

File ID 67480
Filename Summary

SOURCE (OR PART OF THE FOLLOWING SOURCE):

Type Dissertation
Title Broken limbs, broken lives: Ethnography of a hospital ward in Bangladesh
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Faculty Faculty of Social and Behavioural Sciences
Year 2003
Pages 240

FULL BIBLIOGRAPHIC DETAILS:

<http://dare.uva.nl/record/131413>

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Summary

This book is the result of ethnographic research that I did in an orthopaedic ward of a government teaching hospital in Bangladesh. The research had two major goals. The first was to depict various social and cultural dynamics of life in a Bangladeshi hospital in order to demonstrate the local nature of biomedical practice. The second was to illustrate how the values and norms of Bangladeshi society become expressed in the hospital life.

In Chapter One, after describing a scene in the ward that illustrates the general atmosphere and tempo of the ward, I review the background literature on hospitals. I discuss hospitals in history, hospitals as bureaucratic organisations, the rise and fall of attention to hospital ethnographies and the recent renaissance of interest in cultural studies of biomedicine and hospitals by medical anthropologists. I then present the goal of my research, in which I argue that because hospital ethnographies have been done in mostly Western industrialized countries, the hospital cultures of non-Western societies have been ignored. Moreover, in most of the existing ethnographies, the hospital is considered as an isolated subculture, ignoring the link between hospital life and life in the society in which the hospital is situated. The goal of my study, therefore, is to present the social and cultural dynamics of life within a non-Western hospital, namely the orthopaedic ward of a Bangladeshi teaching hospital and to explain that the hospital ward is not an isolated subculture, but rather a mirror that reflects the core values and norms of the broader Bangladeshi society. Through this ethnography I also hope to provide insight and understanding of the cultural and structural issues of a Bangladeshi hospital, which could be useful for improving the quality of medical practice in Bangladesh.

As anthropologists are themselves the instruments for data gathering, I provide some information about my personal background in Chapter Two. I describe how after being trained as a clinician, I started my career as a public health physician in rural areas, which helped me to look at people's health beyond medicine. It was then that I learned the relationships between health, culture and society. I also elaborate the methodology of my research in this chapter, in which I set out in detail my ethnographic data collection plan and procedure. I describe how my identity as a physician and the help of a proper intermediary enabled me to get access to the orthopaedic ward in which my role was that of a researcher. I collected information mainly through participant observation, but also through informal conversation, formal interviews, case studies and the consultation of official records and registers. The respondents were the patients, their relatives and hospital staff members including doctors, nurses, ward boys, cleaners and *ayas*. Finally in this chapter, I describe the intellectual and emotional challenges of being 'native among the natives', i.e. doing ethnography as an insider of a culture.

Chapters Three and Four contextualize the hospital ethnography. Chapter Three is devoted to a general description of Bangladesh. I briefly present various aspects of the history, people, society, economy, politics, health and education of Bangladesh. I discuss how after centuries of British and Pakistani colonial exploitation, Bangladesh, once the richest province in undivided India, emerged as one of the poorest nations on earth, after a bloody war for independence in 1971. Though the country is plagued with numerous economic, political and social crises, the nation's survival strategies (which have been developed and fine-tuned over time immemorial) have insured a remarkable capacity for adapting to and surviving under seemingly impossible circumstances. In Chapter Four I present the research setting, the Chittagong Medical College Hospital, one of the major teaching hospitals in the country. I describe the orthopaedic ward, the department in which I did my fieldwork in detail. I describe the history, location, geography and architecture of the hospital and the

ward, along with its current facilities, staff patterns and budgetary trends. It is here that I depict an ordinary day in the orthopaedic ward. A recurrent theme in this chapter is how this 1000 bed hospital is severely under-resourced and under-staffed.

