Professionalism in Health Service A Study on Sylhet Osmani Medical College and Hospital

Shamima Tasnim^{*} Imrana Ima^{**}

Abstract

Health is a basic requirement to improve the quality of life. Professionalism is a set of attitude and behaviors which we have come to expect from individuals during the practice of their profession. Professionalism is at the heart of doctors' relationships with patients and the public. But now a day those who are engaged in delivering health service to common people are practiced commercialization in their service. Lack of their professional attitude, ethical standard and altruism service common people of the country are suffered and the programs of government towards ensuring better health service are not fulfilled properly. This descriptive study has conducted on Sylhet Osmani Medicale College and Hospital. The objective of the study was to explore the nature and limitations of professionalism in Sylhet Osmani Medicale College. Among 100 respondents 50 were doctors, nurse and clinical pathologist and 50 were health service consumer or patient. The study has used the survey method following mixed approach.

This study found that professionalism is not yet build up in Osmani Medicale College. Patients are not satisfied with doctors and hospital administration. This study specifically identified some problems in the way to practices professionalism. They are lack of man power, lack of modern technology, lack of morality and ethics, overburden with duties, lack of proper training etc. This study also recommended medical professional should have the adequate professional knowledge, proper

^{*} Associate Professor, Department of Public Administration, Shahjalal University of Science and Technology, Sylhet, Banglaadesh.

^{**} Free lance Researcher

training, morality and commitment to the profession. Thus a positive and trustworthy relation may ensure better health service in Bangladesh.

Keywords: Public health, professionalism, Bangladesh, health professionals.

Introduction

Professionalism is the level of excellence that is expected of a professional. 'It is a set of attitude and behaviors believed to be appropriate to a particular occupation' (Menniam Webster's collegiate dictionary). Heath service is one of the fundamental rights of the people. There are provisions for health service and development of public health in Article 15(a) and 18(1) of the Constitution of the People's Republic of Bangladesh. The objective of all policies, planning and programs of the government on health is to carry health services to the common people. For the cause of manifold limitations- many of the service recipients are deprived of the expected service. The expected standard of service has not been possible to make ensured as yet. So It is essential for all professionals those who are engaged in delivering health service as well as to cherish effective, stable interpersonal relationship with patients in order to ensure better health service in public hospitals.

Background of the Study

The concept of professionalism first emerged in the early 1990's in the United States as a response to the many challenges facing the health care system. (Byszewski, undated). The American Board of Internal Medicine (ABIM) commissioned 'Project Professionalism', which sought to define the components of medical professionalism: altruism, accountability, excellence, duty, honor/integrity and respect. (Passi et. al, 2010).

The World Medical Association, at its third General Assembly in Geneva in September 1948, adopted certain codes of ethics in the form of an oath to be taken by all members of the profession at the time of entering the medical profession. A year later, the Association adopted a code of ethics which is popularly known as the International Code of Medical Ethics. This dictates different duties of doctors considered from different angles. Bangladesh, as a member country of the Association, is a signatory to the codes. Enforcement of the code is the responsibility of the Medical and Dental Council of Bangladesh. The Bangladesh Medical Council was established in 1972. It was renamed as the Bangladesh Medical and Dental Council (BMDC) later. The ultimate objective of the BMDC is to ensure standard medical practice in the country (Huq 2000). In 2002, a combined North American and European Internal Medicine Boards project published the Physician's Charter – a declaration on medical professionalism re-quirements for the new millennium. The Physician's Charter consists of three fundamental principles: patient welfare; patient autonomy and social justice. Most recently, the Royal College of Physicians of Lon-don's Working Party on Medical Professionalism (Passi et. al, 2010). In this context it is top most essential to explore the practices of professionalism in medical service in Bangladesh

Rationale of the Study

This study is significant because it is expected to explore different dimensions of the service of medical professionalism in public hospital like Sylhet Osmani Medical College (SOMCH) identify the challenges to ensure professionalism in health service, Help to unravel the present status of public health service of Bangladesh according to medical professionalism, as well as fulfill the greater benefit of the society. Moreover, this study would be a reliable guideline for the Government and other professional for making further research. This is the age of globalization. A high quality assurance in medical service in Bangladesh is essential as it is a basic need of people. Professionalism in health service can play as an important indicator to achieve quality of service in public hospital like SOMCH. In Bangladesh some writers have focused in their paper about code of medical ethics but no research have been made on Importance of Professionalism for Ensuring Better Health Service. Considering these issues, conducting a research on these topics in a specific area takes much importance and working with it is both challenging as well as interesting too.

Objectives of the Study

The objective of this study is to find out the practices of professionalism in delivering better health service at public hospital in Sylhet city. In addition to this; the other objectives are: Professionalism in Health Service

- 1. To search the nature of professionalism practicing in health service.
- 2. To sketch the challenges ensure professionalism in health service as well as to find out the way to meet the challenge.

Research Methodology

The research is exploratory and descriptive in nature. It has used the survey method to achieve calculative findings. Besides mixed approach (both qualitative and quantitative approach) have been applied in this study for analyzing data.

Area of the Study

Sylhet is Bangladesh's third largest metropolitan city and this study is based on data for Sylhet city. Sylhet Osmani Medical College (SOMC) is a state funded medical college in Bangladesh. About 10 million people are dependent on it for health care. Though the manpower, physical facilities etc. are available only for 500 patients, the hospital has been upgraded to 900 beds in the year 2003, but about 1200 patients are taking service from here.

