

A REPORT ON THE PROBLEMS FACED BY ATTENDANTS OF PATIENTS IN BAHAWAL VICTORIA HOSPITAL, BAHAWALPUR

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ABSTRACT: *Patients and their attendants have to face various issues in public sector hospitals in Pakistan. This research focused on conditions and problems of the attendants in hospitals. Quantitative nature primary data were collected from 104 attendants (61 males and 43 females) of patients through the interview schedule in Bahawal Victoria Hospital Bahawalpur (BVH). Purposive sampling technique was applied to obtain the required data. The results revealed that both male and female attendants having blood relation with patients came from far off areas. In majority cases, two or more attendants came with patients in hospital having blood relation with patients for better care. Most of the respondents had the first experience in hospital as attendants and lacked awareness about hospital rules and services. About half of the respondents found low or no cooperation from doctors and paramedical staff. The available sitting places in and outside wards were reported improper and few respondents found resting places for attendants in the hospital. Women attendants did not have separate sitting/rest places and faced other issues included molestation outside the wards, fear of sexual harassment and ogling by hospital staff, other patients and attendants. Food in hospital canteens was of low quality and expensive. The attendants got disturbed from wanderers in the hospital and felt themselves and their belongings unsafe. They also paid bribe money in hospital.*

Keywords: Attendants, Patients, Hospital, Doctors, Issues

INTRODUCTION

The field of health care is necessary for making and maintaining healthy human resources for better achievements [1]. Attendants of patients play vital roles in their assistance and early recovery from disease. Patients need social support also which is considered important factor that influences health [2]. Attendants not only provide psychological support, but also make physical efforts for the purpose to reduce the suffering of their patients. In developed countries, hospitals have no overcrowding of attendants due to sufficient and satisfactory health facilities, set rules, busy routine of people and small families. Even, many patients have no attendants with them. Pakistan and many other developing nations lack health facilities which need serious attention. Irfan and Ijaz [3] emphasize the role and attention of the government for better healthcare which gives satisfaction and better feelings to patients and their dependants. In Pakistan, a patient in hospital is accompanied by one or more attendants due to joint family systems, cultural and religious values regarding visiting the sick. Many relatives and friends reach in hospitals to visit indoor patients and many accompany with outdoor patients also. Patients are accompanied by their children [4], siblings, spouses and cousins in hospitals [5]. The presence of many attendants disturbs their and other patients in wards and also creates hurdles for hospital staff to perform their duties. This is also a fact that attendants spare their time to accompany patients and have to face various problems in hospitals. Unfortunately, hospitals have no or lack of facilities for sitting and rest of attendants in Pakistan. The results of a research by Irfan and Ijaz [3] show improper waiting facilities in government hospitals for patients and attendants as compared to private hospitals. Patients and attendants reported poor drinking water and sanitary conditions in the District Head Quarters Hospital Rawalpindi [6]. Environment of hospitals, hospital staff and treatment are new for attendants from rural background especially for females. Researches and newspapers report protests by the attendants of patients against doctors and paramedical staff while some news are about protests by the hospital administration or staff against patients particularly attendants. With special reference to

Bangladesh, Rasul [7] have discussed increasing rate of violence in healthcare field. He argues that violence towards doctors is worldwide.

According to The Express Tribune [8], doctors and paramedical staff protested after attendants' torture on doctors and paramedical staff in District Hospital Hafizabad. The newspaper narrated that the attendants tortured the doctor due to late medical check up. They also damaged hospital property. In May 2011, attendants of a patient tortured a doctor in District Hospital Mianwali [9]. During 2013 and 2014, incidents of torture by attendants of patients on hospital staff and doctors were reported in the Pakistan Institute of Medical Sciences (PIMS). Attendants of a woman patient tortured on duty young doctors after her death in emergency department [10]. Doctors and staff claimed that the patient was given first aid on time and the attendants were told about her critical condition as well. On the other hand, attendants blamed that patient was not given any attention and treatment in emergency and the staff threatened to poison injured daughter of the patient. The attendants also blamed hospital staff for starting torture. The newspaper reported that police filed a case against the attendants. On 29 and 30 May 2014, attendants tortured doctors and hospital staff after the death of their patients. One patient was 70 years women having kidney disease and her husband and sons tortured a male doctor, a female doctor and a nurse [11]. In reaction, doctors protested and stopped working for three hours in wards. On the next day (30th May), attendants of a patient from Kashmir tortured doctors after the death of the patient [12]. The doctors demanded security for staff and immediate action against the persons involved in torture. Results of a research conducted on working problems of lady doctors in five hospitals of Karachi reported that lady doctors were harassed by male patients and the male attendants [13].

