



RESEARCH ARTICLE

Assessment of relationship between doctor and patient in a selected Hospital: Patient's perspective

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Published online: 21 February 2025

Abstract

The doctor-patient relationship is a fundamental element of medical practice that plays a crucial role in determining patient satisfaction and health outcomes. In developing countries like Bangladesh, where the healthcare system faces various challenges, understanding the doctor-patient dynamic becomes even more critical. This study aimed to assess the relationship between doctors and patients from the patients' perspective in a selected hospital in Bangladesh. A descriptive cross-sectional survey was conducted over a one-year period with 422 participants aged 18 years and above. Data were collected through a self-administered questionnaire focusing on patients' perceptions of doctors' attentiveness, consultation time, clarity of medical explanations, and satisfaction with consultation fees. The findings revealed that 71.09% of patients perceived doctors as cordial, while 83.18% felt that doctors provided adequate consultation time. However, only 38.66% believed they received sufficient mental support from doctors, and a significant proportion of patients struggled to understand the prescribed medication and advice. Additionally, satisfaction with consultation fees was notably low, with only 23.70% of participants expressing positive feedback. These results highlight the need for improved communication and emotional support in doctor-patient interactions. Addressing these gaps could significantly enhance the overall quality of healthcare services in Bangladesh. The study provides valuable insights into the socio-economic factors influencing patient perceptions and emphasizes the importance of strengthening the doctor-patient relationship to improve healthcare outcomes. Future research should focus on broader samples across multiple institutions to obtain a more comprehensive understanding of this dynamic.

Keywords: Doctor-patient relationship, Perceptions, Patient satisfaction, Healthcare quality, Bangladesh

INTRODUCTION

The doctor-patient relationship is a complex and dynamic interaction between two individuals, where the doctor is the provider of medical treatment, and the patient is the recipient. This relationship is based on trust, mutual respect, and effective communication, and it is

essential for the success of medical treatment. The quality of the doctor-patient relationship has been linked to better health outcomes, increased patient satisfaction, and improved medical adherence (Harbishettar et al., 2019). In recent years, the healthcare industry has undergone significant reforms, and patients have gained more control over their healthcare experiences. The introduction of managed competition in the healthcare sector has shifted the focus from supply-driven to demand-driven, giving patients the opportunity to choose the healthcare provider that best meets their needs (Singh, 2016).

The trust aspect of this relationship goes is mutual: the doctor trusts the patient to reveal any information that may be relevant to the case, and in turn, the patient trusts the doctor to respect their privacy and not disclose this information to outside parties. "To attend those who suffer, a physician must possess not only the scientific knowledge and technical abilities, but also an understanding of human nature. The patient is not just a group of symptoms, damaged organs and altered emotions. The patient is a human being, at the same time worried and hopeful, who is searching for relief, help and trust. The importance of an intimate relationship between patient

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and physician can never be overstated because in most cases an accurate diagnosis, as well as an effective treatment, relies directly on the quality of this relationship" (Shoor & Lorig, 2002).

In examining a connection founded on the reciprocal engagement of two people, the word "relationship" denotes not structure or function, but rather an abstraction that encompasses the actions of two interacting systems or humans. The inherent character of this distinctive doctor-patient interaction enables two previously unfamiliar individuals to experience comfort with varying levels of closeness. This connection may evolve to enable the patient to express very personal and confidential issues in a secure and productive setting (Shoor & Lorig, 2002).

Societies, institutions, and people are entirely dependent on physicians for survival and the maintenance of a functional civilization. Historically, medicine has been influenced by religion, culture, magic, and superstition. Magic and religion have gradually been supplanted by logic, intuition, education, and psychology. The future of the doctor-patient relationship is uncertain; nevertheless, technological advancements, heightened social media engagement, and the proliferation of artificial intelligence may significantly influence it. Patients may attain more independence and forgo the need of physicians, or alternatively, depend on doctors for human connection during periods of anxiety, which computers cannot provide (Lu et al., 2023). Physicians encounter thousands of patients over their careers and are educated on the impact of illnesses on millions; thus, they may overlook that each patient is a distinct person with unique beliefs, expectations, and rights (Thomas et al., 2020).