Population, Sampling and Sample Size

In this research, total population is 1583, where doctors 160, nurse 215, clinical pathologist 8 and patient 1200. The respondents have been selected through purposive sampling method with the context of respondent's position and status at work place. At every stage of the selection of respondents, priority was given on the objectives of the study. In this study total sample are 100, comprised with doctors, nurses, clinical pathologist and patients.

Category	Sample size		
		Doctor	25
Health service provider	50	Nurse	22
(medical professionals)		Clinical pathologist	3
Health service consumer (patients)	50		
Total	100		

Methods of data collection

The study has been held based on primary and secondary data. The primary data has been collected from hundred respondents through questionnaire, interview schedule. The Secondary data has been collected from published books, journals, newspapers, articles and internet browsing. Data collection techniques were face to face interviewing the respondent, informal discussion, non- participate observation etc. Here, the open and close ended questions have been chosen. A structured self administered interview schedule (open-close) has been used to collect empirical data from respondents.

Review of Relevant Literature

Herbert. M Swick (2000) in his paper 'Toward a Normative definition of medical Professionalism proposes a normative definition of what is meant by medical professionalism and asserts that the concept of medical professionalism must be grounded both in the nature of a profession and in the nature of physicians' work. Attributes of medical professionalism reflect societal expectations as they relate to physicians' responsibilities, not only to individual patients but to wider communities as well.

Abdul Faiz (2009) in his paper 'Medical Professionalism' opined that a doctor who is a good professional has a very close personal relationship with his patients as he knows in service industry everything is based on relationship. Professionalism is the basis of contract with the society and it should maintain a proper standard.

Ashrafuzzaman (2006) conducted a study on socio economic condition of doctors in Bangladesh. In this study the author has focused a burning issue that if any newspaper or independent agency conducts an opinion poll, our doctors in Bangladesh will be rated very poorly. Their disregard for updating professional knowledge, offering wrong treatment to the patients, issuing false medical certificates and injury reports by taking bribe, misbehavior with patients and their next of kin, doing private practice (by government doctors) during official working hours, long absence from place of posting without taking leave and, above all, greed for money is too well known to our people.

Ronald. C. Macckenzie (2007) in the paper 'Professionalism and Medicine' considered the historical development of medical professionalism; its ethical underpinnings have been presented and mentioned charter of medical professionalism and some challenges of it. Huq et al, (2000) conducted a study on Medical ethics in Bangladesh. According to their views "Medical ethics mean the moral principles, which should guide the members of the medical profession in the course of their practice of medicine and in their relationship with their patients and other members of the profession". They also viewed the people of Bangladesh as emotional. They totally depend and trust on doctor's treatment. So doctors should be more concern about ethics in practices

Passi et al (2010) emphasized on medical professionalism on their paper 'Developing Medical professionalism in future doctors: A systematic Review." This paper offers a preliminary guide to future progress in the area of medical professionalism. The aim of this paper is to summaries the evidence currently available on methods used by medical schools to promote medical professionalism. In addition, this paper focused that medical educators are encouraged to simultaneously address the importance of monitoring of unprofessional or disruptive behaviors and to develop institutional policies to detect unprofessional behaviors and to develop procedures for the remediation of medical students.

Robin Downie (1990) has identified some characteristics of professionalism in his paper 'Profession and Professionalism'. They are as follows: skill and knowledge, recognition, independency, cognitive perspective, legitimate authority, relationship between providing service and consuming service.

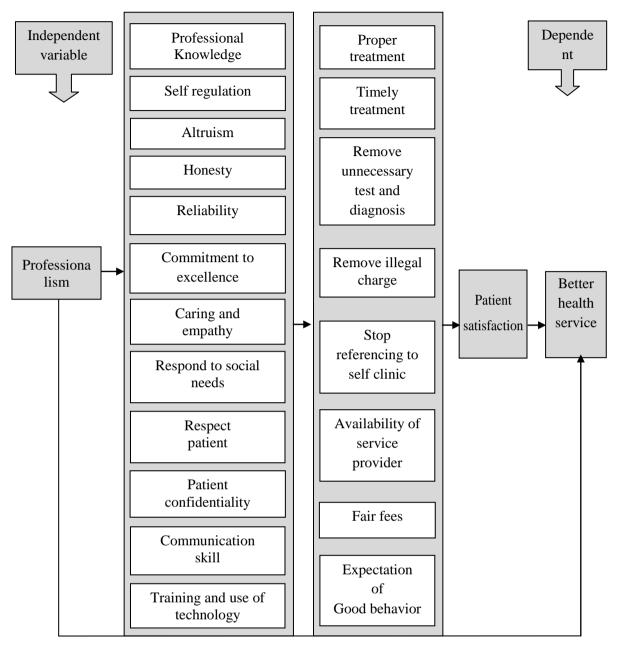
Nazlee and Khandakar(2007) described some factors that influence patients satisfaction level, in their article 'Patient satisfaction with health services in Bangladesh . And patient's higher satisfaction level can ensure better health service in Bangladesh. These factors are as follows: Reliability, responsiveness, communication treatment cost, and relationship between patient, doctors and management.

Conceptual Framework

The study has followed a conceptual framework on the basis of relevant literature review. In this study, the following variables have to consider in analyzing data.

