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Master's Thesis of Public Administration

**A Study of the Quality of Health Care
Services in Dhaka City**

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Abstract

A Study of the Quality of Health Care Services in Dhaka City

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In Bangladesh, there are a lot of government and private community hospitals to serve quality health care service to the people. But due to rapid increasing population, it is difficult to ensure quality health care service to the entire community people. It is important to understand how the quality of services provided by private and public hospitals is perceived by the clients. Very little is known about how the customers access health-care service quality or satisfaction and select hospitals to receive health care services in Bangladesh, especially in Dhaka city. Therefore, the present research was conducted to assess the existing health care services of private and public hospitals, to identify why government policies could not improve the quality of health care service of public hospitals and how to improve the quality of health care service. The findings of the research revealed that more than 50% clients were not satisfied with the health policy.

Respondents were more satisfied with the private hospital in terms of behavior of employees (72%), sincerity and willingness of employees (50%), and appearance of the employee (49%) as compared to public hospitals. It also exposed that two-third of respondents were unsatisfied with the physical facilities of the public hospitals. Similarly, one-half of clients (52%) were agreed to pay tips in public hospitals. In this study, it revealed that three-fourth of clients (75%) agreed with the planning, management and monitoring of hospitals, more than two-third (71%) agreed that doctors needed training, almost two-third of clients (62%) were agreed to coordinate between hospital administration and doctors.

The research also identified that the present health care service can be improved by involving investment from rich people and NGOs (68%), modernization of existing hospitals (90%) and involvement of mass media (90%). The present study revealed that there is still a gap between the services of public and private hospitals in case of health care service and existing health care policy undertaken. The findings of the present research will help the government of Bangladesh to amend the existing health policy and it will also help to reduce the gap between the service of public and private hospitals.

Finally, this findings helps the government to improve the health care services in Bangladesh, especially in Dhaka City and ultimately people of Bangladesh will get quality health services.

Key words: Health care, private and public hospitals, health policy, employees in health sectors, planning in health services.

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List of Abbreviations and Acronyms

ANC	Antenatal Care
ESP	Essential Service Package
HI	Health Insurance
HNPSP	Health Nutrition and Population Sector Programme
MDG	Millennium Development Goals
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Government Organization
PHC	Primary Healthcare Services
SERVQUAL	Service Quality
SPSS	Statistical Package for Social Research
WHO	World Health Organization

1. INTRODUCTION

1.1 Background of the study

A significant portion of the population in developing countries is deprived of a fundamental right of access to basic health care. However, in recent years, many developing countries have been actively seeking to improve the quality and outcomes of the health care delivery system by engaging in a process of reform. Consequently private hospitals were introduced in addition to public hospitals to a greater extent where services can clearly fill gaps when public services are inadequate. Mostly this is because of the negative perception and belief regarding public hospitals and the service quality of private hospitals was considered better (Savas *et al.*, 2002; Kara *et al.*, 2003) in regard to physical infrastructure and availability of services (Jofre-Bonnet, 2000).

However, the difference between the two sectors is unnoticed in terms of technical quality of care provided (Gilbert *et al.*, 1992). It should be noted that historically the establishment of quality standards has been delegated to the medical profession and has been defined by clinicians in terms of technical delivery of care. However, recently, patients' assessment of quality care has begun to play an important role, especially in the advanced industrialized countries. As a result, the satisfaction or dissatisfaction of clients with services has become an important area of inquiry as consumer satisfaction comes to be a major device in order to take critical decisions in the health care services.

Studies identified that there was a need to assess the quality of the care that the hospitals were providing as there was often concern about the performance (Andaleeb, 2000; Meng *et al.*, 2000; Zwi *et al.*, 2001). Bangladesh has a well arranged health delivery system in both public and private sectors. In public sectors, there are three tiers of the health delivery system such as primary, secondary and tertiary levels. The primary level includes Union (lowest administrative tier) level health centres, secondary level includes sub-district level health centres and tertiary level includes district hospitals, divisional hospitals and medical colleges.

The most sophisticated are the tertiary level hospitals. It should be noted that a significant number of tertiary hospitals are running on a not-for profit basis (Rahman, 2003). However, the problem of access to health care is particularly acute in Bangladesh. About one third of the population has access to primary health care services and overall health care performance remains unacceptably low by all conventional measurements. At present, with the growing number of private health care facilities, especially in Dhaka city, the patients are gradually turning to receive services from private hospitals rather than that of public hospitals. Despite of these facts, the quality of service delivery in the overall public health sector in the country remains poor (Abeykoon, 2009). More importantly, connections between families, the health system and between the various components of the health system are lacking in Bangladesh, without which 'access' to healthcare remains hypothetical, but not real (Sack, 2008).

1.2 Significance of the Study

Quality health care service is one of the major focus areas for attaining Millennium Development Goals (MDG) and dealing with providing essential health care service to the mass population in different countries (Alia, 2007). Bangladesh has achieved significant advancement in different health indicators (especially infant mortality, fertility and malnutrition) primarily due to an effective health services, although almost 99% of maternal, neonatal, infant and child deaths arise in low income and middle income countries (Lawn *et al.*, 2005).

In Bangladesh, there are a lot of government and private community clinic to serve quality health care to the people. But due to rapid increasing population, it is difficult to ensure health quality service to the community people. Health sector is one of the major priority sectors of the government of Bangladesh. Therefore, it is giving paid to attention to ensure quality service. Service providers, as a matter of fact, take the satisfaction of customers into account as a main goal of the strategies of their firms. Some studies also focused on clients' satisfaction or their judgment of the quality (Babakus *et al.*, 1992; Carman 1990; Parasuraman *et al.*, 1985). This is because customers or clients of hospitals and clinics have the most direct experiences with the services provided by these institutions.

It should be noted that although some feel that the customer cannot really be considered a good judge of quality and dismiss their views as too subjective. Petersen (1988) suggests that, it really does not matter if the patient is right or

wrong rather what counts is how the patients felt even though the caregiver's perception of reality may be quite different.

Without an appropriate and adequate health support and delivery system in place, its adverse effects will be felt in all other sectors of the economy. The problem of access to health care service is particularly acute in Bangladesh. According to a World Bank (1987) estimate, 'only 30% of the population has access to primary health care services and overall health care service performance remains unacceptably low by all conventional measurements. The study will be of great importance to the public and private health care service provider and to the service receiver in the community to ensure quality health care services. In addition, the study will contribute to the existing national policies, strategies and laws on how to improve the quality of health care services.

1.3 Statement of the Problem

To assess the quality of services delivered at both public and private hospitals is very crucial. In particular, it is important to understand how the quality of services provided by private clinics/hospitals and public hospitals are perceived by the clients.

In Bangladesh, the customer's viewpoint is neither sought, nor given any importance in strategy formulation. Thus, very little is known about how the customers access health-care service quality or satisfaction and select hospitals to receive services. Apparently, quality is important and demands continuous attention. With the growth of private health care facilities, especially in Dhaka city,

it is important to assess the quality of services delivered by these establishments. In particular, it is important to determine how the quality of services provided by private clinics and hospitals.

If quality issues are being compromised by these establishments, it calls for the re-evaluation of policy measures to redefine their role, growth and coverage, and to seek appropriate interventions to ensure that these institutions are more quality-focused and better able to meet the needs of their patients. This study will be designed to assess the better health care services on the basis of the existing policies and to mitigate the gap between policy and services in Dhaka city.

1.3 The Objectives of Research

Bangladesh is a developing country with high population growth rate. There are lots of public and private hospitals in the country to serve health care service to the community people but due to rapid increase of population it is very difficult to provide quality health care services to the community people.

As a result the health care policy cannot achieve its goal to provide quality health care service to the people. As already mentioned that quality health care service is one of the major focus areas for attaining Millennium Development Goals (MDG). Also there is difference between private and public hospitals' services. Government of Bangladesh is trying to mitigate the gap between these two sectors. Keeping in mind these ideas the search work was conducted to identify the existing healthcare services of public and private hospitals based on the government rules and regulations. Because in order to ensure quality health care

service both hospitals should follow the governments rules and maintain the same standard. Although there are government policies but it was needed to identify the problems that why it could not improve the services .And also it was important to identify the solution. The main objectives of the research are as follows:

- To assess the existing health care services of private and public hospitals according to the governance rules and regulations.
- To identify why government policies could not improve the quality of health care service of public hospitals.
- To assess how to improve the quality of health care service in public hospitals.

1.4 Research Questions

The notion of quality health care service in not a new concept in Bangladesh. Rather it is one of the fundamental and constitutional rights of the people. Obviously the country has already started to gain achievements in some health care indicators but the overall healthcare services still have some weaknesses. Government and policy makers are trying to provide better health care service but due to some limitations it became very difficult. Nevertheless there is difference between public and private hospital's quality of services provided. In addition to that how the service receivers have assessed the quality of service is very important to take into consideration to improve the quality. It is important to identify the constraints of existing health care policy that may contribute in

ensuring quality health care services in both public and private sectors. Also it is necessary to find out the solutions how to improve the situation.

In the context of these debates, the present research has design to assess the quality of health care service in public and private hospitals and to identify the constraints of existing health care policy and how to improve the policy to provide quality health care services to the people from the lens of the following questions:

- What is the present situation of health care services of private and public hospitals in Dhaka city?
- What are the constraints between existing government health care policies and the services provided by the private and public hospitals in the study area?
- How can the existing policies of health care services be improved to provide better health care service?

1.6 Hypothesis of the Research

There is a mixed (public and private initiatives) health care system in Bangladesh. And quality of services also varies these two sectors. To assess the quality of services delivered at both public and private hospitals is very crucial. Also government policies regarding health care are very important to assess the quality and to contribute to the improvement of quality of health care services. Considering this health care service and policy adaptation system, the research work was conducted with the following hypothesis of the study area.

- “Improvement of existing government health policies can lead to ensure quality health care service”.

2. REVIEW OF LITERATURES

2.1 Overview

“Quality” is used to describe the standard of something as measured against other things of a similar kind. The degree of excellence of something. Quality is a complex notion and means different things to different people. Maintaining the quality of goods and services are important in a sense to ensure the standard utility by the providing authority of it. According to the Institute of Medicine (1990), Quality of health care means ‘the degree of excellence’ in healthcare services which briefly describe below:

- *“Effective-providing services based on scientific knowledge and which produce a clear benefit.*
- *Person-centered-providing care that is respectful or responsive to individuals’ needs and values.*
- *Timely-reducing waits and sometimes harmful delays.*
- *Efficient-avoiding waste.*
- *Equitable-providing care that does not vary in quality because of a person’s characteristics”*

Quality medical health service is one of the fundamental rights to citizens of a nation. In case of mass population health care coverage, it is hard to maintain the better health care service.

In that case, it is important to keep a balance between the existing issues of

medical policy and a better health care management system to provide the quality to maximum clients.

“Policy” is used to describe a broader concept that represents several different dimensions. To formulate in a comprehensible and concrete way of the term “policy” is a big challenge.

“In a nutshell, public policy seeks to achieve a desired goal that is considered to be in the best interest of all members of society. Examples include clean air, clean water, good health, high employment, an innovative economy, active trade, high educational attainment, decent and affordable housing, minimal levels of poverty, improved literacy, low crime and a socially cohesive society, to name a few” (Torjman, 2005).

These examples of broad societal goals are not intended to imply that all public policies are directed toward the entire population. Public health policies may require the broader coverage of the treatment of individuals to meet the basic needs of the nation’s inhabitants. The intent of these public policies is to protect all members of society by focusing upon a select few.

“A public policy is considered as a careful decision that provides guidance for addressing selected public concerns. Public policy development can be realized as a decision making process that helps address identified goals, problems or concerns. At its core, policy development entails the selection of a destination or desired objective. The actual formulation of policy involves the identification and analysis of a range of actions that respond to these concerns. Each possible solution is assessed against a number of factors such as probable effectiveness,

potential cost, resources required for implementation, political context and community support. In short, any given policy represents the end result of a decision as to how best to achieve a specific objective” (Torjman, 2005).