Bangladesh is a highly populated nation with a population density of 1,063 people per square kilometer and a total population of over 160 million; it has largely accomplished health-related Millennium Development Goals with notable GDP development. The health industry is progressing substantially, with its current workforce greatly enhancing basic health care. The current number of registered physicians is around 82,500. A significant portion of the population is associated with primary health care via various means (Meltzer, 2001). Furthermore, the referral mechanism among the levels of care in Bangladesh is very deficient. Individuals have the autonomy to choose their medical practitioners for any ailment. Consequently, there is a substantial workload in both the institution and the private chambers (Hamid et al., 2021).

Physicians have challenges in delivering services at the grassroots level. Occasionally, medical professionals and healthcare providers encounter harassment, including physical attack, from patients or their families. Many believe that doctors prioritize financial gain above patient care, resulting in the deaths of several people due to professional negligence. Individuals often seek retribution after an unforeseen death without adequate investigations (Pavel et al., 2015). Physicians see community-level care as burdensome due to the antagonistic attitudes of the populace and the media, inadequate investigation, an underdeveloped service delivery structure, and the general lack of health awareness among the population.

An adequate professional connection may ameliorate the blame dynamics in both directions. However, the search uncovered few materials on the relationship within the context of Bangladesh. Although socioeconomic conditions, culture, and prior experiences may impose limitations, comprehensive research on the subject in Bangladesh is essential in the context of globalization. To establish benchmark data, assess the current situation, enhance health service status, develop efficient manpower,

ensure improved health, contribute to the economy, and expand the global health services market, it is essential to examine and enhance the current relationship status (Pandya, 2001). The doctor-patient relationship is a complex interpersonal dynamic that significantly influences patient satisfaction, treatment adherence, coping abilities, relapse rates, quality of life, and overall health status. It is imperative to address this issue appropriately in Bangladesh (Adams et al., 2019). There exists much research on the doctor-patient interaction, and several publications address this topic; yet, there is a notable deficiency of such material in the context of Bangladesh.

The doctor-patient relationship plays a crucial role in ensuring effective healthcare outcomes, yet its dynamics vary significantly across different countries due to cultural and socio-economic factors. In Bangladesh, despite progress in achieving health-related Millennium Development Goals and an expanding healthcare workforce, the system faces persistent challenges such as weak referral mechanisms, high patient loads, and inadequate communication between doctors and patients (Hamid et al., 2021). Public dissatisfaction is fueled by concerns about consultation fees, limited emotional support from doctors, and media portrayal of medical incidents, which often leads to a decline in trust and strained relationships between doctors and patients (Pavel et al., 2015). While extensive research on doctor-patient relationships exists in developed countries, there is a notable gap in the literature focusing on Bangladesh's specific context. This study addresses this gap by evaluating patients' perspectives on the doctor-patient relationship in a selected hospital in Bangladesh, with a focus on socio-economic factors, satisfaction with communication, consultation time, and perceived fairness of fees, aiming to contribute to improved patient-centered care in the country.

The objective of this study is to evaluate the status of the relationship between doctors and patients in a selected hospital, focusing on the patients' perspective. The study aims to understand the socio-economic background of the participants, assess their satisfaction with the treatment provided by doctors, evaluate their satisfaction with the fees charged, and analyze their satisfaction with the time allotted by doctors during consultations. This research seeks to provide a comprehensive understanding of the dynamics between doctors and patients, identifying key areas for improvement to enhance the overall patient experience.

METHODS

Study design

The present work examines patients' perspectives of the doctor-patient interaction. It used a research methodology to investigate the attitudes of individuals aged 18 and older who had previously visited a doctor's office. Interviews and surveys examined patients' perspectives on the doctor-patient relationship, including their impressions of its nature and their responses or conclusions about this connection. Doctor-patient relationship from patient's perspective was studied. The study was conducted over a period of 01 Year from May 2021 to June 2022. Also, data were collected from people over 18 Bangladeshi people who have ever visited doctor

chamber for themselves or to accompany their family members during the visit.