Here, it is necessary to discuss other realities regarding attendants of patients in hospitals. In his article, Hussain [14] pointed out negligent and improper behaviours of hospital staff towards attendants of patients. He concluded his article with these words, '*May even our enemies' stay away from hospitals and courts*'. The results of research by Sharma [15] also show dissatisfaction of attendants towards performance and behaviour of hospital staff. Attendants of

the patients blocked the road traffic in front of Lady Reading Hospital Peshawar against strike of the doctors [16]. According to The Nation [17], attendants of patients had to face problems in Pakistan Institute of Medical Sciences (PIMS) which included improper sitting places, no arrangements of drinking water, fans and security for the attendants. Patients and their attendants faced troubles due to out of order ventilators in Holy Family Hospital Rawalpindi [18]. No doubt, lack of ventilators or any faults in ventilators have direct connection with patients, but lacking of facilities for patients in hospitals make the attendants worried. These lacking could cause fights between hospital staff and the attendants.

An Indian Newspaper reported protest by the patients and their attendants against hospital administration. Attendants of patients talking against hospital administration, blamed that paramedical staff demanded money as bribe from the attendants in delivery cases [19]. The guards at the hospital gates also demanded money as bribe from the attendants. The attendants pointed out that lower staff in hospital robbed poor attendants coming from remote and far off areas. Senior doctors having knowledge of the reality did not care. A tip of rupee 500 was taken at birth of every child in the hospital. Such practices with attendants in hospitals are unfair and violation of their rights who are already depressed and have financial problems.

Zulfiqar, Salam [20] pointed out important facts in a research conducted on inflow of attendants of patients in the Civil Hospital Karachi. According to the results, almost half patients were accompanied by two and more attendants in hospital. Among them, about 85% attendants stayed in hospital till discharge of their patients and rest of the attendants also stayed for one or two weeks with patients. In cases of stay of one or more attendants in hospital, they themselves, their patients and hospital staff face various problems. According to Zulfiqar, Salam [20], attendants faced financial, health and physical abuse problems during their stay in hospital. Hospital sanctity was disturbed and the attendants also faced security issues. Physical abuse and torture in hospital has been discussed earlier, which could be the result of improper behaviour of hospital staff and due to more number of attendants. The services of one nurse are available for 6000 people in Pakistan. In such conditions, attendants accompany and serve their patients because hospitals are not in position to provide sufficient staff and resources for better treatment. According to Zulfiqar, Salam [20], mostly attendants belonged to remote and rural areas having blood relations with patients. The attendants had to sleep on the footpath and many of them also could be victim of any disease. Hospital administration mentioned that attendants did not observe the rules of visitors' policy in hospital and created problems during their stay in wards.

In such environments and situations, attendants face challenges to care their patients as well as themselves. Challenges due to overcrowding of attendants with patients in hospitals need attention. Newspapers report different issues faced by and created by attendants in hospitals in Pakistan. Like other fields, there is no known research about the challenges faced by and caused by the attendants Table No. 1 presents multiple response results about reasons for more than one attendant with a patient in hospital. A majority of attendant respondents (59%) had blood relations with patients, which compelled them to

in hospitals in Pakistan. No proper measures have been taken by the government for known and unknown issues of the attendants in hospitals. This is also a reality that in Pakistan, we lack research work, literature and facts about conditions and problems of hospital staff, patients and particularly of attendants. There is need to explore facts about issues related to attendants of patients in hospitals and possibly this gap could be filled by research work. Patients and their attendants are in better position to view about good or bad services in hospitals, which are considered important for quality health services [15]. This research includes attendants of patients as respondents to know their conditions and problems in BVH Bahawalpur.

Methodology

The study aimed at exploring facts about conditions and various challenges faced by the attendants of patients in government hospitals. Primary data were collected from the attendants of patients admitted in different wards in Bahawal Victoria Hospital Bahawalpur (BVH). Respondents were included in research with their willingness and data were collected from 104 attendants (male and female) through the interview schedule at different times within three weeks. Major queries included the relations of attendants with patients, number of attendants with patients, reason to accompany more attendants with patients, attitude of doctors and paramedical staff with the attendants, sitting and rest arrangements for attendants in wards and outside wards and problems faced by attendants especially women attendants in the hospital.