2.2 Historical perspectives in health care services in Bangladesh

The health sector in Bangladesh has experienced policy formulation and reforms during last forty years. Different services such as integrated and comprehensive service, pro-poor service, vertical approach, door to door and one stop service, cost-effective essential service package, etc. prevailed the reforms and policy formulation ‘The Ministry of Health and Family Welfare’ (MoHFW), (2005). Since 1971, Bangladesh did not have a consistent health policy for the first thirty years. Right after the independence, population control got the top most priority as the population density was 532 people per square kilometer with an annual population growth rate of 2.59. A stated objective of First Five-Year Plan (1973-1978) has been introduced to create a rural health infrastructure for providing integrated and comprehensive health care services.

During early 1975, the population sector was overwhelmed with exterior aids (Buse, 1999) and the government began to introduce policy and organizational changes following donor prescriptions (Jahan, 2003). The World Bank involved with an assessment for a first population project and changed in 1975 along with six development partners that performed as co-sponsors (Buse and Gwin, 1998).

The projects were based on vertical family planning service delivery and

the division of the health and family planning services of MoHFW. The key approaches of first population policy (1976) was to deliver comprehensive health and family planning services through clinics and field workers, with a solid emphasis on access services to rural people. During the early 1980s, Bangladesh led the world in developing an essential drug policy which was updated and revised in 2004 (MoHFW, 2005). The domestic Drug Policy played an important role was instrumental in the country in producing essential medicines available at low cost (Chowdhury, 1996 and White, 2007).

A number of improvements have been carried out in early 1998 and they are: a) alteration from a vertically incorporated but horizontally separated project-based strategies to a sector wide strategies; b) jointure of the health and family planning divisions of the MoHFW at sub-district levels; c) introduction of an Essential Service Package (ESP) which included basic health care services.

The health sector has been shifting its health policy priorities and investment (Jahan, 2003). The purpose was to access health services by facilitating community to meet the patients' needs. The health service employees who formerly made home visits were gradually reassigned based on the changes of these facilities.

There was a solid push by encouraging the private sector to take part of health service delivery and resource mobilization in community facilities. Non-Government Organizations (NGOs) carried out a number of cost recovery schemes, such as, marketing of family planning commodities, and community

financing/health insurance. To increase the revenue in the health sector, user fees were introduced in 1997. Health sector reforms, changes and policies in Bangladesh: 1971-2010 are shown in figure 1 (Bangladesh Health Watch, 2011).

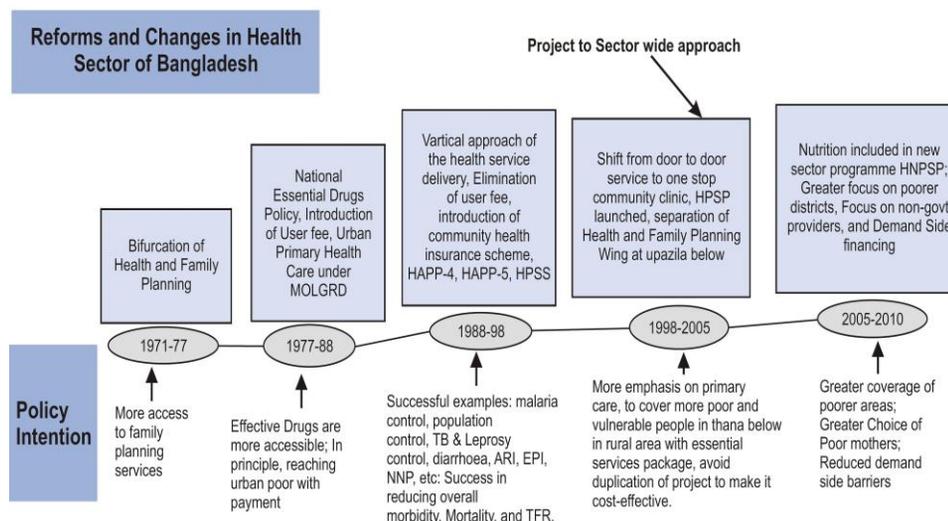


Figure 1: Health sector reforms, changes and policies in Bangladesh: 1971- 2010
(Source: Bangladesh Health Watch, 2011)

2.3 Public health policy principles in Bangladesh

The Ministry of Health and Family Welfare (MoHFW), Bangladesh (1997) constituted a National Health Policy Formulation Committee on December 12, 1996. According to the decision of this committee, five separate sub-committees operated for more than one year and then submitted their respective recommendations in the form of five different reports.

A Working Group was then formed and entrusted with responsibility of compiling the recommendations made in those five reports, arranging workshops in each of the six administrative divisions to collect opinions of people from cross-

sections of the society on these reports.

As per prior decision, the Working Group compiled the five sub-committee reports, collected opinions of people from various social strata on these reports in six workshops held in six divisions for this purpose, and, finally, presented the proposals and recommendations of the people regarding the health policy obtained in the workshops to the National Health Policy Formulation Committee. A report on the health policy was thus formulated on the basis of a consensus.

The following policy principles have been adopted in order to attain the foregoing goals and objectives:

- i. To create awareness among the enable every citizen of Bangladesh irrespective of caste, creed, religion, income and gender, and especially children and women, in any geographical region of the country, through media publicity, to obtain health, nutrition and reproductive health services on the basis of social justice and equality through ensuring everyone's constitutional rights;
- ii. To make the essential primary health care services reach every citizen in all geographical regions within Bangladesh;
- iii. To ensure equal distribution and optimum usage of the available resources to solve urgent health-related problems with focus on the disadvantaged, poor and unemployed persons;

- iv. To involve the people in various processes like planning, management, local fund raising, spending, monitoring and review of the procedure of health service delivery etc. with the aim of decentralizing the health management system and establishing people's right and responsibilities in this system;
- v. To facilitate and assist in the collaborative efforts between the government and the non-government agencies to ensure effective provision of health services to all;
- vi. To ensure availability of birth control supplies through integration, expansion and strengthening of the family planning activities;
- vii. To carry out appropriate administrative restructuring, decentralization of the service delivery procedure and the supply system, and to adopt strategies for priority-based human resource development aimed at overall improvement and quality-enhancement of health service, and to create access of all citizens to such services;
- viii. To encourage adoption and application of effective and efficient technology, operational development and research activities in order to ensure further strengthening and usage of health, nutrition and reproductive health services;
- ix. To provide legal support with regard to the rights, opportunities, responsibilities, obligations and restrictions of the service providers, service receivers and other citizens, in connection with matters related to health service; and

- x. To establish self-reliance and self-sufficiency in the health sector by implementing the primary health care and essential services programs in order to fulfill the aspirations of the people for their overall sound health and access to reproductive health care.

2.4 Status of quality of health care service in Bangladesh

Andaleeb (2000) conducted a research on the service quality public and private hospitals in Bangladesh. He explained six criteria that can effect on quality services in health sectors.

The premise of his research was that market incentives would explain differences in the perceived quality of services provided by public and private hospitals.

Quality can be assessed from the point of view of the users or by using technical standards. Different studies identified that to operationalize the term quality, and to offer a framework for its definition three major attributes should be considered; structure, process, and outcome (Mensch, 1993; Donabedian, 1990; Donabedian, 1988).

This contention was reasonably supported: private hospitals were evaluated better on responsiveness, communication, and discipline. By responding to these needs, hospitals in Bangladesh can improve their image and be perceived more favorably. These results also suggest that service quality can be improved in the

health sector by gradually exposing the hospitals to market incentives. It is important, especially for public hospitals and regulatory agencies, to understand how market incentives work.

With better understanding and over time, public hospitals may be gradually weaned from their present survival guarantees that do not seem to motivate them to enhance service quality; such guarantees are also not available to private hospitals. Sasser *et al.*, (1978) discussed three different dimensions of service performance: levels of material, facilities, and personnel. Implied in this tri-chotomy is the notion that service quality involves more than outcome; it also includes the manner in which research on service quality as well.

Uddin *et al.*, (2008, 2010) reported that the common general illnesses included diseases of the respiratory system (cold/cough/fever/asthma), diseases of the digestive system (gastric, diarrhea), severe pain (headache/chest), and scabies. The findings of the study showed that about half of female and one-third of male did not seek healthcare services during their illness.

Only 28% of pregnant women sought antenatal care (ANC). Of those who sought healthcare services, more than half of females and two-thirds of males bought medicines from drug-sellers at the nearest pharmacy.

A few street-dwellers who visited healthcare facilities encountered problems, such as denial of treatment by providers due to their financial insolvency, neglect of service providers for services, and an inappropriate service-delivery time for them. The findings of the study revealed that, although there are mechanisms to

provide Primary Healthcare Services (PHC) to other groups of people, such as slum-dwellers and people living in hard-to-reach areas, by the Ministry of Health and Family Welfare (MoHFW) and non-government organizations (NGOs), there is no health service-delivery mechanism targeting this marginalized group of people in Bangladesh.

The study findings also showed that although there is no mechanism for providing services to this marginalized group of people, they used to visit to the clinics of MoHFW and NGOs when they become severely ill, and receive treatment with negligence. The results of an earlier study also suggest that street-dwellers cannot access conventional healthcare services due to the financial and time constraints linked to their livelihoods.

In exploring how to make healthcare services more accessible to the low-income people, the specific requirements that they described were longer, more flexible opening hours, free or low-cost services, and quality services provided by paramedics (Uddin, 2010). The existing service-delivery system is not convenient for them because the usual service hours do not match their free time due to their work schedule.

Although there are pharmacies where they can buy medicines, the drug-sellers are not medically trained and are not able to provide quality advice or treatment. Consequently, their health needs remain largely unmet through the existing healthcare providers.

Begum (2011) attempted to identify utilization of health services, selection criteria and satisfaction of clients between public and private hospitals. Data was collected from 4 different hospitals (2 public and 2 private hospitals) in the Capital City Dhaka, Bangladesh. In total, 90 clients were randomly selected and interviewed with a pre-tested interview schedule. The results showed that older clients, males, clients with higher education, private service holders, clients from a nuclear family and clients with higher monthly family income were significantly more likely to receive services from a private hospital.

Clients selected public hospitals for near distance between home and hospital, easy communication and general treatment while clients selected private hospitals for quality treatment, good behavior of the service provider, and references from doctors, cleanliness and treatment for chronic diseases. Moreover, clients were satisfied with doctor's behavior and treatment fee at public hospitals where clients were satisfied with pathological facilities, food supplies and cleanliness at private hospitals.

However, clients were less satisfied with behavior of nurses and staff at both public and private hospitals. This study suggests that consideration should be given to behaviors of doctors, of nurses and of staff of the hospitals, ensuring minimum treatment cost, supply of quality food with low cost, available pathological facilities and cleanliness of the hospitals.

Lehtinen *et al.*, (1982) noted that the basic premise of service quality

produced by a suitable interaction between a customer and elements in the service organization. They used three quality dimensions: physical quality, which includes the physical aspects of the service (e.g., equipment or building); corporate quality, which involved the company's image or profile; and interactive quality, which derived from the interaction between contact personnel and customers. They further differentiate between the quality associated with the process of service delivery and the quality associated with the outcome of the service.

Health care service providers' effort to determine and improve weaker aspects of their service delivery system requires a better understanding of how consumers evaluate health care service quality. And service quality can be enhanced by monitoring patient's perceptions and implementing action plan based on patient's feedback.

The Service Quality Framework (SERVQUAL) has guided numerous studies in the service sector that focus on banks, repair and maintenance services, telephone companies, physicians, hospitals, hotels, academic institutions and retail stores (Parasuraman *et al.*, 1988; Carman 1990).

Parasuraman *et al.*, (1988) first proposed the SERVQUAL framework with five dimensions of service:

- (1) Tangibles— physical facilities, equipment and appearance of personnel;
- (2) Empathy— being caring, and providing individualized attention;
- (3) Assurance— knowledge and courtesy of employees and their ability to convey trust

and confidence;

- (4) Reliability– ability to perform the promised service dependably and accurately;
- (5) Responsiveness– willingness to help customers and provide prompt service.

The SERVQUAL instrument was used by different researchers (Canel and Fletcher, 2001; Lam, 1997; Sohail, 2003 Andaleeb, 2001) to evaluate health care service quality. Sohail (2003) reported that SERVQUAL was superior in validity and reliability for evaluating patient satisfaction. The SERVQUAL instrument has been empirically evaluated in the hospital environment and has been shown to be a reliable instrument in that setting (Babakus and Manggold, 1992). To measure health care service quality and patient satisfaction in Bangladesh few studies were conducted, and SERVQUAL was used in most of them with or without modification.

