Kathmandu University Medical Journal (2007), Vol. 5, No. 4, Issue 20, 566-573

Medical Education

Client expectation from doctors: Expectation – reality gap

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Abstract
Aims and objectives: To determine client expectation from doctors, a descriptive survey was conducted amongst people above 18 years of age and doctors of Faridpur District.
Methodology: For this purpose a total of 400 patients and 30 doctors were involved. Both rural and urban population were included. A sample of 30 doctors was selected from the outdoor department of Faridpur Medical College Hospital (FMCH), one Thana Health Complex; Non-Govt. private practitioners working in Faridpur town and one Thana of Faridpur District. All had MBBS degree and had become doctors within the last 10 years. Data were collected and both quantitative and qualitative analyses were done. Focus group discussions were done among the people of Faridpur town and one Thana.
Results: The results showed that the majority of clients wanted (I) Experienced and skilled but inexpensive doctors. (II) Proper diagnosis (III) Good behaviour (IV) Free supply of medicine especially for the poor (V) Good clean hospital infrastructure (VI) Hospital to be in the vicinity of their residences. (VII) Both treatment and advice for prevention to be given by the doctors.

Key words: Clients, Doctors, Expectation, Reality, Gap

It was seen that the expectation of the client both in the hospital and the care provided by doctors were not up to the expectation. More priority was given to the needs of the doctors and the facilities for them.

Priorities usually are given to the doctor's need regarding payment, behaviour and pattern of treatment. In most cases clients are always neglected. No importance is given to the client's expectation. But it is impossible to treat clients without fulfilling their expectations. Clinical experience, medical education, training, doctor's personal values and beliefs and behaviours influence the quality of medical practice. [1]

Satisfaction regarding physician's medical care depended upon the following factors: accessibility, availability of family doctors, availability of specialists, continuity of care, conduct of the doctor and availability of facilities in the hospital.[2]

Majority of clients were generally satisfied. However, the level of satisfaction depended on specific aspects or features of the programme being evaluated. Patients after their hospitalization felt at least moderately satisfied with their hospital experience. However, they felt relatively dissatisfied with provisions for privacy in the ward, and that doctors and other staff were not readily available to them. They felt the doctor's did not have understanding of their problems. [3]

It was expected that the doctors would be easily accessible and available at times of crisis. Clients wanted availability of speciality and minimal faculties to be provided in the hospital. Some of them wanted more privacy in the ward, availability of doctors and nurses in the ward etc.

Of the upper 48 percent and 37 percent of lower income families in the sample few had changed doctors because of dissatisfaction with some aspects of the care. Factors are as follows: Lack of confidence in doctor's competence, unwillingness of doctors to spend time talking with patients, hostile feeling towards doctors, high cost of services, inconvenience of location, working hours and unfavourable attitudes towards doctor's personal qualities.[4]

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Large gaps in the doctor: patient ratio, lack of doctors in the rural areas like in the Thana Health Complex where many posts were vacant. This crowded the Government hospitals in the cities. There was poor funding and thus poor facilities even in these hospitals.

It was noted that 43% doctors were dissatisfied due to overwork, low compensation and lack of co-operation of patients. [5] Majority of respondents expressed satisfaction with most aspects of care, except for doctor's availability in an emergency, preventive teaching and aspects of communication.[6]

Physician should behave in a manner that facilitates the patient's expression by himself and that for his part, the patient speaks openly and ask questions.[7] Patient were satisfied if they got optimum time for consultation with doctor.[8] Nearly half of the patients expected a drug prescription from their doctors.[9] Majority of patients were dissatisfied with doctors due to poor communication, diagnosis and treatment.[10] Medical education programme for rural development should improve medical students' community orientation and as well as research skill.[11]
Faculty development may be done through symposium consisting of clinical and research information presented by recognized experts.[12]

Factors involved for not receiving proper service from medical centres are: necessity does not arise, objection from family members, very far from the home, nobody to accompany them, non-availability of female MBBS doctors, non-availability of good treatment and medicine.[13] Moreover, Doctor: Patient ratio in Bangladesh is very high though most of the doctors live in big cities. Most of the Thana Health Complexes suffer from doctor scarcity and large number of the posts are vacant. In most of the sub-centres, doctors cannot stay due to lack of facilities. Those who are unemployed, stay in towns especially in Dhaka city because of availability of private job and facility for further study in medical sciences. Thus there is maldistribution of doctors in Bangladesh.