From Medical College Hospital of Popular Group, where many people came from different parts of Dhaka city as well as from different parts of Bangladesh, we have evaluated their experience with Doctor's. As they frequently visit doctor for their sickness, also get to see so many different doctors in a day. The inclusion criteria for the study consisted of Bangladeshi adults aged 18 years and above who had previously visited doctors for treatment and were willing to participate in the research. Conversely, the exclusion criteria included individuals who had never sought medical services, those unwilling to participate, and individuals below 18 years of age.

Sampling Process

The sample size for this study was calculated using the formula $n = \frac{z^2 p(1-p)}{d^2}$, where zzz is the value of the standard normal distribution at a 95% confidence level (1.96), p is the prevalence (assumed to be 50% or 0.5), q is 1-p(0.5), and d is the margin of error (5% or 0.05). Substituting these values, the sample size was calculated as 384.16. To account for a 10% non-response rate, an additional 38 participants were included, resulting in a final sample size of 422. Participants were selected using a random convenient sampling method.

Data collection

Data were collected using a semi-structured, self-administered questionnaire distributed to participants who had recently visited or were waiting in front of the doctors' consultation rooms. The questionnaire was developed after an extensive review of relevant literature to ensure it captured key aspects of the doctor-patient relationship, such as doctors' attentiveness, satisfaction with consultation time and fees, and clarity of medical explanations. Participants were given a verbal briefing on the research objectives before completing the questionnaire.

The questionnaire underwent a rigorous review process to ensure its content validity. Experts in healthcare research and medical ethics were consulted to assess the relevance and comprehensiveness of the questionnaire items. Furthermore, a pilot study was conducted with 30 participants to test the clarity, consistency, and reliability of the instrument. Based on their feedback, minor revisions were made to improve question phrasing and ensure comprehensibility. The final version of the questionnaire was approved by the Institutional Review Board (IRB) of Bangladesh University of Health Sciences, Mirpur, Dhaka. To enhance accessibility, the questionnaire was translated into Bengali and back-translated into English to confirm the accuracy of the translation.

Statistical Analysis

After data collection, the responses were coded and entered into a statistical software package (SPSS version 26) for analysis. Descriptive statistics were used to summarize demographic data and key variables, while reliability testing was performed using Cronbach's alpha to assess internal consistency. The overall reliability coefficient for the questionnaire was found to be 0.82, indicating good internal consistency. Outputs were presented in both tabular and graphical formats to facilitate easy interpretation of the findings.

The analysis focused on identifying patterns in patient satisfaction levels, the time allocated by doctors, and their understanding of the prescribed treatment. The relationships between socio-demographic factors and patient perceptions were explored using chi-square tests and correlation analysis to identify significant associations. These statistical methods provided a comprehensive understanding of the factors that influence the doctor-patient relationship from the patients' perspective.

RESULTS

The study was conducted at Popular Medical College Hospital, Dhaka, from May 2021 to June 2022, with a total of 422 participants. It is observed that most of the patients are above 35 and in their mid-age. In case of male and female ratio there is no such significant different. The patient perspective survey encompassed a diverse group of respondents, with the majority being above 45 years old (29.62%), followed by those aged 36 to 45 (24.41%), 26 to 35 (17.06%), and below 25 (20.38%). The gender distribution was nearly balanced, with 50.94% female and 49.05% male participants. In terms of education, 35.07% had completed SSC, 34.36% HSC, 15.40% were graduates or above, while 8.53% had no formal education, and 6.63% had primary education. Regarding occupation, students constituted the largest group (25.35%), followed by business professionals (24.64%), service holders (22.74%), homemakers (21.09%), and others (6.16%). The religious affiliation of respondents showed that 84.36% were Muslim, 13.27% Hindu, and 2.37% Christian, with no participants reporting other religions.