Independent variable: Professionalism

Dependent variable: Better health service



Professionalism includes some characteristics which are needed to ensure in professionals' function to establish professionalism in health service. Education, training and experience are fundamental requirements to enhance knowledge. Professionals should be self regulated and independent over their own theoretical knowledge but they should be policed also for their accountable and transparent service to the people. Training and the use of technology are the means of competence building among professionals. Core humanistic values includes honesty and integrity, caring and compassion, altruism, respect for others and trustworthiness. These indicators will help the medical professionals to being fair, truthful and responsible in their duty towards the fulfillment of public interest rather than self interest. Ethics and moral are two related concept of professionalism. Ethics are the moral principles that control or influence a person's behavior. In addition, moral is the code of good conduct considered typical of a particular society. These will ensure the performance and activity which is acceptable and which one is not acceptable. Physicians demonstrate a continuing commitment to excellence. Competency is an important professional quality. Professions are based upon intellectual work, a specialized body of knowledge, and expertise. Reward and recognition are necessary to motivate the physicians towards satisfactory performance standard. In addition, proper treatment, timely treatment, remove unnecessary test and diagnosis, remove illegal charge, stop referencing to self clinic, fair fees, good behavior etc. are expected from professionals for ensuring better health service at public hospitals in Bangladesh.

Unvaried Data Presentation and Analysis: Data analysis of (Health Service Provider)

This study has been done based on the perception of 100 sample where 50 were health service provider and rest 50 were health service consumer of Sylhet M.A.G. Osmani Medical College and Hospital, a public hospital in Sylhet Division. Following data has been analyzed collected from medical professionals.

Causes	Number of respondents	Percent
Prestigious job	42	33.6
Best earning job	32	25.6
Power practice	1	0.8
To serve the society	50	40.0
Total	125*	100
Valid case: 50; Missing case: 0		

Table-1: Causes of choosing health service as a profession

Source: Field data collected from SOMCH, 2013.

Maximum respondents (40% of Health service provider) were said that People choose health service because of serve the society, (33.6%) said that health service is a prestigious job so people choose it. On the other hand (25.6%) mentioned it as a best earning job in the society.

Mission Of Medical Professional	Number of respondents	Percent
Protect and promote the health of the public	31	51.67
Ensure fundamental rights of people	5	8.33
Professional commitment to the health service	21	35
Maintain social needs	3	5
Total	60*	100
Valid case: 50; Missing case: 0		

Table-2: Mission of medical professionals towards service

Source: Field data collected from SOMCH, 2013.

* *Respondents were given chance to choice more than one option. So, here the summation is greater than the totality.*

Medical professionals should perform their duties for the betterment of people. What should be the mission of medical professionals in service, at this question, respondents opinion shown in the table. Most of the respondents (51.67%) of Health service provider think that this will be protect and promote the health of the public where (35%) think that the main function will be professional commitment to the health service, Though some respondents (8.33%) answers on Ensure fundamental rights of people as well as (5%) of Health service provider focused on Maintain social needs but most of the respondents made their opinion on the function of Protect and promote the health of the public and Professional commitment to the health service. Here almost all of the respondents (health service professionals) of Sylhet medical hospital think that they have joined in this profession for their commitment to protect and promote the health of the public and protect and promote the health of the public and protect and promote the health of the public and protect and protect

Table-3: Whether	professionalism	is	one	kind	of	panacea	for	ensuring
better health servic	e or not.							

Opinion	Number of respondents	Percent		
Yes	48	96		
No	2	4		
Total	50	100		
Valid case: 50; Missing case: 0				

Source: Field data collected from SOMCH,2013.

Most of the respondents (96%) from Health service provider think that Professionalism is one kind of panacea for ensuring better health service where rest (4%) were answered in negative. Professionalism in health service will make the way of proper treatment, timely treatment, implementation of good behavior as well as will remove illegal and corrupt activities from service and will light up the mind of professionals towards commitment to health service rather than business motive. And for this, the environment of providing service should be neat and clean. Though there are some challenges in this way and it is needed to make free and fair environment for providing service but individually good principals, service motive behaviors and commitment to do best should be needed to apply in service for its betterment.

Characteristics	High	Percent	Medium	Percent	Low	Percent	Valid case	Missing case
Professional Knowledge	19	41.3	27	58.7	0	0	46	4
Self-regulation	2	4.4	41	89.1	3	6.5	46	4
Honesty	7	15.2	39	84.8	0	0	46	4
Altruism	4	0	42	91.3	0	0	46	4
Respect to patient	1	2.8	45	97.8	0	0	46	4
Reliability	0	0	36	100	0	0	36	14
Caring and empathy	0	0	39	100	0	0	39	11
Respond to social needs	0	0	35	85.4	6	14.6	41	9
Patient confidentiality	5	10.9	39	84.8	2	4.3	46	4

Table-4: Nature of professional characteristics of medical professionals.

Source: Field data collected from SOMCH, 2013.

Table-4 (Health service provider) has showed three levels (low, medium and high) of some focusing areas of medical professional, which are important indicators in the way of ensuring better health service. From the table we can see that from almost all respondents points of view (some missing data are not presented) the important focusing areas like as professional knowledge, self-regulation, honesty and integrity, altruism, respect to patient, trust worthiness, caring and empathy, respond to social needs, patient confidentiality etc. are lies in medium category, that means they are in average level (Not at all satisfactory level). But ensuring better health service, it must be needed to focus this area at a satisfactory level that means satisfaction high in nature, because these indicators (Focusing area) make the way to develop oneself as a good professional.

From the literature review and conceptual framework of this study we have seen that medical professional should be skilled and expertise proceeding from a broad knowledge based within a framework of values. They should have excellent communication skill, flexible with responsibilities, good interpersonal skill, and also to fair and honest in duties based on legal and ethical rights. The above table represents the theory-practice gap on this regards. But ensuring better health service this theory-practice gap should be removed.