Most of the patients of Bangladesh attend the Government hospitals. Considering the number of patients, doctors number is inadequate. So the doctors are overburdened. Majority of people in Bangladesh live in villages and those in urban area, live in different communities. But doctors are not oriented with these communities and do not also know the expectation of these people. Only drug treatment is given by the doctors to them.

Due to lack of Government fund the infrastructures of the hospitals are not properly developed. There are also lack of instruments, reagents, medicine, food etc. in hospitals and Medical Colleges.

From above review it is difficult to assess the expectation of clients in relation to doctors' role regarding treatment. Unfortunately no such work has yet been done in Bangladesh in this regard. The present work has been designed to find out which factors are responsible for the satisfaction of patients.

Methodology
A descriptive survey was conducted among people above 18 years and doctors of Faridpur District. Both rural and urban population was included. Opinions were collected by preparing both unstructured and structured questionnaire for the clients. For doctors only unstructured questionnaire were used. In case of urban and rural population only interview was done. On the other hand, in case of doctors, it was self-administered. Total of 400 patients (clients) and 30 doctors were selected for the study.

The 400 clients were divided into:

(a) **Urban Clients**: 140 in number. Among them 100 were collected from outdoor of FMCH and 40 were collected from patients attending the general physician private clinic of Faridpur town.

(b) **Rural Clients**: 260 in number. Among them 100 were collected from outdoor of FMCH; another 100 from outdoor of one Thana health complex of Faridpur District, 40 from patients attending the private clinics of Faridpur town and 20 from patients attending the private clinic of one Thana.

Every 10th patient was selected as client from different department of outdoor of Faridpur Medical College Hospital (FMCH); outdoor of Thana health complex and from patients attending general physician of Faridpur town and Thana. In all cases psychiatric, semiconscious and comatose patients were excluded. The interviews of patients were taken before consultation with doctors.

Total of 30 doctors were selected from outdoor of FMCH and one Thana health complex (same Thana from where clients sample also were taken); Non-Govt. private practitioners working in Faridpur town and one Thana of Faridpur District (from where clients also were collected) as a sample. Total number of outdoor doctors were 20 (includes both FMCH and Thana Health Complex) and general physicians were 10 in number (includes both Faridpur town and one Thana). All were MBBS doctors or had become doctors within 10

years. No interns were included. Data were collected and qualitative analyses were done.

Observation check list already prepared for the outdoor of FMCH and one Thana health complex (from where clients sample also were collected). Each doctor was observed for 10 patients. These observations were done secretly by another doctor (Research Assistant). Here really diseased 10 persons were selected and considered as surrogate patients. The 10 surrogate patients went to 10 general physicians. Surrogate patients were guided by researcher and interviews were taken after attending the physician.

Focus group discussions were done among the people of Faridpur town and one Thana (from where clients also were collected). Focus group discussions done in Faridpur town were four in number. In one Thana of Faridpur District it was 3 in number. A total of 10 persons were allowed in each group and duration of discussions was about 1 hour.

Result

Clients' interview

Total of 400 clients of both sexes and of different ages (range 26-40 years) and from both rural and urban areas were involved. It was seen that most of the patients wanted experienced, skilled and less expensive doctors. Clients, specially the poor, wanted all sorts of medicine free of cost. All patients expected good behaviour from attending doctors and large number of clients also wanted to receive treatment by senior doctors (Table1).