SERVQUAL framework was advanced by Andaleeb, Nazlee and Khandakar *et al.*, (2007) with variables like, Reliability, Responsiveness, Assurance, Tangibles, Communication, Empathy, Process features, Cost, Availability to explain patient's satisfaction with foreign and local health care service. Sohail (2003) in "Service quality in hospitals: more favorable than you think" examined and measured the quality of services provided by private hospitals in Malaysia. LeKim (2005) in "Inpatients" satisfaction with service quality: A study on the Transport Hospital in Hanoi, Vietnam" measured the satisfaction level of inpatients. According to Debono and Travaglia (2009), patient satisfaction and patient complaints are the most important issue to keep in mind in case of providing quality health care service. They visualized a concept map on the theme

Although the Health Nutrition and Population Sector Programme (HNPS) of Bangladesh designed programs to ensure equitable essential services to all, this marginalized group of people was not, however, targeted. This warrants that the MoHFW examines its role to focus its future programs to meet the needs of this extreme vulnerable group of people. This study developed strategies for providing health care services to street-dwellers in Dhaka city. The strategies included static and satellite clinics. The purpose of this study was to test the strategies and assess its effectiveness in improving the use of healthcare services by street-dwellers in Dhaka city. A significant portion of the population in developing countries is deprived of a fundamental right of access to basic health care. However, in recent years, many developing countries have been actively seeking to improve the quality and outcomes of the health services system by engaging in a process of reform.

2.5 Health care service in Bangladesh: way forward

The world is running forward in ensuring health coverage for its population. What was realized impossible and unaffordable by 1990s is now desirable and unavoidable (Preker *et al.* 2009). In a recent WHO report noticed that many countries in different levels of economic development are undertaking health finance reform and it has been shown that many countries have already achieved the high level health care coverage and others are on their way (WHO, 2010).

Bangladesh is working hard and takes it as a challenge to achieve the standard of quality health care service. In reality, it is simply not possible for

various causes i.e., financial constraints, insufficient service provisions and lack of proper human resources. The civil society and improvement partners will also have vital duties including making sure that the schemes benefit the poor (Berkhout and Oostingh, 2008; Gwatkin, 2010). The following is a tentative agenda that the country can consider pursuing with flexibility for in-course modifications (Mushtaque *et al.*, 2011).

1. *“Articulate clearly and unambiguously the government commitment through the next Health Nutrition and Population Sector Programme (HNPS). This should include a 10-year road map with clear goals for 2015 and 2020.*
2. *As a step towards more accountability and better implementation, separate the purchasing function of MoHFW from the provider function by creating an independent purchasing authority.*
3. *Explore possibility for introducing Health Insurance (HI) for different groups in the population (through pilots if necessary), including:*
 - State employees*
 - Formal sector employees in big industries*
 - Formal sector employees in small to medium industries including the garments sector*
 - Staff of NGOs*
4. *Encourage the big players in the NGO sector to join hands to develop and provide HI to their micro credit borrowers and the greater public through creating a joint pool. The three may also consider setting up a specialized health insurance*

company for the purpose.

5. Involve and engage the media, professional groups such as the Bangladesh Medical Association and Bangladesh Economic Association and the civil society for advocacy work”.

Fortunately, Bangladesh has already started rolling the wheel. A lot has already been initiated as evidenced by the amount of activities being generated.

3. RESEARCH METHODOLOGY

This chapter will serve to provide information regarding study area, research design, sampling size and sampling method, data collection methods and tools, data processing, analysis and presentation.

3.1 Geographical Location and Topography of Bangladesh

Bangladesh is situated in the north- eastern part of South Asia, lies between $20^{\circ} 34'$ and $26^{\circ} 38'$ north latitude and $88^{\circ} 01'$ and $92^{\circ} 41'$ east longitude. The country is bounded on the west north and northeast by India. Towards the southeast it is bordered with Myanmar and faces the Bay of Bengal on the south. It encompasses an area of 147,570 sq. km. Total population of the country is 154.7 million (World Bank, 2012).

3.2 Location of the study area

Dhaka is the capital city and one of the major urban areas in Bangladesh. Almost 7 million people are living in Dhaka with a rate of 73 percent literacy (World Bank, 2012). The whole city is divided in several sub-sectors. The focus area of the study was the north-eastern part of Dhaka, Bangladesh namely Dhanmondi and Mohammadpur.

3.3 Research design

The research design was followed an explanatory studies which answered the ‘why’ question. A mixed- method approach was used as a methodology which were mostly quantitative. Using mixed method involves gathering and analysing both quantitative and qualitative data in the study.

3.4 Sampling procedure and sample size

The sampling procedure was followed a purposive or judgmental sampling. Purposive sampling is a type of non-probability sampling in which the units to be observed are selected on the basis of the researcher’s judgment about which one will be the most useful or representative. The hospitals’ management authority and service receivers in the study area constituted the sample. The sample size of the study was 200. From two different (public and private) hospitals 100 clients or service receivers and 100 management personnel and doctors were randomly selected as a sample for the study. The study area is one of the important parts of Dhaka city and densely populated area. The name of the hospitals is Shohrawardi hospital (public) and Popular hospital (private). These two are most renowned public and private hospital that capture most of the clients in the study area. That’s why these two hospitals were chosen for the study.

3.5 Data collection instruments

Information was collected from both primary and secondary sources. These were gathered by survey as well as qualitative approaches. The survey sources included collected data through a pre-tested questionnaire. Qualitative data were collected from secondary sources. Both qualitative and quantitative data were collected.

3.5.1 Questionnaire survey

A predetermined questionnaire was used to collect information from the respondents. Information was collected from both the hospital's management authority and service receivers. The questionnaire was mostly closed-ended but there were some open-ended questions also.

3.5.2 Questionnaire design

The questionnaire was developed in English on the basis of past research and insights from the in-depth qualitative analysis. The measures were translated next into the local language (Bangla). Scale items were rated on five-point Likert scales in a structured format. Each item anchored at the numeral 1 with the verbal statement 'Strongly Disagree' and at the numeral 5 with the verbal statement 'Strongly Agree'. This format has been recommended for quality health surveys (Steiber, 1989). The questionnaire was pre-tested several times to ensure that the wording, format, length, sequencing of questions, and the range of the scales were appropriate.

3.5.3 Secondary research

Secondary research was first conducted to determine the quality of health services and the policy issues of health care services in Bangladesh. Unfortunately, even on such a vital issue, published studies were difficult to find.

Nevertheless to produce qualitative information for creating common practice and themes, several published materials were evaluated and utilized. While such studies may have been conducted by experts for various government and international agencies, based on their inputs, and judging from the literature on the topic from other countries, a number of service and policy factors were identified.

3.6 Processing of data

The collected raw data were examined thoroughly to detect errors and omission. All responses in the interview schedule were given numerical coded values. Local units were converted in to standard units. All the individual responses to the questions of the interview schedule were transferred to a master sheet to facilitate tabulation. In case of qualitative data, appropriate scoring technique was followed to convert the data in to quantitative forms. Then the data was tabulated in accordance with the objectives of the study.

3.7 Statistical Analysis

The collected data was compiled, tabulated, coded and analysed by analysis software known as Statistical Package for Social Research (SPSS-16). The

output from the statistical analysis was exported to Microsoft Office Excel software – 2013 to draw charts and graphs. Qualitative data was quantified by means of suitable scoring techniques. The statistical measures such as number and distribution were used for describing the variables of the study.

3.8 Method of comparison between public and private hospitals

This study applied the principles behind the compares between public and private hospital's health care service quality. The study sample contained a total of 200 outpatients. To compare the health care service quality in public and private hospitals in this study the very first step was to formulate the questionnaire according to the desire findings. Beginning with the heath care service quality in both public and private hospitals a pre tested questionnaire was distributed among the respondents to collect the information. All information collected from the public and private hospitals then sorted out and chronologically arranged to prepare the result (in percentile).

General information of the respondents was presented in a tabular form to have a clear visual expression of the overall situation of the respondents. To represent the existing health care policy of the study site the data was presented in a pie chart that illustrated the whole scenario of the present health care policy status. Fewer more opinion based questionnaire responses were presented in tabular form to see their comparative sequences of responses as the questions were more or less similar by issues. All others parameters of quality health care service

comparison between public and private hospitals were presented in different types of bar graphs to clearly state the variations between the hospitals (public and private). We did mean value determination and correlation analysis to see the respondent's average frequency level and inter relationship respectively.

4. RESULTS

4.1 General information for the respondents or description of the sample

4.1.1 Sex and age

The respondents were divided into male and female groups. The majority of respondents were male (66%) and the only 34% respondents were female. A high proportion of male respondents were the factors on gaining medical services in the study hospital in Dhaka City (Table 1). In respect of age, respondents' characteristics were as follows: 65% of the both sex were aged 18 to 30 years, 26% were aged 31 to 40 years, 7% were aged 41 to 50 years and only 2% of them were aged below 18 years respectively.

4.1.2 Marital status, education and family income

Among all the participants, approximately 60% were single and 40% were married correspondingly. In case of educational level, about 19% had a master degree, 60% had (completed + on going) bachelor degree, 7% had higher secondary, 11% had secondary education and about 3% had primary level education. The present findings also revealed that around 60% respondents had monthly income was less than BDT (Bangladeshi Taka) 10,000, and about 8% respondents had above 50,000 BDT respectively (Table 1).

4.1.3 Professions

The present study indicated that about 50% respondents were student, 29% were private service holders, 3% were government service holder, 8% were business man, 5% were NGO workers and the others 5% were persons with self-income policies or family dependents (Table 1).

Table 1. General information of the respondents

1		2		3		4		5		6	
Age (years)	Respondent	Gender	Respondent	Marital status	Respondent	Education Level	Respondent	Profession	Respondent	Income (BDT)	Respondent
Below 18	2	Male	66	Single	60	Never went to school	0	Public Service	3	Below 10000	60
18-30	65	Female	34	Married	40	Primary Education	3	Private Service	29	11000-20000	15
31-40	26			Divorced/ Separated	0	Secondary Education	11	Student	50	21000-30000	9
41-50	7			Widow	0	Higher Secondary	7	Business	8	31000-40000	3
51-60	0					Bachelor Degree	60	NGO workers	5	41000-50000	5
Above 60	0					Masters and Above	19	Others	5	Above 50000	8

* N.B. BDT= Bangladeshi Take (1 BDT= 0.013 US Dollar, as of 15/09/2014)

4.2 Existing health policy in Bangladesh

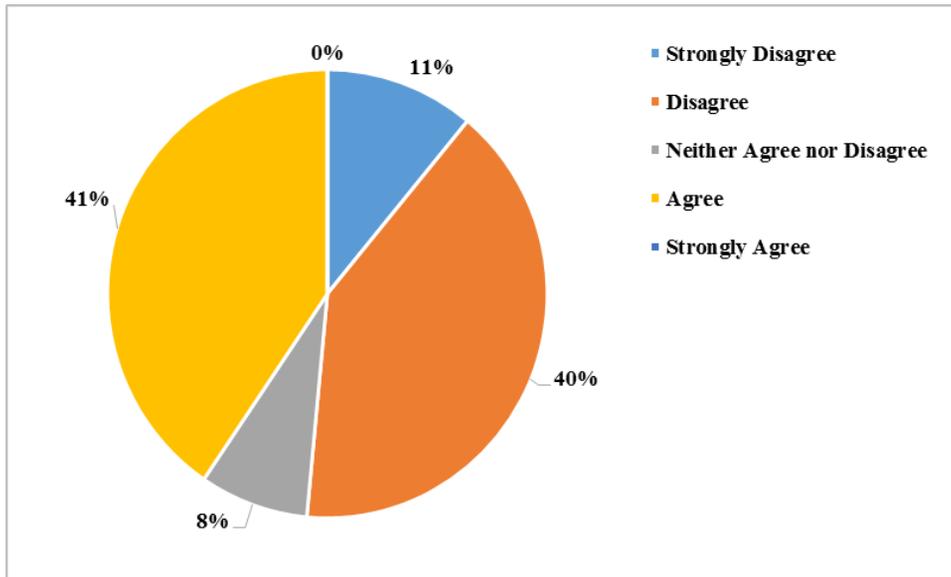


Figure 3. Existing health care policies of Bangladesh. Here each value represents the percentile value of the total respondents

In terms of existing health care policy of Bangladesh, there was found a clear difference on the respondents' opinion of existing health policy. It revealed that 41% clients agreed and 40% clients disagreed. On the other hand, 11% clients were strongly disagreed and 8% were neither agreed nor disagreed with the existing health policy (Figure 3). However, more than 50% clients were not satisfied with the health policy.

