ANALYSIS OF HEALTHCARE DELIVERY SERVICES IN GOVERNMENT HOSPITALS OF JAMSHORO DISTRICT

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CERTIFICATE

This is to certify that this thesis entitled: **"Analysis of health care delivery services in government hospitals of Jamshoro District"** submitted by **Aneela Paras** is accepted in its present form by the PIDE School of Social Sciences, Pakistan Institute of Development Economics (PIDE), Islamabad as satisfying the requirements for partial fulfillment of the degree in Master of Philosophy in Public Policy.

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Author's Declaration

I **Aneela Paras** hereby state that my MPhil thesis titled "**Analysis of Health Care Delivery Services in Government Hospitals of Jamshoro District"** is my own work and has not been submitted previously by me for taking any degree from Pakistan Institute of Development Economics or anywhere else in the country/ world.

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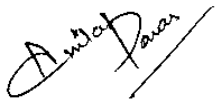

Aneela Paras

Dedication

I dedicate this work

To

My Parents

Whose love for me is beyond the words can say.

ACKNOWLEDGEMENTS

On completing this task, I take the opportunity to thank and acknowledge all those who have been a helping hand for me throughout the process. I sincerely acknowledge the co-operation and valuable feedback by my supervisor ***Fida Muhammad Khan***.

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ABSTRACT

Access to health services is one of the fundamental rights of the citizen and one of the duties of a state. Health services are provided by the state as well as the private sector. The study was conducted to understand the determinants of satisfaction of subscribers of public health facilities and the private sector was used as a controlled group against which the public sector satisfaction parameters were compared. Primary Data was collected and Thematic analysis was used .The study found that most subscribers of the public sector based their satisfaction primarily on cost, and went for curative care. Reasons behind these were the lack of awareness, low incomes, and low socioeconomic status. On the other hand private sector subscribers based their satisfaction on quick service, doctors' attentions and behaviors, cleanliness and engagement. The subscribers of private health care delivery systems were found to be less concerned about cost. It was found that the public sector lacked competitiveness and the hospital management had no stake in the performance of the hospital. This lack of competitiveness has resulted in efficient. There were low quality health services. The private sector however, was found to be more efficient. It had to compete and also retain customers. Based on these findings policy recommendations are given.

Keywords: Government Hospital, Private Hospital, Pharmacies, Patients satisfaction

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LIST OF ABBREVIATIONS

AIDS: Acquired immunodeficiency syndrome

BHU: Basic Health Units

HIV: Human immunodeficiency virus

HFA: Health for all

LGO: Local Government ordinance

MDG: Millennium Development Goals

SARS: Severe acute respiratory syndrome coronavirus

UDC: Units of data collection

WHO: World Health Organization

Chapter 1

INTRODUCTION

1.1 Background

Health is the fundamental right of the public in the state because; all countries of the world have rectified it as a universal fundamental right. The legislators of Pakistan have not added health care as a fundamental citizen's right in the Constitution. Therefore, it is placed in article 38 Sub-article: ***"Promotion of social and economic wellbeing of the people"***. It is provided in the principles of policy in the constitution of Pakistan (Pakistan, 2018) Due to that Pakistan is one of the countries in the third world which is yet leg behind in the healthcare system to provide equitable and equal health rights to its citizens. There are several reasons behind the failure of providing quality health provisions in Pakistan.

Pakistan is a largely populated area where the healthcare institutions may not fulfill the requirements. Pakistan has limited resources to access healthcare services. Pakistan is a developing country which is facing equity in healthcare access, lack of infrastructure, lack of human and material resources. Mostly the major component lack of coordination with other healthcare sources e.g. with primary, secondary and tertiary, that is because of poor health care system includes lack of political will, weaker policy instruments, in efficient and very poor governance mechanism which leads to ineffective healthcare system which can't cater the needs of poor, vulnerable segments of the society. This situation opens the window of opportunities for the private sector and people go to private clinics and hospitals for minor to major health cases. (Qidwai, 2015)

All healthcare providers are major components of the entire system in providing improved healthcare system in Pakistan that is expected by the public. But, no such strategy is made for improving the health institution. It is an empirical view shared by the working staff in the hospitals that the Government does not take measures to improve healthcare institutions. We are also not satisfied with available services such as administrative, budget, and equipment. Health information management systems existed to a certain extent/degree at the district and sub-districts but not in the tertiary, the adaptation of deficient health information technology systems may cause heinous harm to the public. It seems because of that Pakistan has not yet been able to provide an equitable health care system to its citizens. (Umaira Ansari, 2011) The present research study is all about the prevalent healthcare system in Sindh province of Pakistan. The major focus of the study will be: To analyses the patients satisfaction while going through treatment process, looking to the attitude and behavior of health care staff including, staff, paramedics, pharmacist, lab staff and facilities available in the hospital including hygienic conditions (Cui et, all 2020, Sodani et, all 2010, Umoke et, all 2020).