Clients (90%) thought that it would be easier for them to receive health service if hospital was situated within 3 km from their residence. Clients wanted that hospitals should be equipped with modern instruments. They waited on average 90 minutes to meet the doctors in the hospital outdoor or general physician's chamber. They expected that waiting time must be about 30 minutes.

All the clients agreed that the reception room be well lit and have bed and sitting arrangements, toilet and clean drinking water (Table 2). All patients supported regarding continuation of being seen in turn. Doctors' examination room must be well equipped with enough diagnostic instruments.

Patients were interested to know in detail regarding disease and its sequelae (Table-1). Observation and examination of patients must be done by same doctor. Doctor should spend average of 20 minutes (range 12-28 minutes) for each patient. Only one patient must be present in doctor's room at a time, but during examining female patients another female /guardian must be present there.

Many patients (44.7%) thought that laboratory investigations were essential for exact diagnosis of disease and to prescribe medicine not on the socio-economic status of patients but on the basis of need.

Patients seek advice from doctors regarding drug administration procedure, diet control, and prevention of diseases. Patients expected proper treatment and if need be referral, to appropriate place. Majority clients thought that revisit is beneficial and essential for complete cure. Perception of clients (56.9%) regarding quality of health service was not good.

Most of the patients suggested for improvement of medical service by increasing number of experienced doctors and nurses, modern medical equipments, supply of more free medicine from hospital, cordial and attentive attitude of doctors towards clients (Table-3).

Some clients also suggested that a clean environment, presence of specialist doctor in Thana health complex; need of hospital in every villages with at least MBBS doctor be available; supported by honest officers and staffs with strict hospital administration that cared for the patients. An honest and courageous health minister should be appointed. (Table 2)

Table 1: Factors that influenced clients to come to the doctor/general physicians (n=400)

SL. No.	Factors influencing clients to come to the doctor/ general physicians	Frequency	Percentage
01.	Less expensive	138	34.50
02.	Skilled doctor	162	40.50
03.	Experienced doctor	188	47.00
04.	Intelligent doctor	66	16.50
05.	Good behaviour	35	8.75
06.	Inform about disease and treatment	32	8.00
07.	Follow other patients	33	8.25
08.	Doctor is patience	34	8.50
09.	Free medicine	131	32.75
10.	Others	53	12.25

Total number of responses exceeds 400 (100%) as the answers are in multiple response

Table 2: Opinion regarding arrangement of reception room (n=400)

SL. No.	Opinion about reception room	Frequency	Percentage
01.	Reception	400	100
02.	Lighting	399	99.8
03.	Sitting arrangement	400	100
04.	Toilet	397	99.3
05.	Others		
	Patient’s bed	06	1.5
	Water supply	76	19.0
	Neat and clean environment	7	1.8

Total number of responses exceeds 400 (100%) as the answers are in multiple response

Table 3: Major suggestions given by patients to improve services. (n=400)

SL. No.	Suggestions	Frequency	Percentage
01.	Need more experienced doctors	310	77.50
02.	Need modern medical equipments	215	53.75
03.	More experienced nurses	97	24.25
04.	Need more free Medicine	87	21.75
05.	Cordial behaviour	79	19.75
06.	Need 1 Hospital for each village with experienced doctor	53	13.25
07.	Need clean environment	41	10.25
08.	Need MBBS doctor in village hospital	37	9.25
09.	Must be strict hospital administration	35	8.75
10.	Care for patients	24	6.00
11.	Need specialist in Thana Health Complex	23	5.75
12.	Need more hospital	18	4.50
13.	Need honest officers and staffs	14	3.50

Total number of responses exceeds 400 (100%) as the answers are in multiple response

Doctor's interview

Self-administered interviews were done among MBBS doctors working in Faridpur District (includes both general physicians and outdoor medical officers). Almost 77% doctors were not satisfied with their present status as they were more interested do to post-graduation. Besides that, outdoor doctors also had complaints like poor salary, high work load, disrespect by society and health policy. General physicians were also not satisfied due to failure of acquiring post-graduation. Many believed that without post-graduation proper treatment, financial solvency and better social status were not possible.