Table 1
Socio-demographic background Summary of the respondents participated in survey.

Attributes	Patient Perspective survey	
	n	%
Age		
Below 25	86	20.38
26 to 35	72	17.06
36 to 45	103	24.41
Above 45	125	29.62
Gender		
Male	207	49.05
Female	215	50.94
Education		
No formal education	36	8.53
Primary	28	6.63
SSC	148	35.07
HSC	145	34.36
Graduate or above	65	15.40
Occupation		
Student	107	25.35
Business	104	24.64
Service	96	22.74
Home-maker	89	21.09
Others	26	6.16
Religion		
Muslim	356	84.36
Hindu	56	13.27
Christian	10	2.37
Others	0	0

The data collected from 422 patients at Popular Medical College Hospital, Dhaka, highlights various aspects of patient perceptions regarding doctors (table 2). A majority (71.09%) reported that doctors were cordial, while 19.43% were neutral, and 9.48% had a negative perception. Most patients (86.49%) felt that doctors were attentive to their problems, and 83.18% agreed that doctors provided adequate time for consultations. However, only 38.66% believed that doctors offered sufficient mental support, with 27.73% disagreeing and 33.41% remaining neutral. Additionally, 64.93% of patients felt their condition was

clearly explained, and 61.61% confirmed the same about prescriptions. However, only 57.10% found prescriptions understandable, and 32.23% felt no discrimination, while 46.92% were neutral on this matter. Satisfaction with consultation fees was low, with only 23.70% expressing satisfaction, compared to 36.97% dissatisfied and 39.34% neutral. On the brighter side, 82.70% were satisfied with medical care, and 52.61% trusted doctors for treatment, although 42.65% expressed distrust, reflecting the need for improvement in certain areas of patient-doctor interaction.

Table 2
Summary of Patients perspective on Doctor’s service.

Indicators	Positive Perception		Negative Perception		Neutral Perception	
	n	%	n	%	n	%
	Doctors are Cordial towards patient	300	71.09	40	9.48	82
Doctors are attentive towards patient’s problems	365	86.49	26	6.16	31	7.35
Doctors provide adequate time for patients	351	83.18	11	2.61	60	14.22
Doctors provide mental support to patients	164	38.66	117	27.73	141	33.41
Doctors explain the disease clearly to patients	274	64.93	95	22.51	53	12.56
Doctors explain the prescriptions	260	61.61	71	16.82	91	21.56
Patient understand provided prescription	241	57.10	115	27.25	66	15.63
Patient faces no discrimination by doctors	136	32.23	88	20.85	198	46.92
Patient are satisfied with consultation fee	100	23.70	156	36.97	166	39.34
Patient are satisfied with doctor’s medical care	349	82.70	36	8.53	37	8.77
Patient has trust on doctors for Treatment	222	52.61	180	42.65	20	4.74

Doctors Cordiality towards patients

From Popular Medical College Hospital, Dhaka about 422 patients’ data was collected. Those data showed that out of 422 patient’s majority 300 (71.09%) were positive and agreed that Doctors were cordial towards patients, 82 (19.43%) were neutral and the rest 40 (9.48%) were negative that means for them doctors were not cordial enough about providing medical treatment to patients (Figure 1).

From the graph data 351 (83.18%) are positive, 60 (14.22%) are Neutral, 11 (2.16%) are negative that doctors do not provide adequate time for patients (Figure 2). Due to economic crisis, for most of the patient about 156 (36.97%) patients were not satisfied for them the fee is too high, for 166 (39.34%) person they were neutral and for 100 person (23.70%) the fee was worth the service (Figure 3).