4.3 Services of public hospital and private hospitals

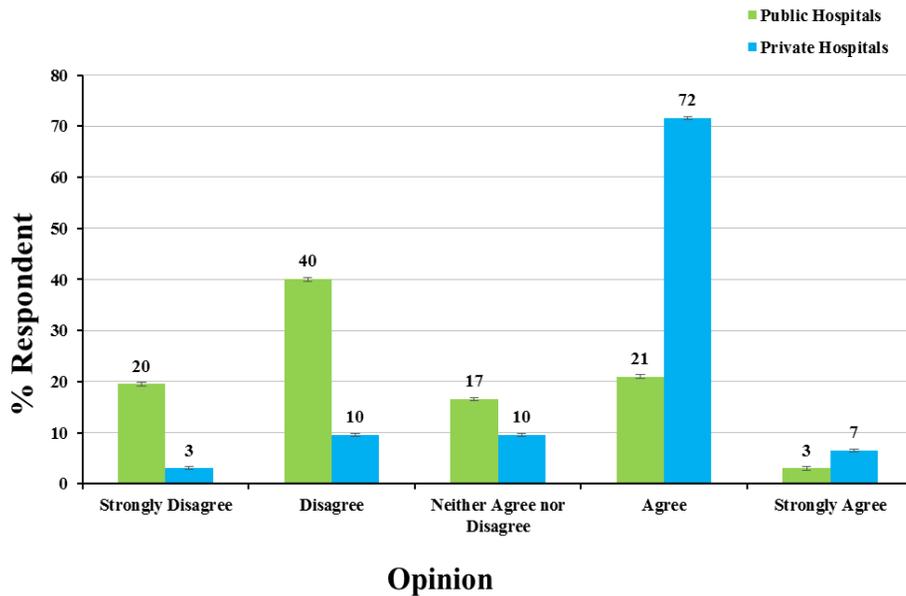


Figure 4. Behavior and Courtesy of employees in public and private hospitals in Dhaka city. Here each value represents the percentile value of the total respondents with +/- standard error (SE)

4.3.1 Behavior and courtesy of employees

Employees in service-based industries strongly influence customer satisfaction. In this study, employees referred to those people who were engaged in different administrative and nursing except doctors in the hospital. It is a vital component to attract the patients and helps the patients to choose the hospitals. In terms of behavior of employees, the clients of private hospitals were more satisfied (72%) compared to public hospitals (21%). Results also revealed that clients of public hospitals were more unsatisfied (40%) compared to private hospitals (10%).

Although 17% and 10% participants were neutral respectively in both public and private hospitals, 3% participants in private hospitals were strongly unsatisfied with the doctor's behavior against 20% in public hospitals. Moreover, 7% participants in private hospitals were very much satisfied with the doctors' behavior against 3% in public hospitals (Figure 4).

4.3.2 Sincerity and willingness of personnel

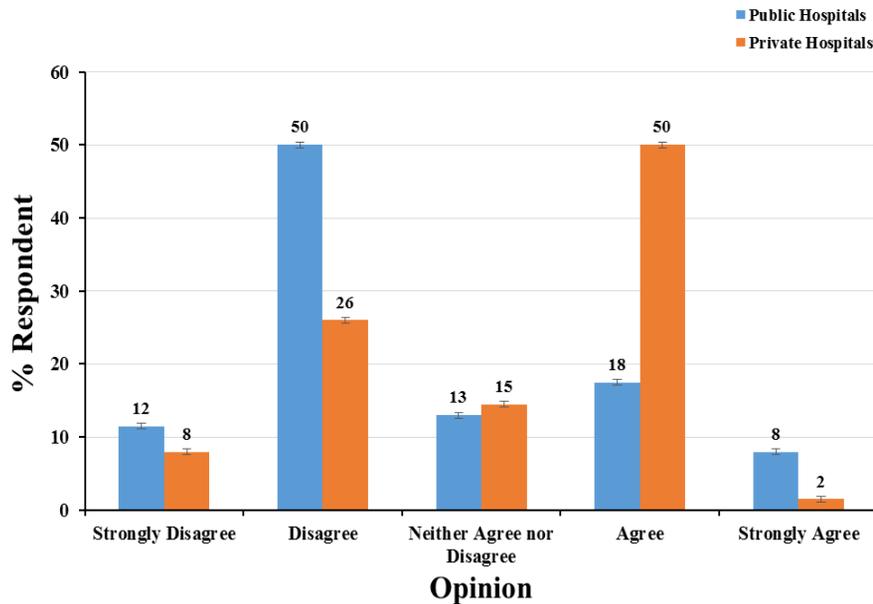


Figure 5. Sincerity and willingness of employees to provide health care in public and private hospitals in Dhaka city. Here each value represents the percentile value of the total respondents with +/- standard error (SE)

Sincerity and willingness of the employees significantly influenced clients' satisfaction in both public and private hospitals. In terms of sincerity and willingness of employees, the clients of private hospitals were satisfied (50%) compared to public hospitals (18%). Results also revealed that clients of public hospitals were more unsatisfied (50%) compared to private hospitals (26%).

Although 13% and 15% participants were neutral respectively in both public and private hospitals, 8% participants in private hospitals were strongly unsatisfied with the sincerity and willingness of employees against 12% in public hospitals. Moreover, 8% participants in private hospitals were very much satisfied

with the sincerity and willingness of employees against 2% in public hospitals
(Figure 5).

4.3.3 Appearances of personnel

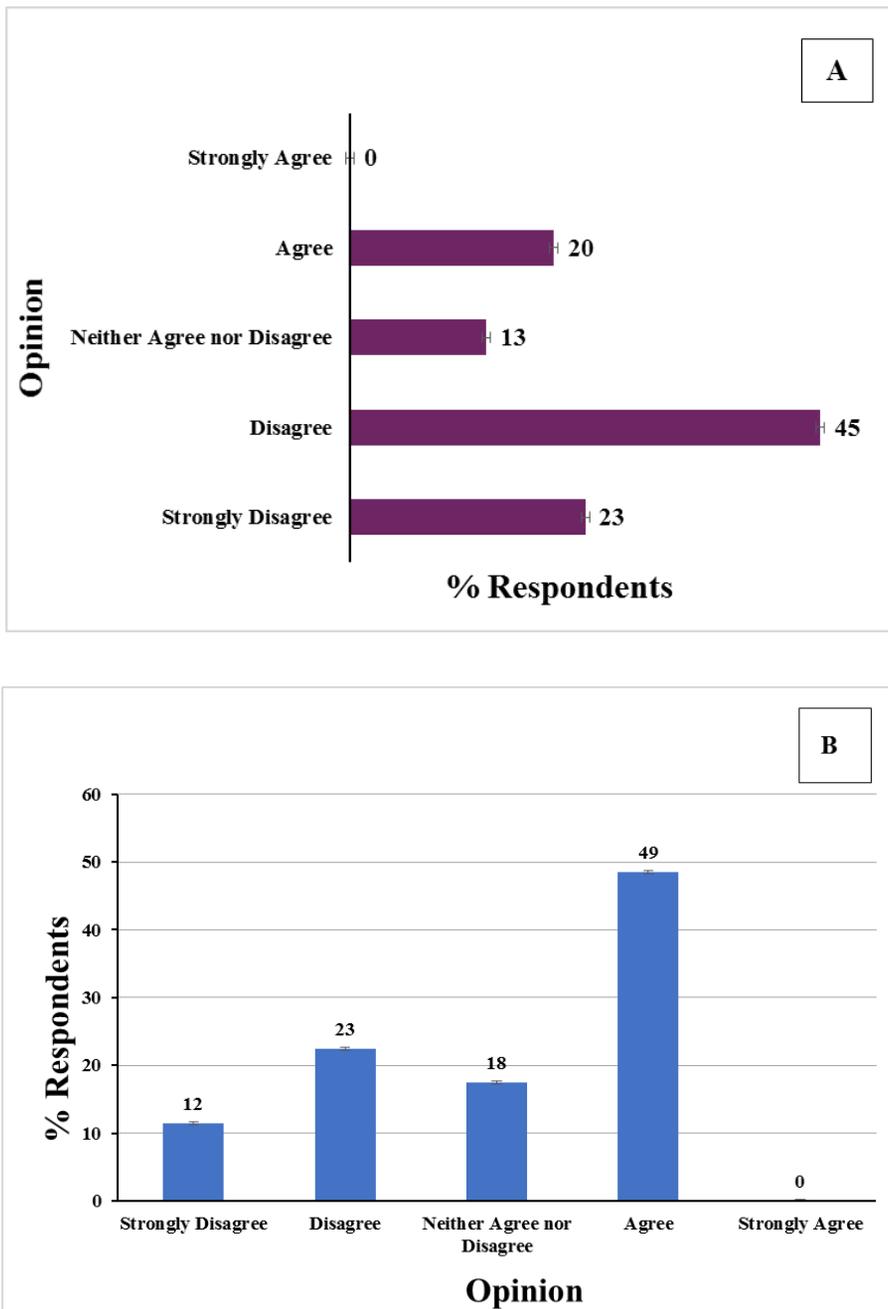


Figure 6. Satisfactory appearances of doctors in public (A) and private (B) hospitals in Dhaka city. Here each value represents the percentile value of the total respondents with +/- standard error (SE)

Appearances of the employees significantly influenced patients' satisfaction in both public and private hospitals (Figure 6: A and B). The patients of private hospitals were satisfied (49%) compared to public hospitals (20%). It also found that patients of public hospitals were unsatisfied (45%) compared to public hospitals (23%). Although 13% and 18% participants were neutral respectively in both public and private hospitals, 12% participants in private hospitals were strongly unsatisfied with the appearances of employees against 23% in public hospitals. Moreover, none of the participants in both private and public hospitals were very much satisfied with the appearances of employees (Figure 6: A and B).

4.3.4 Physical facilities in public hospitals

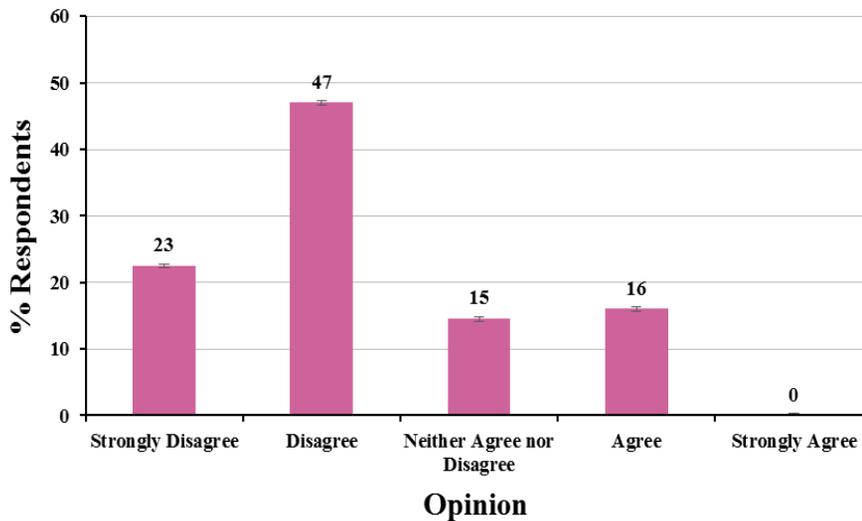


Figure 7. Present status of adequate and good physical facilities in public hospitals. Here each value represents the percentile value of the total respondents with +/- standard error (SE)

Almost one-half of clients (47%) were unsatisfied and 23% clients were strongly unsatisfied with the physical facilities of the public hospitals. Meanwhile only 16% clients were satisfied with the physical facilities of the public hospitals. Although 15% clients were neutral and none of the participants were very much satisfied with the physical facilities of the public hospitals (Figure 7).