More than 50% doctors were not satisfied with their knowledge and skill gained during MBBS course. They felt that medical education was not updated in Bangladesh; was less practical oriented, teachers were not guiding properly in both academic and training period; and dearth of facilities and equipments.

Feeling was that skill can be developed through training by way of CME. It is necessary to arrange proper internship training which should be of 2 years duration. Other training for doctors will also be effective.

Near about 67% respondents thought that there were absence of sufficient facilities to provide quality treatment to the patients. Lack of doctors in relation to patients existed. Lack of other manpower (nurses and other staff), deficiency of enough equipment, small number of facilities for training and scarcity of fund was poor. Not so good relationship between doctor and patient, scarcity of free medicine from Government hospital, lack of residential facilities were other reasons. Also corruption in management and employee’s union were mentioned.

Fifty percent of doctors stated that their teachers in medical colleges were not up to the mark. Teaching was poor, shortcomings in them were as follows: lack of sincerity, deficiency in the recent knowledge of medical science, poor English expression, lack of commitment to serve the country, lack of specialization, teaching method not attractive and not practical oriented.

Many doctors (70%) responded that environment of medical colleges were not in favour of learning process due to student politics, lack of accommodation in hostel, shortage of educational equipment and qualified teachers.
Sixty percent of doctors rejected existing teaching methods because it was poor, curriculum was less practical oriented, professors spent less time for clinical classes, no MCQ Questions in MBBS examination, defective Viva-voice, poor library facilities, lack of clinical symposium and lack of close relationship between teachers and students.

Majority of the doctors (70%) responded that behavioural science which was taught in MBBS course was not sufficient. This subject was neglected and should be included as a special paper with more period of time in MBBS curriculum in the 3rd and 4th years.

Majority of the doctors (93.3%) were not engaged in research work due to lack of facilities, lack of fund, time, knowledge and adequate monitory benefit. Few doctors (6.7%) were engaged in research but felt problem regarding fund and co-operation of others. Most doctors (73.3%) agreed for adding preliminary research concepts in MBBS course.

Majority doctors (93.3%) learned treatment of emergency problem but among them 70% doctors were not satisfied with the acquired knowledge and skill.

Near about 77% doctors gave opinion in favour of providing community clinic. Only few doctors gave opinion against set up of community clinic as proper treatment will not be possible due to lack qualified doctors.

Focus group discussion

Focus group discussions were done in Faridpur town and Bhanga Thana. Focus group discussions added in addition to patient interview as follows: Doctor's life should be dedicated for medical science; priority was given to the emergency patients and to attend call if necessary; to know detailed history of the disease is essential; the patients should be examined properly and carefully with proper medical instruments; patients must be observed and examined by same doctor; essential laboratory investigations should be advised; prescribed drugs should be essential and standard in quality; doctors should not be afraid to give information to the patients; in addition to physical treatment, doctors should also counsel the patient and must maintain privacy of patients' conditions.

Equal importance should be given to all socio-economic groups of patients. Doctors should be skilled in psychology also. A need was felt to arrange workshop for exchanging opinions between doctor and general population.

Adequate monthly salary should be given to the Government doctors and doctors in such service should not do private practice. It is necessary to establish "Medical Council Act" to try to keep intelligent doctors within the country. Opportunity should also be given to the foreign doctors to do practice in Bangladesh.

It is better for specialist doctor to treat patients of his/her own field. Indoor and outdoor patients should be treated by specialists in Government hospitals. Staff of hospital other than doctors also should be nursing minded, cordial and must do their work sincerely. Essential laboratory tests must be performed within Government hospitals. Doctors should be conscious regarding removing of all sorts of corruption from the hospitals. There is need of Government policy regarding private practice and as well as price of medicine so that general public can avail of it.

Teachers of medical colleges should be more careful for training and producing doctors. Need of index file of doctors and doctors will be accountable for their job. There will be separate time for visiting medical representative. Need to arrange training for the village doctors.