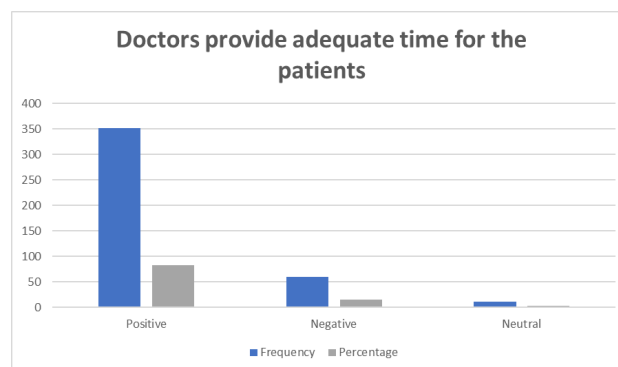


Figure 2. Duration of providing treatment towards patients.

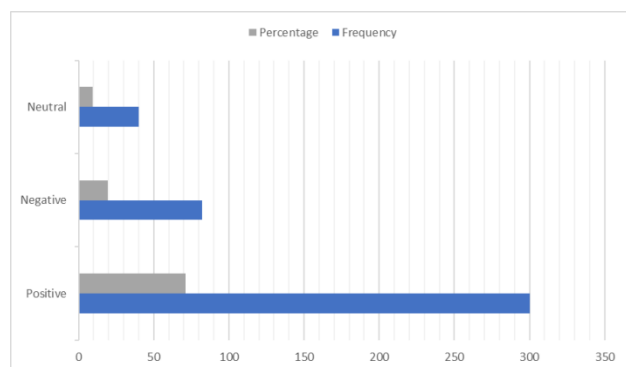


Figure 1. Doctors are cordial towards providing Medical Tx

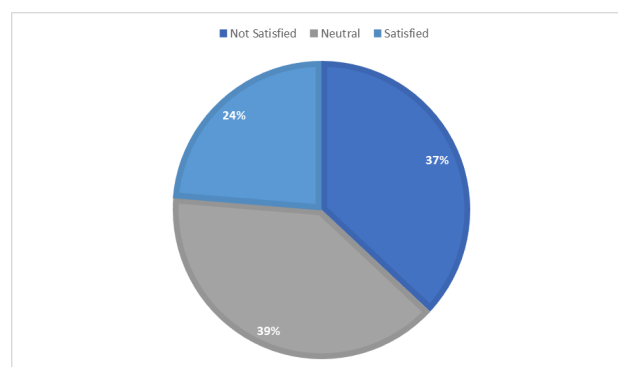


Figure 3. Satisfaction level of Doctor service.

DISCUSSION

Bangladesh, as a developing country, faces various health challenges, and people typically seek medical assistance from doctors, making the doctor-patient relationship a crucial aspect of healthcare. Over time, this relationship has evolved significantly. This study aimed to assess patient experiences, perceptions, and expectations regarding doctor-patient interactions in a selected private hospital. A survey was conducted using a Likert scale questionnaire at Popular Medical College Hospital, a well-known private medical institution in Dhaka's Dhanmondi area, offering comprehensive diagnostic services and specialists from various fields. Data were collected from 422 individuals who had visited a doctor, analyzed through a descriptive cross-sectional approach over a one-year period (May 2021 – June 2022). The age distribution showed that 20.38% were below 25 years, 17.06% were between 26 to 35 years, 24.41% were between 36 to 45 years, and 29.62% were above 45 years. The sample had a slight female predominance (54.8% female, 45.2% male). Twelve key factors were used to evaluate the doctor-patient relationship, focusing on patients' perspectives to understand the current situation, while socio-economic variables such as age, gender, education, occupation, and religion were also considered (Shimanta et al., 2023). To assess the relationship patients were asked about provide medical Tx cordially, listen to patients attentively, Doctors adequate time provide, Doctors providing mental support, Doctors explaining the disease clearly, Doctors explain the prescriptions, Whether patient understands all the medicines and prescribed suggestions, Whether patient faces any discrimination by social status, Whether the patient feel the doctors fee is worth the service, Patients are satisfied with Doctors medical service, Whether the patient has trust on doctors and Overall whether the patients are satisfied with doctors provided service (Shankar & Piryani, 2009). Out of 422 patients, 82.70% participants from this study showed they are satisfied with medical care, 8.77% are neutral & 8.53% are not satisfied with medical care. So, majority of patients are satisfied with medical care.