 Table-5:
 Key Elements of building professionalism

Key elements	Number of respondents	Percent
Emphasize on frequent Training	2	3.33
Use of technology	0	0.00
Professional knowledge and experience	3	5.00
Implementation of good principle	3	5.00
Government support	3	5.00
Research and seminar	0	0.00
Reward and recognition	0	0.00
Effective regulatory organization	2	3.33
Discipline, determination and dedication (others)	0	0.00
All above	47	78.33
Total	60*	100
Valid case: 50: Missing case: 0		

Valid case: 50; Missing case: 0

Source: Field data collected from SOMCH, 2013.

*Respondents were given chance to choice more than one option. So, here the summation is greater than the totality.

From the table, it is observed that the Health service provider (78.33%) focused on all above option of key elements of building professionalism. Some respondents, specifically focused on some other elements like as 3.33% of health service provider focused on frequent training, 5% focused on professional knowledge and experiences, 5% focused on implementation on good principle and 3.33% focused on effective regulatory organization.

Professionalism in Health Service

Professionalism is a quality to achieve the goal of better service. Completely reorganize the regulatory organizations, Develop accountability and transparency policies, ensure adequate, coordinated and effective engagement of all organizations, Revise Medical Curriculum to Promote Professionalism Introduce Ethics into Continuing Professional Education Emphasize on frequent training and continuing education to keep the physicians up-to-date and to improve their skills for better health care service, Restrict Private Practice of the Physicians etc are needed to building professionalism in health service.

Causes of non-perfection	Number of respondents	Percent
Lack of government facilities	27	34.62
Lack of manpower	15	19.23
Lack of willingness	16	20.51
Pressure of time	0	0.00
Over burdened with duties	13	16.67
Lack of Duty respect	7	8.97
Lack of commitment to do best (others)	0	0.00
Lack of monitoring (others)	0	0.00
Total	78*	100
Valid case: 50; Missing case: 0		

 Table-6:
 Barriers to perform professional's duties

Source: Field data collected from SOMCH, 2013.

* Respondents were given chance to choice more than one option. So, here the summation is greater than the totality.

From the table we see that among (78%) of Health service providers (34.62%) indicated on the cause of lack of government facilities, (19.23%) indicated on the cause of lack of manpower, (20.51%) indicated on the cause of lack of willingness, (16.67%) indicated on the cause of over burdened with duties and (8.97%) indicated on the cause of lack of duty respect of professionals.

According to S.S. Andaleeb (Patient satisfaction with health services in Bangladesh) the public health sector is plagued by uneven demand and perceptions of poor quality (Andaleeb, 2007). Lack of empathy of service provider, lack of availability of resource (men and materials), shortage of drugs etc are making hinder in the way of performing better service at public hospitals. Here from the field data we have found other causes which are mentioned by health service providers.

Opinion	Number of respondents	Percent
Yes	50	100
No	0	0
Total	50	100
Valid case: 50; Missin	ng case: 0	

Table-7: Opinion about the statement, Good behavior is prerequisite for good service

Source: Field data collected from SOMCH, 2013.

Almost all of the respondents (100%) from Health service provider think that Good behavior is prerequisite for good service and it should be practiced in profession not just for serve the people but also for serve the society. Good behavior means treating people with a good manner. And respect others and take respect from others. Good behavior influences all the qualities of a person. Anybody can estimate the persons manners and culture with his behavior. With good behavior we can win many things. But in practice, this quality of service provider assume gap from the theory.

Table-8:Causes, why value and ethical standard is not practiced in proper way

Causes	Number of respondents	Percent
Due to willingness	41	48
Due to accountability and transparency	37	43
Due to present political system of Bangladesh	0	0
Due to self regulation	5	6
Due to commercialized service	3	3
Total	86*	100
Valid case: 47; Missing case: 3		

Source: Field data collected from SOMCH, 2013.

The table we see that (48%) Health service providers indicated on lack of willingness, (43%) indicated on due to accountability and transparency, (6%) indicated on due to self regulation, (3%) indicated on due to commercialized service as the cause of why value and ethics are not practiced in medical service in proper way. This relationship includes legal and ethical rights and duties authorized by the professional institutions. As values and ethics are the core issues of professionalism so that this issues should be taught by the student from the beginning of

Professionalism in Health Service

study and should apply it in service for the betterment of the health service consumer.

Table—9: Opinion about training of professionals sufficient to develop their profession

Opinion	Number of respondents	Percent
Yes	14	28
No	36	72
Total	50	100
Valid case: 50; Missing case: 0		

Source: Field data collected from SOMCH, 2013.

Most of them (72%) opined that the training was not sufficient for them. They pointed out many limitations of training method. Different problems of training raised by them have shown in the following table.

Problems	Number of respondents	Percent
Backdated training	0	0
Lack of training tools or equipments	5	9
Lack of training institutions	15	26
Gap between the training and practice	13	22
Lack of qualified trainers	2	3
Inadequate training on modern technology	3	5
All of the above mentioned statements	23	40
Total	58*	100
Valid case: 50; Missing case: 0		

Table-10: Problems in Training Methods

Source: Field data collected from SOMCH, 2013.

* Respondents were given chance to choice more than one option. So, here the summation is greater than the totality.

Among the respondents 26% opined that there are lack of training institution in Sylhet. There are also needs for skilled trainer, 22% focused on gap between the training and practice and (9%) focused on lack of training tools or equipments.

Characteristics of professionalism shows that professionals required a long period of on the job training for continual upgrading of skills as well as professional development. But the above tables indicates that there are many gaps in training facility and most of the time training program are not taken due to the willingness of medical professionals themselves. In developed countries, on the job training is practiced for improving the quality of service provider but in our country this opportunity is less and this practice is not mandatory for all. So here we face problems in training system.