Observation check list

Total 200 patients of different departments (Medicine, Surgery, Gynae and Obstetrics, Paediatric, Orthopaedics, ENT and Skin and VD) were observed. Among them 160 patients from FMCH outdoor and 40 patients from Bhanga Thana Health Complex (BTHC) outdoor were taken.

In 26% cases, there was no receptionist in outdoor and in 90% cases there was no waiting room and as well as sitting arrangement. Waiting time before attending the doctor was 26 ± 19 minutes. In 75% cases entrance to the doctors' room was in turn serially and in orderly fashion 25% cases. Majority of the doctors (71%) received patients with due attention and few (2%) received with smiling face. More than one patient was present in doctors' room in 90% of the cases and there were sitting arrangement within doctor's room in most (99%) of the cases. Most of the doctors (97.5%) gave treatment on the basis of present history. Less importance was given regarding other history (Past, Family and drug), general and systemic examinations (Table-4). Time for observation of patients by doctors was 2.5 ± 1.6 minutes. Majority of patients (77%) were observed in sitting position; few in standing (18.5%) and lying (4.5%) positions. Doctors gave advice to patients regarding drug intake (32%), diet (14%), return visit (15%), laboratory tests (14%), referral (9%), admission (2%). None of the patients were informed regarding his or her illness.

Table 4: Percentages of history taking, general and systemic examinations were done by outdoor doctors of FMCH and BTHC.

		No. of Pts.	% of Pts.
History	Present history	193	97.5%
	Past history	30	15.2%
	Family history	03	1.5%
	Drug history	18	9.1%
General & Systemic examination	Anaemia	22	11.1%
	Jaundice	02	1.0%
	Oedema	03	1.5%
	Skin condition	33	16.7%
	Others	21	10.6%
	BP	09	4.5%
	Pulse	08	4.0%
	Temperature	03	1.5%
	Palpation liver	06	3.0%
	Spleen	05	2.5%
	Fluid thrill	01	.5%
	Any other palpation	20	10.1%
	Heart sound	11	5.6%
	Breath sound	17	8.6%
	Bowel sound	04	2.0%
	Other auscultation	04	2.0%
	Examination of particular organ which needs separate attention	07	3.5%

Total no. of observations exceeds 200 (100%) as the answers are in multiple response

Surrogate patients

Ten surrogate patients of different age, sex and income groups were selected to assess the approach of medical practitioners towards their patients. One surrogate patient was sent to specific selected practitioner. As reported, most (7) of the general practitioners maintained specific reception room with a receptionist. The rooms were tolerably clean and ventilated with arrangements for sitting of the patients. Toilets were available in only two places. In a large majority of the places the patients had to maintain a serial order to enter the doctor's room.

Average waiting time to enter the doctor's room was twenty minutes. The range was from few minutes to one and half-hours. In majority of the cases the doctors received their patients amicably and talked to them politely. In near about one third of places more than one patient was allowed to enter the doctor's room. All doctors' had sitting arrangement for the patients and also had examination table. History taking was improper and limited to chief complaints and in some cases history of the present illness were taken. Very few

doctors gave emphasis on past history, family history and history related to different drugs.

Physical examinations in general were limited to counting of pulse, taking of BP, looking for

anaemia, jaundice, cyanosis and palpation of liver and spleen. Few doctors did systemic examination for the disease related to complaints of the illness. One third of the patients were examined in sitting position, one third on the examination table and one third in both the ways. Time taken to examine a patient by a doctor varied from five to thirty minutes.

Most of the doctors advised their patients for return visits and laboratory tests. About one third of the doctors gave instructions on taking of medicine and diet. A few doctors advised on referral and admission to hospital. Very few doctors informed the patients regarding his/her illness.