On the other hand, in a study of Pakistan shows that "Out of 580 patients approached, 500 patients responded (response rate: 86.2%). Overall, 58.2% of the patients reported satisfaction with the quality of care provided in public sector hospitals. The proportion of satisfied patients with doctor's behavior was 53.4%. 52.4% of patients reported satisfaction with the time spent by doctors during consultation. Patients who paid more for medical care reported significantly higher satisfaction than patients who paid less for medical care (Khaliq et al., 2024). From all the collected data from 422 patients it has been found most of patients are not satisfied with Doctor's charged fee as it seems high for them. As we know the average income level of Bangladeshi people are not up to the level, so it can be easily assumed why the fee won't be worth in private hospital. So, if the fee can be adjusted according to their social status the issue can be solved in small extent.

In another study, by a group of researchers "The study included 217 participants, and the majority of the patients were satisfied with the behavior of their doctors (n=192, 88.5%) and the time given to them by the doctors (n=195, 89.9%). However, only 63% of patients were satisfied with the cost of medical treatment, and only 50% believed that doctors explained their medical condition and the prescribed medication to them in a clear manner." (Siddiqui et al., 2023). Also, in likert scale a significant number of patients were found not getting enough mental

support from Doctor's. Providing mental support is important for patients the issue can be included more in medical studies (Shah et al., 2017).

From a study conducted in United States, it was stated that "Physicians who provided more psychosocial and emotional support to their patients were perceived as more attentive ($p < 0.001$) and as having provided more information ($p < 0.001$) about treatment, prognosis, and management"(Sun et al., 2020). Another majority level of patients doesn't understand the prescribed medicine and advice. Even if the prescription is computer generated, after leaving the chamber it becomes hard for the patient to recall some information so if a help desk number can be provided to the patients it will solve their problem to a great extent. So, we can say both patient's and Doctors has a lot to improve their relationship so we can get a better health system (Mustafa et al., 2023).

The results also showed that factors such as doctor's attentiveness, satisfaction with treatment, satisfaction with consultation fee, and satisfaction with the time spent with the doctor were associated with perceptions of the doctor-patient relationship. The finding highlights the importance of these factors in shaping patients' perceptions of the doctor-patient relationship (Rahman, 2022). Another problem they suffer is many patients don't understand the prescription advice and medicine, so if a call to doctor's assistant can be arranged in need it will solve their problems. The findings of this study contribute to the understanding of the doctor-patient relationship and provide insight into the perceptions of patients in Bangladesh. The results showed that patients have different perceptions of the doctor-patient relationship.

Another study was carried out about the public perception towards the doctors in Bangladesh by a group of Researcher where it was shown that more than 80% of the respondents perceive negative perceptions toward the doctor in Bangladesh. In the study the estimated overall weighted mean score was 2.08 confirming the poor doctor-patient relationship (Rahman & Akim, 2023). Three-fourths of the participants' shows negative perception about the doctors' practice where one-third have a strong negative perception. The study was carried out based on following questionnaires: "doctors provide adequate time to the patients," "doctors do not discriminate among the patients by social status," and "doctors clearly explain the prescription." The major portion of the respondents express that they do not have trust in doctors (Siddiqui et al., 2023).

It is important to note that these perceptions may vary based on the patient's age, socio-economic status, and other factors. The results suggest that younger patients may have different perceptions of the doctor-patient relationship compared to older patients. Additionally, patients with lower socio-economic status may have different perceptions compared to patients with higher socio-economic status (Tan, 2024).