Data analysis of patients or clients' (Health Service Consumer)

In this study 50 respondents were patients and their relatives. They were asking about medicals professionals and their service, patient's expectation and reality, etc

Performing duties in proper way	Number of respondents	Percent
Yes	6	12
No	44	88
Total	50	100
Valid case: 50; Missing case: 0		

Table-11: Opinion on medical service delivery

Source: Field data collected from SOMCH, 2013. .

* Respondents were given chance to choice more than one option. So, here the summation is greater than the totality

From the table, we see that (12%) respondents from Health service consumer think that the Professionals related to health service are performing their duties in proper way. On the other hand (88%) respondents from Health service consumer focused on negative answer at this question. For this they indicated some causes which is presented in the following table-12.

TT 1 1 1 1 1	0	C •		•
Table_17	Causes of not	nertorming f	heir duities	in proper way
$1 a 0 1 C^{-1} Z$.	Causes of not	performing u	non uunos	III proper way

Causes of non-perfection	Number of respondents	Percent
Lack of government facilities	9	15
Lack of manpower	5	8.33
Lack of willingness	16	26.67
Pressure of time	2	3.33
Over burdened with duties	3	5.00
Lack of Duty respect	21	35.00
Lack of commitment to do best (others)	2	3.33
Lack of monitoring (others)	2	3.33
Total	60*	100
Valid case: 50; Missing case: 0	•	÷

Source: Field data collected from SOMCH, 2013.

^{*} Respondents were given chance to choice more than one option. So, here the summation is greater than the totality

From the table we see that (88%) Health service providers mentioned much on some different causes. Like as (26.67%) mentioned Lack of willingness of health service professionals, (35%) mentioned Lack of Duty respect of professionals, (15%) Focused on the cause of Lack of government facilities, (8.99%) Focused on the cause of Lack of manpower, (3.33% and 5%) focused on Pressure of time and Over burdened with duties respectively. As an others option (3.33%) respondents mentioned Lack of commitment to do best and Lack of proper monitoring to the service provider as a cause of not performing their duties in proper way. Health service consumer includes much the limitations of service provider rather than other factors as the cause of not perfection of duties of professionals in health service. From the conceptual aspect we have seen that service provider should have reliability, responsibility, duty respect and sincere in their service. But practically these seems to absent in public hospitals in our country.

Table-13: Satisfaction level of technological support of Osmani Medicale
College Hospital.

Opinion	Number of respondents	Percent
Highly satisfactory	0	0
Satisfactory	0	0
Partially Satisfactory	22	44
Not Satisfactory	28	56
Total	50	100
Valid case: 50; Missing	case: 0	

Source: Field data collected from SOMCH, 2013.

From the table we see that the opinion of the respondents of Health service provider is quite different from the opinion of health service provider. Majority of them (56%) think that medical service is at not satisfactory level and (44%) think it at partially satisfactory level consider to technically and technologically development of this sector.

Lack of empathy of the service providers, their generally callous and casual demeanour, their aggressive pursuit of monetary gains, their poor levels of competence and, occasionally, their disregard for the suffering that patients endure without being able to voice their concerns—all of these service failures are reported frequently in the print media. Such failures can play a powerful role in shaping patients' negative attitudes and dissatisfaction with health care service providers and health care itself (Andaleeb, 2007).

Society & Change Vol. VIII, No. 3, July-September 2014

	r		i enara		~ ~		r	
Characteristics	High	Percent	Medium	Percent	Low	Percent	Valid case	Missing case
Professional Knowledge	17	34	33	66	0	0	50	0
Self-regulation	7	16.3	22	51.2	14	32.6	43	7
Honesty	5	10	25	50	20	40	50	0
Altruism	6	12	26	52	18	36	50	0
Respect to patient	7	14	20	40	23	46	50	0
Reliability	4	11.8	24	70.6	6	17.6	34	16
Caring and empathy	2	5.6	24	66.7	10	27.8	36	16
Respond to social needs	3	6.5	30	65.2	13	28.3	46	4
Patient confidentiality	9	20.9	26	60.5	8	18.6	43	7

Table-14: Nature of professional characteristics of medical professionals.

Source: Field data collected from SOMCH, 2013.

Above table (Health service consumer) has showed three levels (low, medium and high) of some focusing areas of medical professional, which are important indicators in the way of ensuring better health service. From the theoretical framework of this study we have seen that medical professional should be skilled and expertise proceeding from a broad knowledge based within a framework of values. They should have excellent communication skill, flexible with responsibilities, good interpersonal skill, mindful of confidentiality requirements and also to fair and honest in duties based on legal and ethical rights. The above tables represent the theory-practice gap on this regards. But ensuring better health service this theory-practice gap should be removed.

Opinion	Number of respondents	Percent
Yes	8	16
No	42	84
Total	50	100

Table-15: Providence of adequate health service

Source: Field data collected from SOMCH, 2013.

Every government hospital is responsible to people for ensuring better and adequate health service to them. This study finds that maximum number of respondents (84%) answered in negative that means they said hospitals are not providing adequate health service.

According to them, though these hospitals have lots of opportunities to give people best but due to lots of limitations as lack of duty respect, lack of responsibility, much private practice of doctors, dishonesty of staffs, proper uses of resources, lack of government facility and ineffective role etc. general people are depriving to get better health service from these kind of institutions as they expected.