Discussion

In this study it shows that there were gaps in expectation and reality in different aspects. This study is similar to the findings of another study published. [14]

Clients expected that there would be comfortable reception rooms. In majority of places there were no such facility in Govt. hospital (FMCH and BTCH). Most of the general physician's chambers were having reception rooms. Absence of reception room may be due to lack of funds, lack of planning, inefficient management, employees union (all staff were not working properly) and deficiency of manpower.

History must be taken in detail by doctors and they need also to examine patients properly with appropriate instruments. In reality, treatments were given in outdoor (Faridpur FMCH and BTHC) on the basis of present history. Minimum physical examinations were done by doctors. This observation is similar to that reported by another worker. [15]

Examinations were done usually in sitting position. This may be due to shortage of time or shortage of doctors in relation to number of patients, leading to overburden of doctor's work. Moreover many doctors were more interested to do post-graduation (otherwise there is less chance of promotion, income and social status). Doctors were also frustrated due to poor salary and lack of appreciation by the society. Lack of knowledge may be one of the reasons.

Only one patient expected to present himself within doctor's room singly. Usually in Government hospitals (FMCH and BTHC outdoor) more than one patient present within doctor's room. So there was no maintenance of privacy which was one of the expectation of clients. However, in a general physician's chamber this rarely happened. This occurrence may be due to deficiency of managerial capability of duty doctor and administrator of the hospital, scarcity of manpower and employees union.

Patient seeks all sorts of free medicine from Govt. hospital but in practice only minimum drugs were supplied from out door. This was may be due to lack of fund.

Doctors should be cordial, attentive and must give importance to the patients. In reality this did not occur. There is need to change the doctor's attitude. Study on behavioural science, doctor's accountability and removal of causes for doctor's frustration may change attitudes.

Prolonged waiting and very short observation by doctor was not acceptable to the clients. This was due to shortage of doctors and as well as frustration. This is similar to the work of another researcher. [15]

Prolonged waiting before examination by doctors may be minimized by prior appointment system. Minimum importance was given by doctors regarding drug administration procedure, diet control and prevention of diseases, issues which of were importance to the clients. Clients felt satisfied for referral to other doctors if necessary. Patients expected information regarding his/her illness but this was not done by doctors. This finding is similar to that of other workers.[15] Many clients do not want information regarding poor prognosis.

There are some limitations to our study. We did not have a random sample of doctors. We also had a relatively small sample of general practitioners. This may explain why we could not detect any influence of general practitioners. This is similar to a study done in another country. [16]

For training and producing knowledgeable and skilled doctors, there is need to updating course-curriculum; teaching must be enriched with recent knowledge and be more practical oriented; Medical colleges would be enriched with modern equipments and facilities.

Appointment of qualified and skilled teachers, improvement of environment of the institute and proper training are needed. Professors should give more time with the students.

For faculty development there were need of appointment of increased numbers of skilled

teachers, improved up to date teaching methods, examinations on time, development of academic environment, well equipped laboratories with modern instruments, proper training of teachers on teaching methods (including degree) and optimum manpower. This is similar with the study of other workers.[17]

Research is also important for faculty development and as well as development of medical science as a whole.

There are similarities between the finding of patients' interview and focus group discussion except in few aspects. Focus group discussion added in addition to patient interview are as follows : doctors should be skilled in psychology; to arrange workshop between doctor and general people for exchanging views; update Medical Council Act, to keep intelligent doctor within country, and to encourage competition between local and foreign doctors. Introduce relationship among doctors, nurses, staffs and patients within course-curriculum, preparation of index file of doctors and give training to the village doctors.

Views of doctors and clients are same but there is lack of implementation. Some factors, may however, interfere in the implementation. For removing those obstacles there is need to change course – curriculum of MBBS degree. More emphasis should be given to the behavioural sciences and it may be introduced as a separate subject of 3rd and 4th years. There may be introduction of subject of management and administration (related to health service). Rearrangement of written and viva-voice examination so that proper judgement is possible. Preliminary idea regarding research may be introduced in the MBBS course. To increase facility for doing Post-graduation, improvement of salary and more fund for health sector should also be looked into.

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