All human beings need proper healthcare for living a healthy life (Porter, 2010). Healthcare system is entirely depending on the economic position of each country, however; more developed countries have more resources for better healthcare provisions to the population (A Cameron, 2009).This is global age where everything is changed according to the modern needs of human beings. Hence; old traditional healthcare systems are replaced with the modern age high quality standards medical healthcare systems (Godman, 2018).

In the global age, Pakistan has numerous serious challenges in every sector, however. Mainly rapid growth in population, urbanization, pollution and lifestyle of people are the major problems among other problems. Accessible health and nutrition facilities play vital role in shaping the

wealthy society. Better health results and outcomes can only be ensured with short- and long-term measures. Nutritious food play key role in the human health care system, however; in Pakistan major population is suffering from malnutrition and on the other hand pandemic has added more problems in the lives of people (Dr. Imtiaz Ahmed, 2019-20).Quality health service delivery system in Pakistan is poor in terms of facilities (Sima Berendes, 2011).

It was the year of 1990 when government of Pakistan declared first national health policy with a vision to increase the health expenditure up to 5% of GNI (Gross National Income). In that policy major objectives were access to clean drinking water and family planning for health improvement. After seven years, the government of Pakistan announced 2nd National Health Policy pursuing the health for all (HFA) concepts during 1997. HIV/AIDS remained in focus including accidents in road traffic, violent, tuberculosis, diabetes, cancer, and mental health. The 3rd National Health Policy was declared during the 2001 with the approach of health for all (Pakistan, 2001, Nishtar, 2007, Khan, 2006)

Because of poor infrastructure of the BHU's and RHC's, majority of people are not willing to access healthcare services provided by the public health system and as a result of this, rural people are diverted to the tertiary care hospitals. The distance to the health services and dearth of transportations with poor roads hinder their access to these services. Moreover, it is also found that public sector in Pakistan is underused because of weak human resource, lack of health education, lack of openness and barriers due to language and cultural gap. For above mentioned factors for many people, visiting BHU's make the journey not less than a nightmare (Noorzai, 2010).

Previous studies have shown that government hospitals are not patient-centered, hence only poorest of the poor families are going to the government hospitals, however; people who can afford visits the private healthcare providers because they think private healthcare is best as compare to the government healthcare (Hasnain, 2008). The main purpose of the present research study is to construct the reality based on patient's experiences and healthcare providers.

1.2 Statement of the Problem

In general, healthcare professionals expect their clients to be satisfied with the care they receive. Patient satisfaction is an important factor in determining the quality of healthcare since it reveals how well staff is meeting patients' needs. It has a significant impact on patients' expectations. Patients have begun to claim their privilege to be better treated in recent years as they have become more knowledgeable and smart about the types of care and medical available to them. Patient satisfaction has been found to be influenced by health staff' attitudes toward patients, their ability to provide immediate care, their waiting time, and their ability to communicate effectively (Umoke, 2020).

There are numerous elements that influence patient happiness and discontent in hospital settings. Availability, healthcare practitioners, budget, waste disposal, and governmental policies are among these issues. Admission procedures, diagnostic services, technical support, physician communication and interpersonal approach, accessibility, and convenience are among the others. The study's main goal was to find out how satisfied patients were with the quality of care they received in Government hospitals of Jamshoro Sindh. The study's goal was to find out how satisfied patients were with meaningfulness, trustworthiness, response, certainty, and emotion.

This appears to be a valid point and evidence from other countries would also suggest that these are some common universal factors which patients take into account while deciding which hospital they are going to trust and be treated in (Soodani et al 2010). also reported similar findings where in patient satisfaction also depended upon the behavior of the hospital staff, the doctors and the Supporting staff of paramedical personnel and the non-medical staff of accountants etcetera as well, as far as technology and expertise are concerned (Sodani P. R., 2010) is in line with the (Umoke, 2020, Cui, 2020) provides a unique new variable of patient satisfaction being a function of the emotional realm as well as the physical/material aspect of technology and expertise.

According to other studies conduct in Pakistan shows the same results that miss-trust on government hospitals, untrained staff and patient's satisfaction are key determinants to opting private healthcare options while going through medical care. "Components tend to prescribe the same steroids to all patients regardless of illness, this is deadly. Paramedical staff is not properly trained and some treat patients inhumanly" (Abid Aman Burki, 2019).

