Conference on Human Factors in Computing Systems*, 1–19.