A study conducted in both public and private hospitals in Bangladesh reveals that over 79% of patient attendants have unfavorable attitudes of physicians' cordiality towards patients, while roughly 78% exhibit distrust in doctors. The calculated total weighted mean is 2, indicating a poor doctor-patient connection in Bangladesh. Overall sentiment indicated that the healthcare industry operates on a "doctors-work-for-patients" paradigm, with over 90% of respondents conveying unfavorable sentiments (Kaba & Sooriakumaran, 2007). In other words, over 90% of individuals feel that "patients serve the interests of doctors" in the healthcare industry. Conversely, 52% of

patients, a lower proportion than the accompanying figure, express unfavorable sentiments about the topic of physicians' cordiality. Regarding trust, 69% of patients exhibit a lack of confidence in physicians in Bangladesh. The calculated overall mean is 2.9, indicating a deficient doctor-patient connection in Bangladesh. Overall sentiment indicated that around 65% of respondents had unfavorable attitudes regarding the notion that "doctors work for patients" inside the healthcare sector. Approximately 65% of individuals feel that "patients work for doctors" in the current medical care industry in Bangladesh (Heidelbaugh et al., 2025).

The findings of this study provide valuable insights into the doctor-patient relationship from the patients' perspective in a selected hospital in Bangladesh. The majority of patients expressed satisfaction with doctors' attentiveness and consultation time, aligning with studies conducted in similar healthcare settings (Sun et al., 2020). However, a significant gap was identified in terms of emotional support and communication about prescribed treatments, which resonates with previous research that highlights the importance of psychosocial support in improving patient outcomes (Thomas et al., 2020).

This study's results are consistent with findings from studies conducted in Pakistan and India, which also reported high satisfaction levels related to doctors' communication and consultation time but noted significant dissatisfaction with consultation fees (Khaliq et al., 2024; Shah et al., 2017). In contrast, a study conducted in the United States emphasized the role of emotional support in enhancing the perceived attentiveness of physicians (Sun et al., 2020). This difference underscores the need to adapt strategies that provide better emotional care tailored to the socio-cultural context of Bangladesh.

The findings also reveal that many patients did not fully understand their prescribed medications, a concern echoed in research from other developing countries, where health literacy remains a challenge (Siddiqui et al., 2023). Providing clear explanations and follow-up options, such as a helpline for patients to clarify their medication instructions, could mitigate this issue and improve adherence to treatment plans.

These findings have significant implications for healthcare quality improvement. Enhancing communication strategies and providing emotional support should be a priority for healthcare providers. Training programs for physicians on effective communication and empathetic patient care can help bridge this gap. Policymakers should also focus on regulating consultation fees and ensuring that healthcare services are accessible and affordable for all socio-economic groups. Furthermore, introducing standardized patient education programs about common medical conditions and prescribed treatments could empower patients and improve their understanding of medical advice, ultimately boosting patient satisfaction and health outcomes.

Study Limitations and Recommendations

Several limitations should be acknowledged in this study. First, the data were collected from a single hospital, which may limit the generalizability of the findings. Future research should consider multi-center studies to provide a more comprehensive understanding of the doctor-patient relationship across various healthcare settings in Bangladesh.

Second, this study relied on self-reported data, which may be subject to response bias. Incorporating qualitative interviews alongside quantitative surveys in future research could offer a more in-depth perspective on patients' experiences and expectations. Finally, exploring the perspectives of healthcare providers could provide a more balanced view of the doctor-patient relationship, helping to develop more targeted interventions.

DECLARATIONS

Ethics approval and consent to participate

- The study protocol was approved by the ethical review committee (ERC) of the Bangladesh University of Health Sciences (BUHS), Dhaka;
- Informed consent was obtained from the participants before conducting the interviews;
- Each participant participated voluntarily;
- This study involved no invasive procedure and confidentiality of the data and participants maintained at all stages of the study;
- Participants were allowed to withdraw themselves at any stage of the study.

Competing/Conflict of interests Statement

The authors declare no conflict of interest

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors

Authors' contributions

Maharun Nessa: Questionnaire Design, Web-Survey Design, Supervised the Data Collection Process, and Checked Writing, Approved Methodology, Manuscript Editing and Supervised All Steps;

Shuhana Sultana & Sharmin Hossain: Final Editing, Reviewing, And Supervising the Steps.

Acknowledgment

The authors would like to express their deepest gratitude to "Faculty of Public Health, Bangladesh University of Health Sciences".

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