Propositions

BALANCING SATISFACTION, BALANCING HEALTH

Challenges of satisfaction in the public-private mixed health system of Bangladesh

1. Statistics in quantitative studies are the numbers for scoping the real population estimates; however, the voice of the population itself, as in qualitative studies, strengthens the reality and provides a decent scientific basis. (This thesis)

2. Not how high the expectations of the different actors are, but how the expectations are balanced by each other, is the key dynamic of (dis)satisfaction in the health care system. (This thesis)

3. Exploration of only patients’ satisfaction means visualising only a part of an iceberg; the larger segment of its macro-environmental factors, which is a barrier to other potential health care actors’ satisfaction, remains submerged. Thus, this approach is least effective for policy implications and an inclusive approach is essential. (This thesis)

4. “What is not tested cannot be trusted”- Dr. Arul Anketell. All negative notions about the health system of Bangladesh are neither flaws nor even unbiased; this thesis has tested those.

5. Systems and situations are changeable; this thesis would be effective to change the health system for positive outcomes in all stakeholders’ perceptions of health care in Bangladesh and would improve rural people’s access to health care and health. (Valorisation)

6. “It is better to do something and be criticised by others than not to do anything and criticise others”- Ricky Gervais. It may not be easy to implement the research findings; however, resistance and debates are natural pre-conditions to the way forward. (Valorisation)

7. “We cannot satisfy everyone”. (Daryl Daughtry)

8. Satisfaction lies in the effort, not in the attainment. Full effort is full victory! (Mahatma M. K. Gandhi)

9. To be a researcher is not a dream during sleep, but something that interferes with sleeping. (Candidate’s reflection)

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