4.3.5 Unauthorized tips in public hospitals

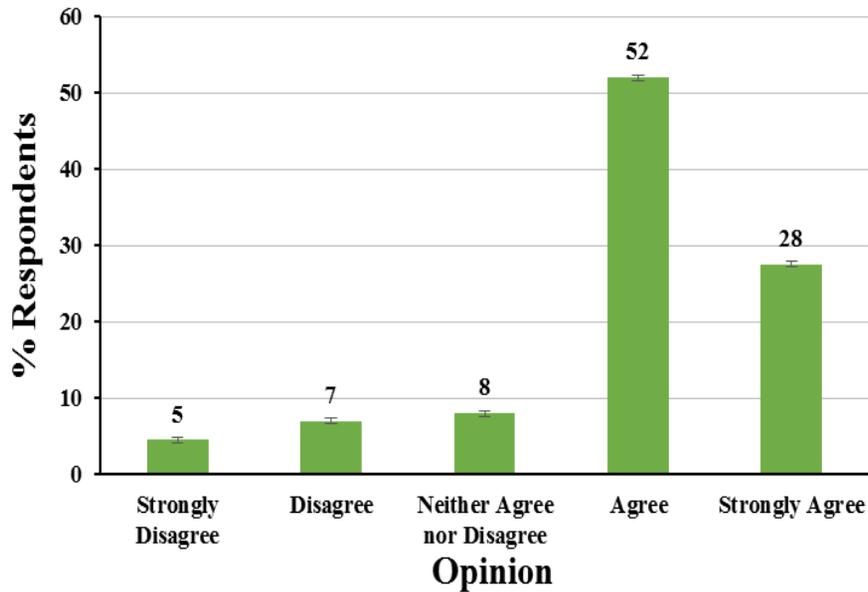


Figure 8. Unauthorized service tips to the attendance that affect the quality of service in public hospitals. Here each value represents the percentile value of the total respondents with +/- standard error (SE)

Unauthorized tips or baksheesh significantly affected the quality of services in public hospitals. The present study revealed that more than one-half of clients (52%) were agreed and 28% clients were strongly agreed with the tips to receive facilities from the public hospitals. Therefore, 80% respondents had to pay extra money to receive their medical treatments. Meanwhile only 7% clients were disagreed and 5% were strongly disagreed with the tips which were insignificant with the present results. Although 8% clients were neutral with the tips of the public hospitals (Figure 8).

4.4 Administrative situation in health care service

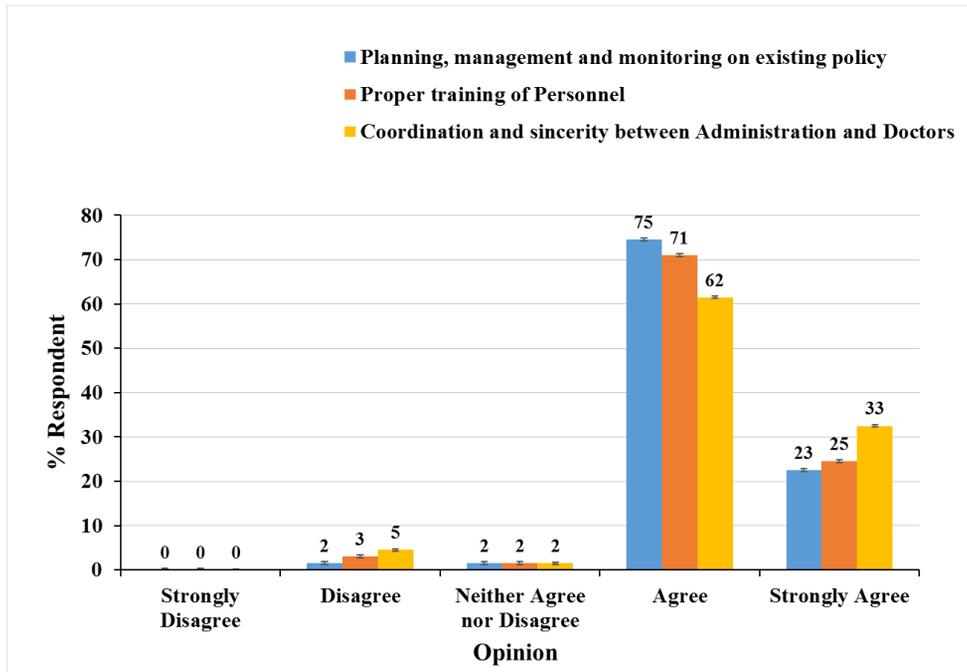


Figure 9. Possible progresses of health care services by policy improvement in Dhaka city. Here each value represents the percentile value of the total respondents with +/- standard error (SE)

4.4.1 Planning, management and monitoring

Planning, management and monitoring of hospitals had significant role to provide quality services. In this study, it revealed that three-fourth of clients (75%) agreed and 23% clients strongly agreed with the planning, management and monitoring of hospitals. Meanwhile only 2% clients disagreed and 2% clients were neutral with planning, management and monitoring of hospitals (Figure 9).

4.4.2 Proper training

Training of the doctors significantly influenced clients' satisfaction in hospitals. In terms of training of the doctors, more than two-third of the patients (71%) agreed that doctors needed training for providing quality services and 25% participants strongly agreed on the training of doctors. Only 3% participants disagreed with training of the doctors which was insignificant, although 2% participants were neutral (Figure 9).

4.4.3 Coordination and sincerity between administration and doctors

Almost two-third of clients (62%) was agreed and one-third of clients (33%) were strongly agreed that it was needed to coordinate between hospital administration and doctors. Meanwhile only 5% clients were disagreed and 3% clients were neutral with this statement (Figure 9). The present finding revealed that 95% respondents thought that there was a lack in coordination between hospital administration and doctors.

4.5 Improvement in health care service

Table 2. Improvement of health care services by policy and environment

Item	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	Percent (%) respondent				
Internal environment	15	7	20	55	3
Involvement of rich people and NGOs	0	3	8	68	21
Investment in health care research	0	3	5	57	35
Modernization of existing hospitals	2	5	5	49	39
Mass media (TV, Radio, Newspaper etc.)	0	0	12	68	21

Clients' satisfaction was by hospital's cleanliness; it appeared that 55% of clients were agreed that satisfaction depends on hospital environments whereas, only 7% were disagreed. Although, 20% of the respondents were neutral with cleanness of hospitals for their satisfaction and receive quality health services (Table 2). In terms of involvement of rich people and NGOs, one-third of the clients (68%) agreed and 21% respondents strongly agreed that involvement of rich people and NGOs was needed to improve quality health services (Table 2). This finding also found that investment in health care research had an important role to provide quality services. Almost 90% of the respondents were agreed with the investment in health care research (Table 2).

The present study revealed that modernization of existing hospitals had significant effect on quality health services. Almost 90% of the respondents agreed

that modernization of existing hospitals was needed (Table 2). In terms of involvement of mass media, almost 90% of the respondents agreed that involvement of mass media could help to improve the hospitals information and could ensure quality services (Table 2).

4.6 Problems in health care service

Table 3. Problems in health care policies for getting quality health care services

Item	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	Percent (%) respondent				
Government fee for getting health care service is rational	7	16	5	58	14
Fees are more expensive compare to the services they provide	2	13	5	51	29
Emergency support system should be way more sufficient	2	2	5	60	31
Government should increase the salary of the doctors to motivate	2	5	6	58	29

Some of the problems discussed here negatively affect the quality health care services in Bangladesh. Doctors' fees in private and public hospitals were major problem to receive quality service for the poor people. More than one-half respondents (51%) agreed that fees in private hospitals were higher than public hospitals. Only around 13% respondents were not agreed with the fees barriers. Although 5% respondents were neutral in this aspect (Table 3).

Regarding emergency support, 60% of the respondents agreed and 31% strongly agreed that emergency support of the hospitals were not up to the mark. Only 2% respondents disagreed with the emergency support. Another important problem in health care services is the salary of the doctors. It was significantly affected the health care services. Among the respondents 58% were agreed and 29% were strongly agreed that government should have to increase the salary of doctors to provide quality health care services (Table 3).

4.7 Correlation analysis

Relationships among different parameters are reported in this section. The threshold used for significant correlations is ($p < 0.05$) given the sample size. The following relationships can be identified. Aging issues tend to be rated higher by individuals with the all other issues. Family income and education were highly correlated with other parameter significantly. Existing health policy in Bangladesh was correlated with the all other parameters. Private hospital facilities and their services were tended to be rated higher positive correlation with the public hospitals. Administration, training and managements were positively correlated with the other parameters.

The results revealed that the studied parameters were highly correlated with each other to find out a comparison between private and public hospital in relation to quality health care services in Bangladesh (Table 5-Appendix B). In this study, the correlation among different parameters showed the perspective overview of the health care situation of the studied area.

5. DISCUSSION

5.1 General information for the respondents

In many ways, cover quality health care services have taken attraction of citizens in recent years. Different studies have showed the importance of being having a better health care service to ensure the patients proper health facilities. In present study, the health care services and health polices in private and public hospital in the Dhaka city were considered as the research site. Male group of the study area came to hospital to receive health services who had higher education compare to the female who were less educated to hospitals for their sickness. These might be due to their less consciousness about their diseases or lack of awareness to maintain a good health. Income status was also important factors to receive medical service in hospitals either private or public. These results indicated that respondents' behaviors had significant effects on receiving medical service from hospitals.

5.2 Existing health policy in Bangladesh

The study revealed that most of the respondents were disagreed about the effectiveness of health care policy in Bangladesh. Most probably it has two explanations. One may be that the Government of Bangladesh could not able to implement the policy in proper ways.

That is why the clients did not get the benefit from the policy and ultimately they did not satisfy with the service of hospitals. The second may be that it could be amended with the advancement of public awareness and socioeconomic status of the people of Bangladesh. However, the government has been pursuing a policy of health development that ensures provision of basic services to the entire population, particularly to the underserved communities.

To achieve the successful policy for improvements in health sectors, it would be needed to ensure implementation of the existing policy in proper ways. The people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health care, if it can be implemented.

5.3 Health care services of public hospital and private hospitals

Employee's performance is one of the most important issues that affect their interactions with customers. Accordingly, it is vital that companies understand concepts such as employee engagement and satisfaction and how the levels of engagement and satisfaction relate to customer satisfaction and overall customer experiences.

The findings of this study also revealed that people selected private hospitals because of the good behavior of the service providers in private hospitals compared to that of public hospitals. It should be noted that behavior of private service providers are better than providers of public hospital services. It is expected

because private hospitals are running for a business purposes so behavior may be one of the tactics of drawing clients from public to private hospitals. Consequently, clients were more likely to receive services from private hospitals. Services quality was another criterion that clients were more likely to receive from private hospitals compared to public hospitals.

Engagement of employees in different works also affects their behavior on the clients. In public hospital in Bangladesh, an employee has to engage in different types of works at the same time. As a result, it creates mental pressure of the employee and ultimately they may behave negatively to the clients. But in private hospital, they have good job responsibility and they have specific work for all the employees. As a result, they do not feel mental pressure and can able to behave satisfactorily to the clients. Saks (2006) was one of the first to note the important distinction between job engagement and organizational engagement.

Quality factors are likely to strongly influence a patients' choice of hospitals. It is likely that private hospitals in Bangladesh spend more money for the salary of the employees to provide the quality services to the clients where public hospitals cannot do because of many barriers of national pay scale and bureaucratic tangle. As a result, private hospitals can provide quality services and are likely to draw clients to their net. Peltier *et al.*, (2003) determined that structural bonds followed by social and financial bonds have the most impact on nurse loyalty.

Health care is an extremely people-based industry. Much of the emphasis is given on the employees behaviors to the clients. In this study, clients were more satisfied with the behaviors of the employee of private hospitals. This might be due to that employees' satisfaction has a strong relationship with the quality of care. As it is discussed earlier that private hospitals spend more money for the employees. When employees are more satisfied it helps reduce stress, turnover, leave of absence, and lower work-related disability and violence claims (Harmon, *et al.*, 2003; Joiner and Bartram, 2004). All of these factors help to increase the level of care given to patients.

The findings of this also revealed that people did not select public hospitals because of the insufficient physical facilities in the public hospitals. Quality factors are likely to strongly influence a patients' choice of hospitals.

For example, the Government in Nepal made substantial investments in basic health care but the utilization remained low because of clients' negative perceptions of public health care (Lafon, 1995). Also in Vietnam, poor quality services in the public sector led to increase use of private providers (Guldners and Rifkin, 1993).