Focused area	Yes	Percent	No	Percent	Valid case	Missing case
Timely treatment	15	30	35	70	50	0
Timely report	10	25.6	29	74.4	39	11
Timely service	10	20	40	80	50	0
Rude behave	49	98	1	2	50	0
Paying illegal charge	32	64	18	36	50	0
Referred patient to self clinic	50	100	0	0	50	0
Prescribe unnecessary test	24	48	26	52	50	0
Get percentage from diagnosis center	47	94	3	6	50	0

Table-16: Service of Health service provider at Osmani Medical Hospital

Source: Field data collected from SOMCH, 2013.

From the above table it has shown that respondents made their view on various areas of service that they found in hospital. In case of timely treatment, timely report of pathology department, timely service most of the respondents answer was in negative. They also said that most of the professionals and their staffs made rude behave with them at the time of delivering service. Most of the time it is needed to paying illegal charge to them for getting service. Respondents added another thing that majority number of doctors referred patient to their self clinic for their better payments as well as prescribe unnecessary test to patients and for it they get percentage from diagnosis center which represent their dishonesty in service. From the above focused areas it has expressed that service from the medical hospital is not good. As professionals are related with unethical and dishonest activities, so that the institution is beyond the better service.

Medicine supply	Yes	Percent	No	Percent	Valid case	Missing case
Sufficient	39	78	11	22	50	0
Stolen by those people who are responsible for patient welfare		93.48	3	6.52	46	4

Table-17: Medicine supply of medical

Source: Field data collected from SOMCH, 2013.

Most of the respondents (78%) said that Medicine supply of medical is in sufficient level but health service consumer did not find it properly due to corruption in this sector. In government hospital (43 opinions) medicine are Stolen by those people who are responsible for patient welfare.

Opinion	Number of respondents	Percent
Yes	21	42
No	29	58
Total	50	100
Valid case: 50; Missi	ng case: 0	

Table-18: Whether medical professionals are people friendly or not.

Source: Field data collected from SOMCH, 2013.

From the above table we can say that with the question of Medical professionals are People friendly or not, most respondents answer was negative (58%). Some respondents said that sometime they behave rude with others. That time they are not peoples friendly.

S.S. Andaleeb study shows that the overall utilization rate for public health care services is as low as 30% Moreover; the trend of utilization of public health care services has been declining between 1999 and 2003, while the rate of utilization of private health care facilities for the same period has been increasing. The unavailability of doctors and nurses, as well as their negative attitudes and behaviors, are major hindrances to the utilization of public hospitals.

Bivariate Data Presentation and Analysis

Bivariate analysis is the study of a relationship between two variables for the purpose of determining the empirical relationship between them. Between these two variables column variable is the dependent variable and row variable is the independent variable. In the following cross tables we will find out such kind of relation between some dependent and independent variables related to this study.

Table 1: Ensuring Better Health Service through timely treatment by	the
quality of Altruism of medical professionals	

Timely	Altruisn	_ Total		
treatment	High	Medium	Low	10tai
Yes	5	8	0	12
	(83.33)	(30.77)	(0)	13
No	1	18	18	27
	(16.67)	(69.23)	(100)	37
Total	6	26	18	50
	(100)	(100)	(100)	50

Source: Field data collected from SOMCH, 2013.

Figure in upper line of each cell represent the number of respondents, Figure within parentheses indicate the percentage of column total.

From the above table we can see that most of the respondents focused on medium category of the quality of altruism that medical professionals are stayed on. Here 18 respondents opinion on low level of altruism quality of professionals related to negative answer on timely treatment and 26 respondents agreed that though altruism is about in medium that means partially satisfactory level but this level is unable to ensure timely treatment in hospitals that patients need every time. So we can sum up by saying if the quality of altruism increases at high level that means at satisfactory level then better health service through timely treatment will be ensured.

Proper	Professional knowledge of medical professionals			
quality of Profess	ional knowledge of medical professionals			
Table 2. Ensuring better Heattin Service through Floper treatment by the				

Table 2: Ensuring Potter Health Service through Proper treatment by the

Proper	Professional know	sional knowledge of medical professionals		
treatment	High	Medium	Low	Total
Yes	7 (41.18)	1 (3.03)	0 (0)	8
No	10 (58.82)	32 (96.97)	0 (0)	42
Total	17 (100)	33 (100)	0 (100)	50

Source: Field data collected from SOMCH, 2013.

Figure in upper line of each cell represent the number of respondents, Figure within parentheses indicate the percentage of column total.

From the above table it is more clearly apparent that about 33 respondents focused on medium category of the area of Professional

knowledge of medical professionals as there is some theory and practice gap within medical curriculum. Among 33 respondents 32 responses were that due to theory practice gap in professional knowledge, medical professionals can not ensure proper treatment in hospitals so that the issue of ensuring better health service is hindrance. If it increases in this position to upper position by adding value and ethical standard with it, then proper treatment will be ensured.

 Table 3: Ensuring Better Health Service through Proper treatment by the quality of Professional knowledge of medical professionals

Get percentage from diagnosis	Honesty of medical professionals			Total
center	High	Medium	Low	Total
Yes	3 (60)	25 (100)	19 (95)	47
No	2 (40)	0 (0)	1 (5)	3
Total	5 (100)	25 (100)	20 (100)	50

Source: Field data collected from SOMCH, 2013.

Figure in upper line of each cell represent the number of respondents, Figure within parentheses indicate the percentage of column total.