To depict life within the orthopaedic ward, I separately describe the experiences and concerns of different actors in the ward. Thus, in Chapters Five through Nine, the reality of the ward is presented from the perspective of certain actors. This is then followed by a summary and discussion. I begin with the patients of the ward in Chapter Five, most of whom are poor, illiterate males between the age of 20 and 40 who have been victims of road traffic accidents, criminal violence and occupational hazards. Once the patients have been admitted to the ward, they become lost in a labyrinth of uncertainties. The poor patients experience various forms of humiliations from all levels of staff; their privacy and demands for information concerning their medical condition are constantly ignored. They are economically ruined directly because of formal and informal expenditure in the hospital and indirectly because of the costs of their loss of job. However, in the context of their powerlessness it is also observed that the patients find various overt and covert ways of maximizing their opportunities in the hospital and maintaining their dignity.

Chapter Six deals with the relatives of the patients, who play a crucial role in the organization of the hospital. As there is a severe shortage of staff, relatives take on virtually all of the nursing responsibilities of the patients. They also provide economic and emotional support to the patient as well as play an intermediary role between patient and the staff. Although they are accused of being an obstacle to maintaining discipline and tidiness in the ward, the staff rely on the essential support of the family members of the patients. Even the healthy relatives experience all sorts of troubles with hospitalisation. Relatives are the silent saviours of the patients.

Chapter Seven describes the reality of the ward from the perspective of lower level supporting staff, including ward boys, cleaners, *ayas* and gatekeepers. Although they are on the lowest rung of hospital hierarchy, they are indispensable to both the higher level staff and the patients. They do all sorts of manual work that is necessary for the everyday functioning of the ward. Despite their lower socio-economic background, the lower level staff remain more powerful than the patients because of their experience and affiliation with the hospital. The patients rely on lower level staff for help with obtaining various day-to-day necessities in the hospital, as they are socially closer to them than they are to the doctors or nurses. The lower level staffs take advantage of their indispensable position for economic gain. They demand money from the patients in exchange for services offered. They increase their income through other ingenious ways, like stealing property of the patient or of the hospital. They dismiss any action taken by the hospital authority to correct their transgressions by organizing strikes through their employee's association. Although they are considered inferior staff, they are actually quite influential.

The experiences and concerns of the nurses is the topic of discussion in Chapter Eight. This study reveals that nurses of the ward are mostly busy with paperwork, such that they have nearly abandoned what is traditionally considered nursing work. They mainly take care of the records and equipment of the ward. Nurses in Bangladesh do not have a respectable public image. According to Hindu values, nurses carry out 'dirty work' and have become associated with the lower caste. For Muslims, the public nature of nurses' work is considered morally demeaning for women. The Bangladeshi nurses therefore do not fit with the ideal image of loving, self-sacrificing, noble 'ladies with lamps'.

Chapter Nine deals with the doctors, who are at the top of the hospital hierarchy. The space and resource allocation for them in the ward and their widespread practice of scolding the patients are manners in which they display their superiority. Their everyday ritual of *nasta* (tea break) functions as a means of group solidarity, while simultaneously reinforcing the

status of doctors relative to one another. The senior-most doctor, the Professor, remains at the top of the hierarchy and he exerts his control over the ward personnel in a personalised way. Yet, in spite of their authority, doctors are highly frustrated too. They are deeply irritated with their work environment, where they are expected to heal patients with scarce resources and insufficient manpower. They are also discouraged by their low governmental salary and the growing negative image of the medical profession in society. To cope with the resource constraints the doctors have invented various ways to deal with orthopaedic problems, bypassing the formal biomedical ideals. They have also developed informal means to deal with administrative constraints.

Chapter Ten argues that hospital life is the mirror of the larger Bangladeshi society. In this penultimate chapter I discuss how the core values of the broader society are played out in the orthopaedic ward. The social and cultural dynamics of the ward reflect various features of Bangladeshi society, including the general poverty and resource scarcity of the country, the social value of hierarchy, value of family, prevalence of violence, invisibility of women, low public morality, and inventiveness. Chapter Eleven concludes this book by revisiting the main points and closes with an epilogue.