RESULTS

Data gathered through interview schedule were processed in SPSS (Statistical Package for Social Sciences) for analysis purpose and results were presented in simple and multiple response tables with frequencies and percentages. Total 104 respondents (61 males and 43 females) participated in the research. Although, number of female respondents are less than males, but results show that more than 40% females as attendants accompanied patients in hospital. Majority of attendants with patients belonged to far off areas from Bahawalpur region including many from rural communities. As far as relationships with patients were concerned, the majority of the attendants had blood relationships with patients. Blood relation could include father, mother, son, daughter, sister etc. Results also show that the majority of patients was accompanied by more than one attendant in hospital i.e., three attendants (34%), two attendants (30%) and four attendants (19%).

Table No. 1. Reason for More than one Attendants with a Patient

	Number of responses	Percentage
Blood relation with patient	61	59
For better care of patient	55	53
Too much affiliation with patient	34	33
Child attendant and cannot stay alone at home	3	3
Attendant women cannot stay alone at home	7	7
Due to cultural values of patient care	21	20
	181	

accompany in hospital. More than half respondents (53%) described that more than one attendant came in hospital for a better look after of their patients. Another reason for more attendants with patients in hospital was their affection with

patients, as reported by the 33% respondents. One fifth respondents considered that cultural values to care patients existing in our society were motivational factors for more than one attendant with patients (20%). Some respondents also pointed out the fact that in some cases young children and women had to accompany their relative patients because these children and women could not stay alone at home. It seems logical that a child or women alone does not feel secure at home without other family members.

Table No. 2. Frequency of Accompanying Patient in Hospital

	Number of responses	Percentage
First time	63	61
More than one time	40	38
Missing	1	1

Results in Table No. 2 show frequency of respondents' visits in hospital as attendants with patients. More than half respondent attendants (61%) revealed that they accompanied their patients in hospital first time as results show. More than one third respondents had not first experience to visit hospital with their patients and had come more than one time (38%).

Table No. 3. Awareness about Hospital Rules and Available Health Facilities

	Number of responses	Percentage
Well aware	14	13
Aware	23	22
Less aware	36	35
Not aware	31	30
	104	

Results in Table No. 3 point out important facts about the awareness level of attendants regarding hospital rules and services available in the hospital for patients and their attendants. Awareness level seems low on the part of attendants of patients. More than one third (35%) respondent attendants were less aware about hospital rules and services. In addition, 30% did not have any awareness at all. It leads towards problems for patients, attendants and also for hospital administration when the majority of attendants is low and no aware about hospital rules and facilities available as results of two third (65%) respondents show. Only 22 % respondents were aware and 13% were well aware about hospital matters related to patients and treatment which is very low as compared to less and unaware attendants.

Table No. 4. Attitude of Doctors and Paramedical Staff with Attendants

	Number of responses	Percentage
Very cooperative	21	20
Cooperative	26	25
Less-cooperative	34	33
Non-cooperative	18	17
Do not know	5	5
	104	

Respondents also spoke about attitude of hospital staff with them. Hospital staff includes doctors and paramedical staff. The results in Table No. 4 mention that rate of low and no cooperation from hospital staff with attendants of patients is higher than rate of cooperation. One third respondents found less cooperation from doctors and paramedical staff with them in hospital (33%). Moreover, 17% attendants did not get any cooperation from hospital staff while staying with their patients in hospital. One fourth respondents received cooperation from doctors and paramedical staff (25%) and 20% considered the staff very cooperative

towards them. Dissatisfaction about the cooperation is a question mark on working of hospital staff, which could increase problems in hospitals especially for attendants.

Table No. 5. Sitting/Rest Places for Attendants

	Number of responses	Percentage
In Wards		
Proper place for sitting and resting	12	11
Only sitting place	53	51
Improper sitting place	35	34
No sitting place	31	30
	131	
Outside Wards		
Proper place for sitting and resting	5	5
Only sitting place	45	43
Improper sitting place	39	37
No sitting place	30	29
	119	

Table No. 5 holds multiple responses about sitting/resting places for attendants in wards and outside wards which have been presented in two sections. As far as sitting/resting places in wards are concerned, more than half respondents reported that only sitting places were for attendants in wards (51%). More than one third attendants (34%) found sitting places improper in wards. While, 30% respondents did not find any sitting arrangements for attendants of patients in wards. Only 11% respondents seem satisfied about sitting/resting places for attendants in wards.