Above table represents that majority of the respondents (25 out of 50 respondents) said that due to medium level of honesty of medical professionals, most of the time they get percentage from diagnosis center, where 19 respondents said that due to low level of honesty and integrity of medical professionals, most often they relate themselves with this kind of illegal activities. So we can sum up by saying if the quality of honesty and integrity of medical professionals can increase at high and satisfactory level then they will realize the difference between right and wrong and keep themselves away from such kind of illegal activities.

Table 4: Ensuring Better Health Service through Proper treatment by sufficient training of medical professionals

Proper service	Training of medi	Total	
delivery	Sufficient	Not Sufficient	Total
Yes	7 (50)	4 (11.11)	11
No	7 (50)	32 (88.89)	39
Total	14 (100)	36 (100)	50

Source: Field data collected from SOMCH, 2013.

Figure in upper line of each cell represent the number of respondents, Figure within parentheses indicate the percentage of column total.

Training is extremely needed for professional development. Without sufficient training of professionals, no service delivery will be fruitful by themselves as they practice some limitations as usual. Above table represents that majority of the respondents, 32 in number said that training of medical professionals is not at satisfactory level so that they are facing problem in proper service delivery. So we can sum up by saying if training of medical professionals increase at sufficient level with modern technology, then the service delivery of professionals in a hospital will be ensured.

Findings of the Study

Professionalism is a new concept in all sphere of administration. Findings of the study are inserted below. Most of the medical professionals of Osmani Medicale College hospital have chosen health service as profession to serve the society. Some think it is a prestigious job and some find it is as best earning job.

Mission of the medical professionals to promote the health care, to ensure fundamental rights of people, and professional commitment to health service. This study found some key elements of building professionalism. They are professional knowledge and experience, frequent training, use of technology reward and recognition, government support, effective regularity organization discipline, determination and dedication.

This study has find out that there are lots of problems and challenges which are faced by medical professionals of Sylhet government hospital to ensure professionalism. These are: lack of manpower, overburden with duties, pressure of time and work, political biasness, corruption and morality reduction, lack of adequate training method, lack of training institution and equipments, gap between training and practice, lack of proper practice of ethical education, Influences of pharmaceutical industry, low level of motivation, Imbalanced service provider and consumer ratio, lack of duty respect, limited government support, much interest on private practice, shortage of infrastructure, lack of technical assistant etc.

The study has find out that most of the medical professionals are not sincere in delivering service due to their commercialized service motive. They are busy persons with over burden with duties. But this over burden has created because of them. They start their career with service but private practice, clinic business make them busy. Their duty time at hospital is from 8 am to 2 pm. Most of the time they have not maintained this schedule properly. They are very much interested in private practice. Every day they remain busy with it since afternoon to late night. In this time they see around 40-50 patients. Because of this commercialized practice, they are less interested to deliver proper and timely service at government hospital.

The administration and regulatory organization related to medical service is not effective. Politics, negotiation, power hunger etc. are covered with it. That's why there are lack of accountability and transparency in medical service. So most of the time disciplinary actions are not practiced equally and perfectly. That's why professionalism element is hindered in practice.

Very few nurses are skilled and well behaved. Some time they are very rude to the patient. At night they are less responsible to the patient. Technician and pathology workers are also mis behaved with patient. Sometimes they charge for extra money.

Training is important for any professions. But in medical service, on the job training of professionals are not developed in our country. There are huge problems in training methods and quality, so it faces limitations to introduce modern technology compare to our neighboring countries.

Majority numbers of professionals are not people friendly because they treat patients as a machine rather than human being. So most often they rudely behaved with patients and patients lose their aspirations and hope on professionals that they desired.

Recommendations to ensure Professionalism

A major commitment by all stakeholders to establish and maintain professionalism in all aspects of health care delivery is of paramount importance. Many recommendations for restoring and maintaining the ideals of medical professionalism have been made. The important strategies are:

Building Professional Qualities

All professional regarding medical service must have professional qualities. They should have professional knowledge, self regulation, ethics, morality, responsibility reliability and respect for patient or clients.

Develop Accountability and Transparency Policies

Develop accountability and transparency policies and processes within individual physicians as well as professional associations and regulatory bodies.

Free the Professional Associations from Politics

Professional associations could form issue-based alliances with consumer groups to accomplish goals that neither can realize separately; to do so, free the BMA, the DAB, and other similar organizations, from politics. And ensure adequate, coordinated and effective engagement of all organizations to improve professionalism in the health system, and to realize the genuine demands of doctors.

Revise Medical Curriculum to Promote Professionalism

The medical curriculum should be revised to inculcate the skills necessary to promote professionalism and advocacy skills; especially should emphasize and strengthen ethics training in medical education at undergraduate and postgraduate levels, particularly by familiarizing students with the practical and operational side of medical ethics.

Introduce Ethics into Continuing Professional Education

In medical education there is a course on Value and Ethical standard, but this course plays less importance to students as their teacher s teach it simply. As its theoretical knowledge plays fewer roles in study, as a result its practice is also less in their professions. They cannot realize the importance of value and ethics which are the core issues of professionalism, so in their profession they show unwillingness to it.

Mandate the professional bodies to introduce ethics into continuing professional education and make this compulsory for all registered medical practitioners.

Emphasize on Frequent Training

Emphasize on frequent training and continuing education to keep the physicians up-to-date and to improve their skills for better health care service. It is true that we are developing country and here it is impossible for government to provide adequate foreign training to all professional. We know knowledge is power. Gathering more knowledge and adequate training is related to professional characteristics. Government should make the opportunity by inviting foreign expert and trainer to Bangladesh and give the chance to majority of professionals at government hospital to take training and other facility for ensuring better health service in Bangladesh.