It is likely that public hospitals in Bangladesh cannot spend more money on buying up-to-date medical instruments to provide the latest treatment facilities to the clients because of many barriers including misuse of budget and bureaucratic tangle. As a result, public hospitals cannot provide quality physical facilities to the clients.

The concept of tips (baksheesh), the extra compensation that is expected in many service settings in Bangladesh for 'due', services are becoming notoriously common especially in public sectors. It represents a payment to service providers to ensure that expected services are delivered. It can represent solicited or unsolicited demands for money to render 'undue' services. For example, a bribe may be required to obtain hospital admittance out of turn or to obtain priority access to a particular doctor; tips (baksheesh) will ensure that a scheduled appointment is met. The above constructs represent the initial set of factors along which hospital services in Bangladesh were studied. The tips were compulsory or common in public hospitals.

5.4 Administrative situation in health care service

The morale of health personnel is fast becoming the major factor affecting both the sustainability and the quality of health care world-wide. Low morale mirrors problems ranging from declining balance of payments allocation, and a lack of support for the health system from the very top down to the rigid application of national pay, grading and career structures, and the stress of not being able to do the job properly. While many of these and other problems have been voiced again and again in the press and in the academic literature, much of the work on health manpower development has focused on the planning and production of personnel. This has been with the aim of producing specific categories of better-trained health workers with relevant qualifications, resulting in a heavy emphasis on a quantitative output. Lack of management of human resource

development, it will make dissatisfaction to the patients and ultimately it will lead to national health services losing their competitiveness as employers.

The planning, production and management components of health manpower development have developed haphazardly as vertical activities. A new term such as 'human resource development; the management of health personnel' might help ensure the concept of an integrated process contingent on economic, organizational and other important circumstances in the hospitals.

Doctor or health worker training is a key component for providing health care services to the patients. However, training coverage remains low in many countries including Bangladesh. In this study, it was revealed that more than 90% participants agreed that doctors of hospitals needed higher training in country or abroad for providing quality services to the patients.

International evidence suggests that training, on its own, has only a modest impact on performance (Shah *et al.*, 2011). Although, training for doctors is very low in Bangladesh because government spend minimum budget in this regards. Health professionals often undertake private work whilst also employed by government. Such dual practice is found in both lower- and middle-income countries around the world, with varying degrees of tolerance. In South and East Asia dual practice is rapidly expanding in health systems. Although appropriately regulated, dual practice can improve health service access, the range of services offered and doctors' satisfaction. By contrast, weakly regulated dual practice can

negatively affect public health service access, quality, efficiency and equity, as doctors often pursue the balance of public and private work that maximizes their income and other benefits. That is why it is needed a good coordination between hospital administration and doctors. Otherwise, the poor people will ignore to get quality health services.

5.5 Improvement in health care service

This study also revealed that due to cleanliness clients were more likely to prefer private hospitals. It should be noted that in most of the cases private hospitals are way more hygienic than public hospitals in this country. Generally, people seek out treatment where the environment is clean.

Thus, private hospital often becomes the only option for treatment. It is likely that government of Bangladesh cannot spend more money on buying up-to-date medical instruments to provide the latest treatment facilities to the clients. Rich people and NGOs can invest in health care service sectors and that can help to improve hospital which was discussed earlier. Research can play an important role in identifying the problem and solution in different diseases. It will help the doctors to provide good health services. It will also help to make a doctor to be a specialist in specific areas of interest.

Government of Bangladesh should spend money in doctors' research that was discussed earlier. The mass media is in the business of affecting how and what

people think. The idea that fictional media can influence public views and conduct is not controversial in the field of public health.

As with news items, the public health community understands the influence of entertainment programming in health matters very well. Nowadays, physicians provide virtually all significant expert health care advice for entertainment programming. Therefore, mass media should evolve for providing better health care services.

5.6 Problems in health care service

The widespread collection of unofficial fees at health facilities is a common form of rent-seeking behavior in Bangladesh. Typically, unofficial fees come in the form of cash payments for the performance of required services, for direct purchase of drugs and medical-surgical requisites, and for service access or doctor's fees. It is higher in private hospitals compared the public hospitals. Sometimes, health services or care is going out of reach of the poor people due to private hospital charges and doctor's fees.

The present finding revealed that an unofficial fee is one of the major problems to spread quality health care service in all levels of people. The effort to increase access to emergency and surgical care in low-income countries has received global attention. While most of the literature on this issue focuses on workforce challenges, it is critical to recognize infrastructure gaps that hinder the ability of health systems to make emergency and surgical care a reality.

No surveyed hospital had enough infrastructures to follow minimum standards and practices that the World Health Organization has deemed essential for the provision of emergency and surgical care. Yet even experts in those fields have recognized the paucity of services available for those afflicted with surgical conditions, calling surgery the “neglected stepchild of global public health” (Farmer and Kim, 2008).

The need to develop adequate emergency and surgical services is increasingly evident as surgically treatable diseases, such as hernia repair, become a greater public health burden (Spiegel and Gosselin 2007; Galukande *et al.*, 2010). Economic factors play a significant role in the decisions of workers to remain in the health sector. Shortage of health workers in South Asia is a critical issue that must be addressed through policy, planning and implementation of innovative strategies such as incentives for retaining and motivating health workers. Health workers are vital to health systems but are often neglected.

Factors that contribute to the shortage of skilled health workers include a lack of effective planning, limited health budgets, migration of health workers, inadequate numbers of students entering and completing professional training, limited employment opportunities, low salaries, poor working conditions, weak support and supervision, and limited opportunities for professional development.

Economic factors play a big role in health worker motivation and retention, though they are not the sole reasons for health worker shortages. Health workers

leave their positions for numerous reasons. Health workers commonly leave to obtain better salaries, training opportunities and more desirable working conditions; to access education for children, to find political stability, and because of family ties abroad. Health workers who remain in their countries of origin hold more senior positions, receive good salaries and privileges, and work in favoured locations.

In Bangladesh, there is a poor distribution of doctors as well as an acute shortage of midwives outside Dhaka, particularly in remote areas and sparsely populated communities. To attract and retain health workers in rural and remote communities, innovative strategies are required. Health workers respond to inadequate or intermittent remuneration, poor working conditions and poor supervision with various coping strategies. Health workers may engage in multiple jobs in both the public and private sectors. In Nepal, health workers with very low and irregularly paid salaries are forced to seek alternative sources of income for their survival.

Additional financial benefits include overtime pay, pension plans, health insurance, contract gratuities, and transportation allowance are needed. In Bangladesh, good salary and hardship allowances are required as incentives for doctors to remain in rural areas.

5.7 Correlation among important parameters

From the correlation analysis of this study, the following relationships were found.

5.7.1 Health care service in public hospitals

It was found that the overall health care service in public hospitals were positively significant with the national health care policy (0.915**), satisfactory health care conditions (0.976**) and internal environment (0.801**) of public hospitals.

5.7.2 Facilities of public hospitals

It was found that facilities of public hospitals were positively significant with the national health care policy (0.690**), satisfactory health care conditions (0.868**) and internal environment (0.943**) of public hospitals.

5.7.3 Appearance of public hospitals

It was found that appearance of public hospitals were positively significant with the national health care policy (0.767**), satisfactory health care conditions (0.878**) and internal environment (0.892**) of public hospitals.

5.7.4 Behavior of employees in public hospitals

It was found that behavior of employees of public hospitals were positively significant with the national health care policy (0.801**), satisfactory health care conditions (0.911**) and internal environment (0.901**) of public hospitals.

5.7.5 Prompt service of public hospitals

It was found that prompt service of public hospitals were positively significant with the national health care policy (0.730**), satisfactory health care conditions (0.964**) and internal environment (0.943**) of public hospitals.

5.7.6 Equipment of public hospitals

It was found that equipment of public hospitals were positively significant with the national health care policy (0.980**), satisfactory health care conditions (0.911**) and internal environment (0.633**) of public hospitals.

5.7.7 Personnel caring of private hospitals

It was found that caring of private hospitals were positively significant with all the parameters except satisfactory health care conditions and internal environment of the private hospitals.

5.7.8 Courtesy and behavior of employees of private hospitals

It was found that courtesy and behavior of employees of private hospitals were positively significant with all the parameters except satisfactory health care conditions and internal environment of the private hospitals.

5.7.9 Trust and confidence of patients of the employees of private hospitals

It was found that trust and confidence of patients on the employees of private hospitals were positively significant with all the parameters except satisfactory health care conditions and internal environment, approving of new private hospitals and gives attention to improve the service quality within the public hospitals, and investment on advanced medical research for the medical personnel.

5.7.10 Willingness of the employees of private hospitals to help the service receivers

It was found that willingness to help the service receivers of the employees of private hospitals were positively significant with all the parameters except internal environment and approving of new private hospitals and gives attention to improve the service quality within the public hospitals.

However, in case of private hospitals, the correlation analysis indicated their quality of health care service according to their policy maintenance and the

service they provided. In private hospitals, the correlation results showed that personnel's individual attention, courtesy and behavior of employees, capability to achieve trust and willingness to provide health care service in most cases were positively significant with the policy indicators. As the private hospitals were more caring and standard with policy and internal environment, they were more capable to provide quality health care services compare to public hospitals.

There could be some reasons behind these policy maintained and proper works done by the private hospitals as they were earning a good amount of money as their health care services were way more expensive compare to public hospitals, their medical personnel were paid a handsome salary to provide better service, they were well equipped with modern medical instruments and could give better health care service.

But to ensure a quality health care service throughout the patients the rhythm between the public and the private hospitals should maintain at least the same standard. By diminishing the gap between mismanagement of health care policy and the existing health care services provide to the patients can make a better contribution to rise up the health care service to a quality health care service.

6. CONCLUSION

6.1 Summary

Many developing countries have been actively seeking to improve the quality and outcomes of the health care delivery system. Private hospitals are introduced in addition to public hospitals to a greater extent where services can clearly fill gaps when public services are inadequate. In Bangladesh, there are a lot of government and private community clinic to serve quality health care to the people. But due to rapid increasing population, it is difficult to ensure health quality service to the community people. Therefore, the present research was conducted to assess the existing health care services of private and public hospitals according to the governance rules and regulations. The summary of the research presented here.

In case of existing health care policy of Bangladesh, It revealed that 41% clients disagreed and 40% clients agreed. However, more than 50% clients were not satisfied with the health policy. In terms of behavior of employees, the clients of private hospitals were more satisfied (72%) compared to public hospitals (21%). In terms of sincerity and willingness of employees, the clients of private hospitals were satisfied (50%) compared to public hospitals (18%).

Results also revealed that clients of public hospitals were more unsatisfied (50%) compared to private hospitals (26%). The patients of private hospitals were

satisfied (49%) compared to public hospitals (20%) with the appearance of the employee.

Almost one-half of clients (47%) were unsatisfied and 23% clients were strongly unsatisfied with the physical facilities of the public hospitals. The present study revealed that more than one-half of clients (52%) were agreed and 28% clients were strongly agreed with the tips to receive facilities from the public hospitals.

In this study, it revealed that three-fourth of clients (75%) agreed and 23% clients strongly agreed with the planning, management and monitoring of hospitals. Training of the doctors significantly influenced clients' satisfaction in hospitals. More than two-third of the patients (71%) agreed that doctors needed training for providing quality services and 25% participants strongly agreed on the training of doctors. Almost two-third of clients (62%) were agreed and one-third of clients (33%) were strongly agreed that it was needed to coordinate between hospital administration and doctors. Clients' satisfaction was by hospital's cleanliness; it appeared that 55% of clients were agreed that satisfaction depends on hospital environments whereas, only 7% were disagreed.

In terms of involvement of rich people and NGOs, one-third of the clients (68%) agreed and 21% respondents strongly agreed that involvement of rich people and NGOs was needed to improve quality health services. Almost 90% of the respondents agreed that modernization of existing hospitals and involvement of

mass media were needed. More than one-half respondents (51%) agreed that fees in public hospitals were lower, whereas 68% respondents agreed that fees in private hospitals were higher than public hospital. Regarding emergency support, 60% of the respondents agreed and 31% strongly agreed that emergency support of the hospitals were not up to the mark. Among the respondents, 58% were agreed and 29% were strongly agreed that government should have to increase the salary of doctors to provide quality health services.