In response to sitting/resting places outside wards, 43% reported only sitting places and more than one third attendants (37%) considered sitting places inappropriate for them. More than one fourth respondents did not find any sitting places for attendants outside wards in hospital. Only 5 respondents reported sitting/resting places for attendants outside the wards.

Table No. 6. Problems faced by Attendants

	Number of responses	Percentage
Problems faced by Women Attendants		
Ogling by doctors and paramedical staff	26	25
Molestation outside wards	39	37
Ogling by other patients and attendants	28	27
Fear of sexual harassment	32	31
No separate sitting/resting places	51	49
	176	
Other Problems faced by Attendants in Hospitals		
Low quality of food at hospital canteens and hotels	53	51
Very expensive food in hospital canteens	56	54
Security issues	31	30
Wanderers disturb	34	33
Stealing of belongings	31	30
Bribe money is taken from attendants	13	12
	218	

Table No. 6 presents multiple response results about problems faced by attendants in two different sections. In the first section, 176 multiple responses mention different problems faced by women attendants accompanying their patients in hospital. Nearly half respondents reported that there were no separate sitting/resting places for women attendants in the hospital (49%). Results also show that women attendants had to face bad intentions towards them from other people in hospital including fear of sexual harassment. More than one third respondents (37%) disclosed that males outside wards ogled women attendants. According to 31% respondents, women had fear of sexual harassment while accompanying their patients in hospital. The respondents also disclosed that women attendants faced ogling by other patients and their attendants (27%) and by staff, including doctors and paramedical staff (25%).

Other problems also seem very critical as shown by 218 multiple responses in the second section of Table No. 6. It is fact that many patients come from far off areas and they and their attendants need meal. More than half respondents reported that food in hospital canteen was very expensive (54%) and they also found low quality food at hospital canteens and hotels (51%). One third respondents pointed out that wanderers in hospital disturbed the attendants of patients (33%). Attendants also had to face security issues in hospital (30%) and they reported stealing of their belongings in hospital (30%). According to 12 % respondents, hospital staff took money as bribe from the attendants of patients, which was serious matter.

DISCUSSION

Trend of research on social issues has not been encouraging in Pakistan, which resulted no or slow reforms for individuals and communities. Patients and their attendants have to face various problems in government hospitals. The results of this research highlight problems of attendants of patients in hospitals, which could guide hospital administrators and policy makers. Rate of more than 40% women as respondents increases the importance of problems faced by attendants of patients in government hospitals. There is always need of special arrangements and facilities, particularly in societies like Pakistan, where women face different challenges in all fields. The research comes with the fact that the majority of patients and their attendants belonged from far off areas including rural areas in Bahawalpur region. These attendants had to face many issues in the hospital. The results reveal another fact that most of the attendants had blood relations with patients. This is natural trend that blood relations feel more pain for patients, which compelled the attendants to accompany their relative patients in hospitals for better treatment and care. The results also show that more than one or two attendants came with their patients in hospital. It could be linked with cultural values of patient visit and care in Pakistan society and possibly more than one attendant stay with patients in hospitals. Besides that, the attendants have to stay with patients due to improper care facilities in government hospitals. The presence or stay of more than one or two attendants with patients creates issues for attendants themselves and hospital staff which have been reported in newspapers. Indeed, this fact cannot be neglected that attendants having blood relations and affiliation with patients accompany in hospitals. Another

result shows that young children or women had to accompany patients in hospital because a child or women cannot stay alone at home, especially in cases of patients and attendants from far off areas.

According to the results, the majority of respondents have come first time in hospital as attendants with patients. Possibly, such attendants were not aware about hospital rules, treatment procedures and arrangements for patients and attendants in hospitals. This unawareness creates many issues for attendants during stay in hospitals. The results also clearly indicate that two third attendants did not have awareness about hospital rules and available services. The unawareness could be on part of attendants from far off areas and many of them could possibly were women attendants.