Need more research

The professionals who are engaged in health service are not much interested in research. They make them busy with public health service, private practice, political activities and other functions but their contribution in research activity can help them in proper service delivery and it can also find out the problems as well as solving actions of health service towards betterment.

Minimize the Influence of Pharmaceutical Companies

Professional societies, medical schools, and teaching hospitals could be proactive and minimize the influence of pharmaceutical companies and their representatives, and bring undue influence by pharmaceutical companies under strict regulation; also Bring visits by medical representatives under regulation, especially in public hospitals.

Restrict Private Practice of the Physicians

Most of our neighboring countries like as India, doctors of public hospitals could not engage themselves as private practitioner. So in our country private practice of physician should restrict by enactment of laws and strictly impose those laws by regulatory organizations.

Increase Financial, Technical and Other Supports to the Physicians

Government should provide more financial, technical and other supports to the physicians to increase their motivation level. Besides, the agencies and individuals who have done worthwhile acts to promote professionalism could be appreciated and rewarded.

Strengthen the Role of the Civil Society as Watchdog

Encourage and strengthen the role of the human rights and consumers rights related civil society organizations, to play an active and vigilant watchdog role in monitoring the functionality of the regulatory bodies for the interest of the people and ethical practices in the health sector.

Conclusion

This study has been completed through unvaried and bivariate analysis of the variables for identifying the importance of professionalism in delivering better Health Service especially at public hospital in Sylhet

Professionalism in Health Service

city. Professionalism in medical service cannot survive in the current commercialized health care market. The continued intrusion of market forces in the practice of medical service will inevitably undermine the ethical foundations of medical practice and dissolve the moral precepts that have historically defined the medical profession. Physicians who care about these values must support major reform of the health care system. More over by ensuring ethics in each service area professionalism can be ensured.

Reference

- Aminuzzaman M. Salahuddin (1991). Introduction to Social Research, Bangladesh Publishers, 45 Patuatully, Dhaka, pp: 43, 141.
- Andaleeb S. S., Siddiqui N., Khandakar S. (2007). Patients Satisfaction with Health Service in Bangladesh, *Oxford Journals*, Vol 22, Issue 4, pp. 263-273.
- Ashrafuzzaman Syed (2006). "Doctors need to be depoliticized", Available at: http://srzaman.blogspot.com/2006/06/doctors-need-to-be-depoliticized.html, on July 20, 2012.
- Black J.A. and Champion D.J. Methods and Issues in Social Research, University of Tennessee, United States of America, pp: 275, 276.
- Constitution of Republic of Bangladesh. 2013. Ministry of Law justice and Parliamentary Affairs. Government of Bangladesh.
- Cruess Richard L.; Cruess Sylvia R and Johnston Sharon E (2000). "Professionalism: an ideal to be sustained", *The Lancet*, Vol 356, pp. 156-158; Available at: http://assets.muhc.ca/PDF/Cruess/Paper-Lancetf.pdf, on July 20, 2012.
- Cruess Sylvia R., Cruess Richard L., Johnston Sharon (2004). Professionalism for Medicine: Opportunities and Obligations. *Iowa Orthopaedic Journal*, The University of Iowa, vol: 24, PMCID: PMC1888411, pp: 9–15. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1888411/
- Downie, R.S. (1990). "Professions and Professionalism", Journal Of Philosophy Of Education,London, 24.2, in Morrell, David (2003). What is Professionalism? Available at: <u>www.catholicdoctors.orguk/CMQ/2003/</u> Feb/ What is Professionalism.htm. , on September 12, 2012.
- Faiz Md. Abul (2009). "Medical Professionalism", *J MEDICINE*, JM Vol. 10, No. 1, pp.1-2; Available at: http://www.banglajol.info/index.php/JOM/article/download/1993/1862, on July 21, 2012.

- Huq M. Muzaherul and Ara Zaman (2000). "Medical Ethics in Bangladesh", Health Ethics in Six SEAR Countries, World Health Organization, pp. 11-18; Available at: http://www.hf.uib.no/i/filosofisk/seahen/vol1rev3.PDF, on July 20, 2012.
- MacKenzie C. Ronald (2007). "Professionalism and Medicine", Hospital for Special Surgery, Cornell University Medical College, 535 East 70th Street, New York, NY 10021, USA, pp. 222-227; Available at: http://www.springerlink.com/content/0r0vr576841721r2/, on July 21, 2012.
- Passi Vimmi , Doug Manjo, Peile Ed, Thistlethwaite Jill and Johnson Neil (2010). "Developing medical professionalism in future doctors: a systematic review", *International Journal of Medical Education*, pp. 19-20; Available at:http://wrap.warwick.ac.uk/36475/1/WRAP_Johnson_developingmedical-professionalism-in-future-doctors.pdf, on July 20, 2012
- Relman Arnold S. (2007). "Medical professionalism in a commercialized health care market", Available at: http://www.ccjm.org/content/75/Suppl_6/S33.full, on July 21, 2012.
- Sethuraman K R (2006)." Professionalism in Medicine", *Regional Health Forum*, Vol- 10, No- 1, pp. 1-5; Available at: <u>http://www.searo.who.int/LinkFiles/</u>. pdf, on July 21, 2012.
- Swick Herbert M. (2000). "Toward a Normative Definition of Medical Professionalism", *AC Academic Medicine*, Vol. 7 5, No.6, pp. 612-616; Available at:

http://medprof.bjmu.edu.cn/xsqy/57_towards%20a%20normative%20defin ition%20of%20medical%20professionalis.pdf, on July 20, 2012.