The present study has important impact to find out the problems for proving quality health care service and it also helps to improve the health service in Bangladesh. The findings of the present research will help the government of Bangladesh to amend the existing health policy and it will also help to reduce the gap between the service of public and private hospitals and the gap between the existing health care service and existing health care policy implementation respectively. Finally, this findings helps to improve the health care services in Bangladesh and ultimately people of Bangladesh will get quality health care services.

6.2 Implication of research findings

Many developing countries, like Bangladesh have been actively seeking to improve the quality and outcomes of the health care delivery system. In Dhaka City, there are lot of community clinics and public hospitals. But there have been no research on the quality of health care services both private and public hospital.

Even though, there have little implication of national health care policy in health sectors and government cannot ensure the health safety of the people of Bangladesh. However, the research findings will help to improve the situation in both public and private hospitals.

6.2.1 In case of public hospitals:

- **The internal environment:** By improving the health care policy and its proper maintenance throughout the public hospital, the internal environment of the hospitals can be improved to get better treatment facilities there.
- **Equipment facilities:** By increasing the Government investment and several infrastructure projects by the NGOs the equipment facilities in the public hospitals can be improved than the present day situation.
- **Personnel behavior:** To appreciate the personnel service quality and to get their attention to provide a quality health care service, it can be an important issue to overview their salary and other official benefits.
- **Emergency service:** It is true that the emergency service of any hospital is an important and quick response department. By investing more fund from both GO and NGOs to improve the quick service provide equipment, vehicles, non-stop emergency doctor availability can be improved.
- **Improve personnel research opportunity:** To improve personnel research quality it would be nice to provide them scholarships from different government and non-government organizations for higher study in their own specialized fields from quality institutions.

- **Provide better training facilities:** By organizing local and foreign trainings, the standard of the personnel about their duties and services and the quality of the overall hospital system can be improved.
- **Proper monitoring and evaluation:** To maintain the health care services provided by the public hospitals, it is important to have a regular monitoring about their activities and evaluating their performances accordingly.

6.2.2 In case of Private hospitals:

- **Optimum fees and charges:** Doctors fees and hospitals charges should need to decrease so that people from all levels can effort it.
- **Collaboration:** It is needed to collaborate both public and private hospitals so that they can share their facilities both in structural and equipment to provide quality health care services.

The findings of the present research proved that the existing health policy needs to amend. So, the government of Bangladesh can take initiative to amend the existing health policy to reduce the gap between the existing health care service and existing health care policy. According to the present findings, there is a gap between public and private hospitals. So it will help to reduce the gap between the service of public and private hospitals.

Finally, these findings helps to improve the health care services in Bangladesh and ultimately people of Bangladesh will get quality health care services. Therefore, the present study has important impact to find out the problems for proving quality

health care service and it also helps to improve the health care service in Bangladesh.

6.3 Limitations and scope of the study

This study does not claim to be representative to the whole health care sector of Dhaka city. It was impossible to represent the whole scenario of the health care service with all perspectives of the patient's demand and the service provided by the authorities. There were thousand more hospitals and different types of patients that could contribute to make a representative study but due to lack of time, the survey questionnaire was simple and contained less number of questions.

The study revealed the scenario of the health care service and the existing health care policy among the hospitals of the study area based on the participant's response. This research work will help further research on this perspective with a broader area coverage and long-time survey to make a representative result which will contribute a greater role in improving the health sector of Bangladesh.

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Appendix A

Graduate School Public Administration

Seoul national University, South Korea

July 21, 2014

Dear Sir/ Madam

This is Choudhury Shamiya Yesmin, Senior Assistant Secretary, Ministry of Public Administration, Bangladesh, currently, a graduate student of Global Master of Public Administration Program at Seoul National University, Seoul, South Korea. As a part of my Master Program, I would like to conduct this survey for my thesis work.

The title of my thesis is '**A Study of the Quality of Health Care Services in Dhaka City.**' I believe that this questionnaire survey would be very effective to get an appropriate outlook of health care services in private and public hospitals in Dhaka city and also health care service related policies of Bangladesh. It is my great privilege that I have selected you as one of the respondents to share your experiences about health care services and give some solution about the lacking of present service system by fulfilling the questionnaire you are going to receive.

The objective of this questionnaire is to collect data and information about health care services in private and public hospitals, what are the constraints of

government policies that could not improve the health care services in public hospitals and how to solve these problems. Your kind participation in this questionnaire survey will be highly appreciated as this is very important for this study. Your participation is fully depending on your willingness. Everything you fill in this questionnaire survey will be kept confidential.

You need only 15 minutes to complete this questionnaire and I hope you will answer all the questions with enjoyment. If you need any further information or clarification on any of the questions in this questionnaire survey or the whole research study, please feel free to ask.

Sincerely Yours,

Choudhury Shamiya Yesmin

Questionnaire:

Section A: Quality of service in the hospitals

Questions relating to public hospitals:

- 1) Do you think that the overall health care service in Bangladesh is well enough to provide quality health care services?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

- 2) Do you think that physical facilities of the public hospitals are adequate and good?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

- 3) Do you think that the appearances of personnel of public hospitals are satisfactory?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

- 4) Do you think that the courtesy and behavior of employees are good in public hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

5) Do you think that public hospitals can provide prompt service?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

6) Do you think that the equipment of the public hospitals are good and modern?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

Questions relating to private hospitals:

7) Do you think that personnel of private hospitals are caring and providing individual attention to the patients?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

8) Do you think that the courtesy and behavior of employees are good in private hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

9) Do you think that personnel of private hospitals are capable to achieve trust and confidence of patients than that of public hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

10) Do you think that private hospital personnel have more willingness to help the service receivers?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

Section B: Health care policy factor

11) Do you think that the existing health care policies of Bangladesh can meet the basic health care needs of the nation?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

12) Do you think that there is any problem or shortcomings in the government policies of health care services? What are those can you briefly mention?

13) Do you think that the present health care service conditions in public hospitals are satisfactory with the expected demand by the service receivers in Dhaka city?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

14) Do you think that the internal environment of hospitals is good and hygiene enough?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

15) Do you think that the government fee for getting health care service in a public hospital is quite rational?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

16) Do you think that private hospitals are way more expensive compare to the services they promise to provide you?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

17) Do you think government should stop approving of new private hospitals and gives attention to improve the service quality within the public hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

18) Do you think that emergency support system should be way more sufficient that it exists by now in public hospital?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

19) Do you think that government should increase the salary of the doctors in public hospitals to motivate them?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

20) In public hospitals one of the major problems that lack of doctor, what do you think that why they (doctors) don't stay in hospitals?

21) Do you think that planning, management and monitoring system of health policies are the key components to be improved to provide a quality health care service?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

22) Do you think that proper training of the human resources can improve the service quality of the health care sector?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

23) Do you think that increasing supervision by authority can improve the quality of service in public hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

24) What do you think to remove these problems or what are your suggestions?

25) Do you think that unauthorized service tips to the attendance affect the quality of service in public hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

26) What are the policy improvements that you think should incorporate with the present health care policies to have a better quality health care service?

27) Do you think that investment on advanced medical research for the medical personnel should increase to maintain a global level standard in medical sector?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

28) Do you think that the coordination and sincerity of management stuffs and doctors can improve the quality of health care services in public hospitals?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

29) Do you think civil society or NGO involvement can improve the quality of health care services?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

30) Do you think mass communication authorities (e.g., radio, television, telephone organizations, newspaper etc.) can contribute a vital role to improve the health care situation throughout the nation?

1	2	3	4	5
Strongly Disagree	Disagree	Neither agree nor Disagree	Agree	Strongly Agree

General (Open Part)

Please mention activities or services which you think must be added in the policies of health care service in Bangladesh. (Please add as many as you think)

.....

.....

.....

General Background Information of the Respondents (Please put (√) mark below the appropriate box. (Q: 1-6))

1. What is your age group?

- Below 18 years
- 18-30 Years
- 31-40 Years
- 41-50 Years
- 51-60 Years
- Above 60 Years

2. What is your Gender?

- Male
- Female

3. What is Marital Status?
- Single
 - Married
 - Divorced/ Separated
 - Widow
4. What is your Educational Qualification (Highest Degree)?
- Never went to school
 - Primary Education
 - Secondary Education
 - Higher Secondary
 - Bachelor Degree
 - Masters and Above
5. What is your Profession?
- Public Service
 - Private Service
 - Student
 - Business
 - NGO workers
 - Others (Please Specify-----)
6. Would you like to mention about your monthly salary (if possible)
- Below 10000 BDT
 - 11000-20000 BDT
 - 21000-30000 BDT
 - 31000-40000 BDT
 - 41000-50000 BDT
 - Above 50000 BDT

Questionnaire in Bengali Language:

অংশগ্রহণকারীর নাম :

তারিখঃ

হাসপাতালের নাম :

সরকারী হাসপাতাল সংক্রান্তঃ-

১। আপনি কি মনে করেন যে বাংলাদেশের সার্বিক চিকিৎসা ব্যবস্থা উন্নত সেবা প্রদানের জন্য যথেষ্ট?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২। আপনি কি মনে করেন যে সরকারী হাসপাতালের অবকাঠামো ভাল ও পর্যাপ্ত মানের?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৩। আপনি কি মনে করেন যে সরকারী হাসপাতালে কর্মকর্তাদের উপস্থিতি সন্তোষজনক?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৪। আপনি কি মনে করেন যে সরকারী হাসপাতালে কর্মকর্তাদের আচার-আচরণ সন্তোষজনক?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৫। আপনি কি মনে করেন যে সরকারী হাসপাতাল আত্মউৎসাহী সেবা প্রদান করে?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৬। আপনি কি মনে করেন যে সরকারী হাসপাতাল আধুনিক ও উন্নতমানের সরঞ্জামাদি দ্বারা সজ্জিত?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

প্রাইভেট হাসপাতাল সংক্রান্তঃ-

৭। আপনি কি মনে করেন প্রাইভেট হাসপাতালে কর্মকর্তাগণ নিবিড় সেবা প্রদান করেন?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৮। আপনি কি মনে করেন যে প্রাইভেট হাসপাতালে কর্মকর্তাদের আচার-আচরণ সন্তোষজনক?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৯। আপনি কি মনে করেন যে প্রাইভেট হাসপাতালের কর্মকর্তাগণ সরকারী হাসপাতালের কর্মকর্তাগণের চেয়ে অধিক বিশ্বস্ত?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১০। আপনি কি মনে করেন যে প্রাইভেট হাসপাতালের চিকিৎসকগণ স্বাস্থ্যসেবা প্রদানে স্ব-উদ্যোগী?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

স্বাস্থ্যসেবা নীতি সংক্রান্তঃ-

১১। আপনি কি মনে করেন যে বাংলাদেশের প্রচলিত স্বাস্থ্য সেবানীতি জাতীয় মৌলিক স্বাস্থ্যসেবা প্রদানে সক্ষম?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১২। বাংলাদেশের সরকারী স্বাস্থ্যনীতির কোন সমস্যা/স্বল্পতা মনে করেন কি? এক্ষেত্রে আপনার মতামত কি?

.....
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১৩। আপনি কি মনে করেন যে ঢাকা শহরের প্রচলিত সরকারী হাসপাতালের স্বাস্থ্যসেবা চাহিদা মোতাবেক সন্তোষজনক?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১৪। আপনি কি মনে করেন যে হাসপাতাল গুলোর আভ্যন্তরীণ পরিবেশ উন্নত ও স্বাস্থ্য সম্মত?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১৫। আপনি কি মনে করেন যে সরকারী হাসপাতালের চিকিৎসা ব্যয় ন্যায় সঙ্গত?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১৬। আপনি কি মনে করেন যে প্রাইভেট হাসপাতালের চিকিৎসা ব্যয় তাদের সেবার তুলনায় অনেক বেশি ব্যয়বহুল?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১৭। আপনি কি মনে করেন যে সরকার নতুন প্রাইভেট হাসপাতাল স্থাপন বন্ধ করে প্রচলিত সরকারী হাসপাতালের উন্নয়নে

অধিক মনোযোগী হওয়া প্রয়োজন?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১৮। আপনি কি মনে করেন যে সরকারী হাসপাতালের জরুরী স্বাস্থ্যসেবা প্রদান কর্মসূচী অধিক বিস্তার করা প্রয়োজন?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

১৯। আপনি কি মনে করেন যে সরকারী হাসপাতালের প্রতি ডাক্তারদের অধিক মনোযোগী করতে সরকারের পক্ষ থেকে

বেতন-ভাতা বৃদ্ধি করা উচিত?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২০। সাধারণত ডাক্তারদের অনুপস্থিতি সরকারী হাসপাতালের একটি বিশেষ সমস্যা হিসাবে বিবেচিত হয়ে থাকে। এ ব্যাপারে আপনার মতামত কি?