It is a question mark that half of the respondent attendants faced less and non-cooperation from doctors and paramedical staff in hospital. Patients and their attendants become anxious when they do not receive proper attention and cooperation from doctors and paramedical staff regarding treatment which leads towards serious issues. Those issues could include protests or torture by attendants against hospital staff or protests from hospital staff against attendants as discussed in earlier section. Rasul (2013) also emphasizes doctors to interact with attendants of patients regarding medical conditions and treatments of patients. The results also mention some acknowledgements by the attendants on cooperation from doctors and paramedical staff toward them.

It is essential and responsibility of the concerned authorities to make proper arrangements for attendants, but is challenging to facilitate properly in cases of more than one or two attendants in hospitals. Irfan and Ijaz [3] discuss fewer facilities for attendants in government hospitals in comparison to private hospitals, which is verified by the findings of this research. In Bahawal Victoria Hospital, only sitting places were available for attendants in wards and outside wards and most of respondents considered these sitting places improper. Many respondents also indicated no sitting facility for attendants in wards and outside wards. Problems of attendants get increased due to no or improper sitting places in the hospital, especially in cases of more than one attendant from far off areas. How would they manage their rest and night stay in hospital for more than one day. No doubt, they have challenges to manage in too hot and too cold weathers. In addition to worries and care for their patients, attendants themselves could face many issues in hospitals. Women attendants had some different nature and serious issues as highlighted by the results. They faced molestation by males in hospital even they felt the fear of sexual harassment in the unsecure environment of the hospital where everybody was stranger. The study results also disclosed that women attendants faced ogling by doctors, paramedical staff, other patients and other male attendants. The movement of women outside homes is not considered good in male dominated societies and women have to face a lot of criticism and problems those move outside homes. Women attendants have to face many issues, mainly due to non-availability of separate places reserved for them and other improper arrangements in hospitals.

Besides other lacking in hospital, the attendants had to buy expensive and low quality food from hospital canteens and hotels. Attendants from far off areas are unaware about

hospital environment and are worried about their patients. In such circumstances, they have to buy expensive and low quality food. Research also explored that wanderers' movement in hospital disturbed attendants of patients. Presently, Pakistan faces serious security issues and respondent attendants also reported their fear regarding their safety in the hospital environment. Attendants having no proper sitting and resting places were afraid of stealing of their belongings during stay in hospital. Another serious issue reported by the respondents was bribe money demand from attendants in the hospital. This is a fact that bribery is a social evil, damaging all systems. This has been already discussed by Kashmir Informer [19] with special reference to India. It becomes worst and pathetic when bribe money is taken from the attendants of patients in hospitals who are already sad. All these issues of attendants in hospitals are serious and attention seeking with special reference to government hospitals in Pakistan. There could be more research work on more issues faced and created by the attendants in hospitals to explore hidden realities.

CONCLUSION AND RECOMMENDATIONS

Health sector in Pakistan faces many problems regarding better treatment of patients in public sector hospitals. Attendants come with patients in hospitals due to their relations, affiliation and cultural values. In Pakistan, people take it a social obligation to visit and care patients in hospitals which increases their number in hospitals. The results clearly indicate that more than one attendant come in hospitals, which could cause problems for both attendants and hospital administration. Level of awareness on the part of the attendants about hospital rules and services is low and hospital staff also is not cooperative with attendants. There is need to improve nursing and care services by hospital staff so that too much gathering of attendants could be avoided. Hospital administration needs to aware patients and their attendants about hospital and treatment procedure. Bahawal Victoria Hospital (BVH) lacks sitting/resting places for attendants especially for women. Attendants stay in hospital for days and weeks and the results highlight their issues i.e., ogling and molestation of women attendants by other males and even by staff, fear of sexual harassment, low quality and expensive food in hospital, disturbance by wanderers, insecurity, stealing of belongings and money taking as bribery from the attendants. Although, this research included one hospital and limited number of attendants as respondents, it highlights serious issues of attendants. Policy makers in the health sector need to revisit hospital rules regarding attendants in hospitals and services available for them. Hospital staff needs to be trained for better care of patients and professional cooperation with attendants. Hospital environment needs to be improved in terms of sitting/resting places for attendants, especially for women, quality and economical food for patients and attendants and security. Monitoring and actions are needed to check corruption and bribery among hospital staff. Attendants and visitors also need to follow hospital rules and cooperate with staff for better treatment of patients.

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