

# Balancing satisfaction, balancing health

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## Valorisation



## INTRODUCTION

Patient satisfaction is a widely used indicator of health system performance, and is often measured based on patients' perception of service quality. With a background in medicine and global public health, the author of this dissertation is aware that patient satisfaction is not such a simple issue that it can be measured by patients' opinions only; instead, it is the product of influences of a complex set of macro-environmental factors on key stakeholders in health care and their roles, interests and limitations. Moreover, the usual approach of measuring patient satisfaction is neither complete nor balanced for policy interventions; indeed, it may fuel dissatisfaction among key stakeholders in the health system. Empirically, patient dissatisfaction is linked to health and economic loss, which has become problematic in the public-private mixed out-of-pocket payments model of health systems globally, and especially in developing countries like Bangladesh. Thus, patient (dis)satisfaction is a topic of interest to health and economic development as well as to social capital in health care, and one that merits inclusive investigation.

### *Target audience*

In health care, the health and economic protection of rural residents – who make up nearly three-fourths of Bangladesh's total population – are among the key determinants of the sustainability of the country's current economic growth, since the links between health-care costs and poverty are explicit. This dissertation aims to explore key influences on the satisfaction of administrators, doctors and rural patients in the district public-private mixed health system of Bangladesh, along with policy interventions to improve this satisfaction. Thus, policymakers, public administrators and doctors, and private investors and doctors in the health system, are the prime target audiences of this dissertation, while the rural patient is the ultimate beneficiary.

### *Products and contents related to results*

This dissertation has determined that threats of health catastrophe and low social capital exist in Bangladesh's health system, which is linked to dissatisfaction among the target stakeholders. The empirical findings suggest that stakeholders' dissatisfaction is mainly linked to weak governance, regulation and financing, along with strict command and control in the health system as well as health professional politics. In the public sector, these structural factors are accompanied by allocative and technical inefficiencies and unfair performance evaluation. In the private sector, related issues include under-regulation of providers' behaviour, health-care costs and quality. Ultimately, the health system goals of ensuring equity and the health and economic protection of people in need are compromised in both the public and private sectors.

To improve efficiency in the allocation and use of scarce human and material resources, reducing central-local power gaps and implementing efficient and transparent management of human and material resources in the public sector are high priorities. Furthermore, improved public-private collaboration and clear goal-oriented and reinforcement-based market regulation are crucial to facilitate desired outcomes from the private sector. Based on the opinions of the target stakeholders and effective evidence-based practices elsewhere, this dissertation argues that district-based health reforms involving decentralisation of defined authorities to a multisectoral body with ample resources and power would improve regulatory efficiency and reduce unethical practices in the health system. These steps would promote the efficient use of scarce public resources as well as equitable access to health care for rural populations. A gradual move towards complete separation of human resources in the public sector (i.e. doctors) from the private market while compensating their economic interests would generate balanced inter-sector competition and productivity in the health system. Additionally, instituting a national policy for private doctors' welfare would reduce their dissatisfaction. This dissertation addresses loopholes in the overall design of the health system and proposes strategies to close them (Chapter 3).

### *Dissemination of products*

Effective implementation of the research findings is contingent on motivation on the part of policymakers, capacity building for local public managers, adequate financing, policy creation, and consensus building among key stakeholders. Based on context and feasibility, the following approaches are chosen to disseminate the research findings. The key findings of the dissertation will be discussed with and submitted to the Director General of Health Services for policy support, as well as to the regional Directors of Health services. To further disseminate the findings, a workshop will be arranged involving civil surgeons, Upazilla Health and Family Welfare Officers, doctors and private facility owners, representatives of the Bangladesh Medical Association and journalists of national newspapers. Additional workshops will be arranged involving members of the scientific community from several recognised organisations with a proven track record of contributions to policymaking, such as ICDDR'B, BRAC University and Pundra University of Science and Technology of TMSS. The dissertation will be presented both to the country's development partners, including the World Bank, WHO, the European Union and the Ambassador of the Kingdom of the Netherlands in Bangladesh, and at international conferences. This will be helpful to facilitate advocacy for mobilising policymakers, gathering financial and technical support and promoting capacity building for local public health administrators in piloting the decentralisation process. The candidate will play an active role in disseminating the results within one year following successful completion of the PhD project.

*Projected impacts*

The methodology of the inclusive approach to investigating health system satisfaction has a number of social and scientific implications, as it empirically addresses macro and micro-environmental factors of health system (dis)satisfaction. The methodological approaches and findings will be applicable in cross-border settings with similar contexts. The strategies for improving key stakeholders' satisfaction are based on their opinions, and the effects of these measures will be cross-checked with effective practices elsewhere. Moreover, a complete and in-depth understanding of dissatisfaction in the public and private sectors will reduce frustrations and mistrust among key health-care actors. This project also illustrates the effects of market-style reform in a developing country like Bangladesh and the factors underpinning these; additionally, being funded by the Dutch Government, this research itself serves as valuable input in the debate on the impact of globalisation. This dissertation will provide a solid foundation for future researchers to investigate an appropriate health insurance system for Bangladesh. Successful implementation of the recommendations with the necessary adaptations will ultimately contribute to equitable access to health care and health for rural populations, as well as to their economic development.

Lastly, the candidate's self-motivation to play a role in promoting the health of the global population through research and involvement in academia also contributes to achieving the vision and mission of Maastricht University.