.....
.....
.....

২১। আপনি কি মনে করেন যে পরিকল্পনা, ব্যবস্থাপনা এবং পর্যবেক্ষনের সময়ের স্বাস্থ্যসেবার মান উন্নয়ন সম্ভব?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২২। আপনি কি মনে করেন যে হাসপাতালের মানব সম্পদ বিভাগের কর্মকর্তাদের উপযুক্ত প্রশিক্ষণ, উন্নত স্বাস্থ্যসেবা

প্রদানে সহায়ক হবে?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২৩। আপনি কি মনে করেন যে উর্দ্ধতন কর্তৃপক্ষের পর্যবেক্ষণ বৃদ্ধির মাধ্যমে সরকারী হাসপাতালের স্বাস্থ্যসেবার মান

উন্নয়ন করা সম্ভব?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২৪। এক্ষেত্রে আপনার মতামত কি?

.....

২৫। আপনি কি মনে করেন যে সরকারী হাসপাতালে উপস্থিত সেবা কর্মীদের অননুমোদিত বকশিস প্রদান স্বাস্থ্যসেবার

মানের উপর প্রভাব ফেলে?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২৬। উন্নত স্বাস্থ্যসেবা প্রদানের ক্ষেত্রে জাতীয় স্বাস্থ্যনীতির কি ধরনের উন্নয়ন প্রয়োজন বলে আপনি মনে করেন?

.....

২৭। আপনি কি মনে করেন যে বিশ্বমানের স্বাস্থ্যসেবা প্রদানের জন্য ডাক্তারগণকে উন্নততর স্বস্থ বিষয়ক গবেষণার কাজে সরকারের আরও অধিক অর্থ বিনিয়োগ করা উচিত?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২৮। আপনি কি মনে করেন যে সরকারী হাসপাতালের ডাক্তার ও পরিচালনাকারীবৃন্দের পারস্পরিক সহযোগিতামূলক

আচরণ উন্নত স্বাস্থ্যসেবা প্রদানে সহায়ক?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

২৯। আপনি কি মনে করেন যে রাষ্ট্রীয় ধনী ব্যক্তিগণ অথবা এনজিও গুলো স্বাস্থ্যসেবাখাত উন্নয়নে আরও অধিক

সম্পৃক্ত হতে পারে?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

৩০। আপনি কি মনে করেন যে গণ যোগাযোগ মাধ্যম (যেমন-রেডিও, টেলিভিশন, টেলিফোন সংস্থা, খবরের কাগজ

সংস্থা ইত্যাদি) জাতীয় স্বাস্থ্যসেবা উন্নয়নে গুরুত্বপূর্ণ ভূমিকা রাখতে পারে?

১	২	৩	৪	৫
দৃঢ়ভাবে অসম্মত	অসম্মত	সম্মত বা অসম্মত কোনটাই নয়	সম্মত	দৃঢ়ভাবে সম্মত

সাধারণ তথ্যাদি (উন্মুক্ত):

১। আপনার বয়স?

- ◆ ১৮ বছরের নিচে
- ◆ ১৮ থেকে ৩০ বছর
- ◆ ৩১ থেকে ৪০ বছর
- ◆ ৪১ থেকে ৫০ বছর
- ◆ ৫১ থেকে ৬০ বছর
- ◆ ৬০ বছরের অধিক

২। আপনার লিঙ্গ?

- ◆ পুরুষ
- ◆ মহিলা

৩। আপনার বৈবাহিক অবস্থা?

- ◆ অবিবাহিত
- ◆ বিবাহিত
- ◆ তালাক প্রাপ্ত
- ◆ বিধবা/বিপত্নীক

- ৪। আপনার শিক্ষাগত যোগ্যতা?
- ◆ কখনই স্কুলে যাননি
 - ◆ প্রাথমিক স্কুল
 - ◆ মাধ্যমিক স্কুল
 - ◆ উচ্চ মাধ্যমিক স্কুল
 - ◆ স্নাতক পর্যায়
 - ◆ মাস্টার্স বা অধিক
- ৫। আপনার পেশা?
- ◆ সরকারী চাকুরী
 - ◆ বেসরকারী চাকুরী
 - ◆ ছাত্র
 - ◆ ব্যবসায়ী
 - ◆ এনজিও কর্মী
 - ◆ অন্যান্য (উলেখ করুন))
- ৬। আপনার মাসিক আয়/বেতন?
- ◆ ১০ হাজারের নিচে
 - ◆ ১১ থেকে ২০ হাজার
 - ◆ ২১ থেকে ৩০ হাজার
 - ◆ ৩১ থেকে ৪০ হাজার
 - ◆ ৪১ থেকে ৫০ হাজার
 - ◆ ৫০ হাজারের অধিক

Appendix B

Table 4: Standard errors

Question	Standard Error (SE)
Q1	0.321
Q2	0.289
Q3	0.404
Q4	0.311
Q5	0.370
Q6	0.294
Q7	0.300
Q8	0.286
Q9	0.245
Q10	0.352
Q11	0.387
Q13	0.289
Q14	0.311
Q15	0.370
Q16	0.311
Q17	0.337
Q18	0.289
Q19	0.234
Q21	0.321
Q22	0.351
Q23	0.306
Q25	0.370
Q27	0.365
Q28	0.285
Q29	0.365
Q30	0.200

Table 5: Mean values of questionnaire respondents

A\Q	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q21	Q22	Q23	Q25	Q27	Q28	Q29	Q30
1	11.5	22.5	22.5	19.5	11.5	14.5	6.5	3	11.5	8	11	4.5	14.5	6.5	1.5	1.5	1.5	1.5	0.0	0.0	0.0	4.5	0.0	0.0	0.0	0.0
2	53	47	45	40	50	42	6.5	9.5	22.5	26	40.5	58.5	55	16	13	5	1.5	4.5	1.5	3	9.5	7	3	4.5	3	0.0
3	4.5	14.5	13	16.5	13	6.5	13	9.5	17.5	14.5	8	9.5	19.5	5	5	5	5	6.5	1.5	1.5	6.5	8	4.5	1.5	8	11.5
4	29.5	16.5	19.5	21	17.5	35.5	64.5	71.5	48.5	50	40.5	27.5	8	58	51.5	48.5	61	58.5	74.5	71	64.5	50	56.5	61.5	68	67.5
5	1.5	0.0	0.0	3	8	1.5	6.5	6.5	0.0	1.5	0.0	0.0	3	14.5	29	40	31	29	22.5	24.5	19.5	27.5	36	32.5	21	21

Table 6: Pearson's Correlation Coefficient

	Q11	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q21	Q22	Q23	Q25	Q27	Q28	Q29	Q30
Q1	0.915**	0.976**	0.801**	0.365	0.165	-0.108	-0.014	0.027	0.115	0.116	0.210	0.023	-0.046	0.047	0.095	0.032
Q2	0.690**	0.868**	0.931**	-0.068	-0.326	-0.572*	-0.472	-0.437	-0.326	-0.337	-0.241	-0.443	-0.516*	-0.427	-0.339	-0.390
Q3	0.767**	0.878**	0.892**	0.045	-0.229	-0.494	-0.374	-0.335	-0.217	-0.230	-0.136	-0.346	-0.421	-0.327	-0.237	-0.289
Q4	0.801**	0.911**	0.901**	0.99	-0.180	-0.463	-0.326	-0.286	-0.168	-0.178	-0.072	-0.296	-0.382	-0.285	-0.173	-0.222
Q5	0.730**	0.964**	0.943**	0.046	-0.098	-0.324	-0.295	-0.253	-0.194	-0.190	-0.087	-0.254	-0.302	-0.231	-0.202	-0.260
Q6	0.980**	0.911**	0.633*	0.561*	0.318	0.029	0.176	0.215	0.328	0.319	0.410	0.206	0.117	0.222	0.311	0.251
Q7	0.611*	0.201	-0.287	0.961**	0.829**	0.671**	0.854**	0.868**	0.934**	0.921**	0.949**	0.855**	0.781**	0.837**	0.945**	0.942**
Q8	0.626*	0.225	-0.276	0.973**	0.859**	0.706**	0.871**	0.888**	0.949**	0.936**	0.966**	0.873**	0.807**	0.861**	0.956**	0.949**
Q9	0.822**	0.504	0.091	0.849**	0.602*	0.353	0.584*	0.613*	0.727**	0.705**	0.781**	0.594*	0.488	0.575*	0.745**	0.731**
Q10	0.874**	0.585*	0.152	0.880**	0.663**	0.407	0.614*	0.646**	0.745**	0.732**	0.809**	0.631*	0.533*	0.618*	0.758**	0.736**

Abstract in Korean

국문초록

다카시 보건의료서비스의 질에 관한 연구

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방글라데시에서는 공공의료 시설과 민간 병원이 커뮤니티 사람들에게 보건의료서비스를 제공하고 있다. 그러나 인구가 급격하게 증가함에 따라 전체 커뮤니티 전체 주민들에게 높은 수준의 보건의료서비스를 보장하는 것이 어렵다. 민간병원과 공공병원의 서비스의 질이 고객들에게 어떻게 받아들여지는지를 이해하는 것이 중요하다. 그러나 방글라데시에서, 특히 다카시(市)에서 고객들이 보건의료서비스에 어떻게 접근하는지에 대해서는 거의 알려져 있지 않다. 따라서 본 연구는 현재의 공공 및 민간 병원들의 보건의료서비스를 평가하고, 또한 왜 정부정책이 공공병원의 서비스 수준을 향상시키지 못하는지를 규명하며, 나아가 어떻게 보건의료서비스의 수준을 향상시킬 수 있는지를 연구하고자 하였다. 연구결과, 50% 이상의 응답자가 보건정책에 만족하지 않는다고

밝혀졌다.

응답자들은 공공병원에 비해서 민간병원에 더욱 만족한다고 답하였는데, 직원들의 태도(72%), 직원들의 호의와 의지(50%), 직원들의 용모단정(49%)에 만족한다고 응답하였다. 또한 응답자의 3분의 2 이상이 공공 병원의 시설에 만족하지 못한다고 응답하였다. 고객의 절반 이상(52%)가 공공 병원에서 별도의 팁을 주었다고 응답하였다. 본 연구에서 고객의 4분의 3 (75%)이 병원에 대한 기획과 관리 및 감독이 강화되어야 한다고 응답했고, 3분의 2 이상(71%)이 의사들의 훈련이 더 많이 필요하며, 약 3분의 2 (62%)의 응답자가 병원 행정부서와 의사들의 협력이 더욱 요구된다고 응답하였다.

본 연구는 또한 현재의 보건의료 서비스가 어떻게 하면 향상될 수 있는지를 조사하였는데, 부유층과 NGOs로부터 더 많은 투자를 받아야 한다는 의견이 68%, 현재 병원들을 현대화해야 한다는 의견이 90%, 언론의 관여 및 감시활동이 필요하다는 의견이 90%를 차지하였다. 본 연구를 통해서 공공병원과 민간병원의 서비스 수준에서 여전히 차이가 있다는 것과 현재의 보건정책과 실제 서비스 수준의 차이가 있다는 것을 밝혀냈다. 이러한 발견이 방글라데시 정부가 현재 추진하고 있는 보건정책을 개선하는데 도움이 될 것이며 공공병원과 민간병원의 서비스 수준의 차이를 줄이는 데 도움이 될 것으로 기대한다.

끝으로, 이러한 발견은 정부가 방글라데시의 보건의료서비스를 향상시키고, 특히 다카시의 보건의료서비스 개선하는데 기여할 것이며, 나아가 궁극적으로는 방글라데시 국민들의 보건의료서비스 수준을 향상시키는데 이바지 할 것으로 기대한다.

주요어: 보건의료, 공공병원, 민간병원, 보건정책, 보건노동자,
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