1.3 Research Problem

As described above in SOP, I'm limiting my research on "Analysis of Health Care Delivery Services in Government Hospitals of Jamshoro District" and I have proposed following methodology through below developed research questions and objectives.

1.4 Research Questions

1. Does prevalent healthcare system in government hospitals of Jamshoro satisfies the patients?
2. What are the major barriers in implementing healthcare services in Jamshoro government hospitals of Jamshoro District?
3. Why people prefer to visit the private hospitals in existence of government hospitals?

1.5 Research Objectives

The objectives of research are to:

1. To Explore the health care service delivery system in government hospitals of district Jamshoro Sindh
2. To Know about the patient's satisfaction and attitude of health care staff and overall hygienic conditions in government hospitals of district Jamshoro.
3. To Know about the patient's perception about private healthcare system as compare to government healthcare services.
4. Suggest policy recommendations to improve the patient's satisfaction attitude and behavior of medical staff and health and hygienic conditions in government hospitals.

1.6 Significance of Research

This study highly analytical and critical in terms of in lighting the gaps in current healthcare system in Jamshoro district Sindh Pakistan, due to that ordinary citizens of Pakistan don't trust to

government health care system and opt private health service in major and minor medical emergencies. (Parker, 2019) The study is highlighting the root causes of patients miss-trust on government health system, understanding reasons behind improper and in appropriate attitude of doctor, paramedics staff, health technician, pharmacists. This study also (Abid Aman Burki, 2019) is creating avenues of thinking process among health providers and patients, which provides suggestions, recommendations and way forward to improve the performance of government hospitals of trust of patients, to re instate the trust and confidence of patients on government hospitals. This study also bridges the gap among patients and healthcare providers and create conducive environment to come with practical solutions.

1.7 Definitions of important terms

1.7.1 Healthcare

Primary healthcare is approach that focusing on the basic healthcare of wellbeing and distribute the equitable sources at primary level. Health is defined as a physically, mentally and social wellbeing.

1.7.2 Public/Government Hospital

Public hospital are that is fully governed and funded by government, government collected taxes and in return they provide healthcare facilities to the society. Every year government announce budget for healthcare facilities and salaries etcetera for the healthcare providers government maintain budget to cover the requirements and fulfill the basic needs of human.

1.7.3 Private Hospital

Private hospitals and clinics are owned by the owners which can be a group of people or an individual who maintain the hospital. A person look after all the requirements of a hospital, mange staff, mange budget, arrange well known doctors and had approved licensed by government.

1.8 Organization of the study

The study is organized into five chapters, the first chapter of which examined the introduction, which included the notion of the study's foundation and knowledge of the subject under discussion. In Chapter 2, a review of the relevant scientific research is presented. In Chapter 3, the research methodology is discussed. In Chapter 4, the data analyzed and findings are discussed and Chapter 5 the study's conclusion and governmental recommendations are explained.

CHAPTER 2

REVIEW OF LITERATURE

2.1 Introduction

Health care is a basic need of human societies. It has been a part of society since times immemorial. It would not be wrong to assume that human beings have a natural instinct of protecting, elongating and improving the way human beings live. It is this urge for improvement that has driven every human society to become a better and improved in terms of material resources compared to his ancestors. Hospitals are one such material resource which are a prerequisite for a healthy human society not only from the health perspective rather it also has other positive impacts on society. Health Economics and health Studies, public Health, health administration and the like are complete disciplines of study and expertise in their own right. However, the current study tries to address the phenomenon of health care delivery services in government Hospitals. The literature on the issue reflects different themes. Different scholars and researchers in the field have studied it from different angles and perspectives. In this Chapter the literature on the subject is discussed from the perspective of the patient. Section 2.1 discusses the literature on patient satisfaction from other countries. The literature on health services delivery is discussed in section 2.2 and the section 2.3 discusses determinants of patient satisfaction from a Pakistani/ (Local/Domestic) perspective. The chapter concludes with section 2, 4 offering an explanation of the research gap after an opinionated summary of the literature reviewed.

2.2 Literature on Patients' Satisfaction in Other Countries

Patient satisfaction is a good measure of the health care provision facilities that are available in society. Patients tend to prefer those medical institutions that promise better health service, technology assistance and equipment for instance see (Cui, 2020). The study found that after the creation of a medical alliance which is the combination of hospitals of different levels primary, secondary and tertiary. Patients preferred the cooperative hospitals based on the quality of service which was determined by availability of technology, know-how and diagnostic expertise. This gives an indication that patient satisfaction is based on the quality and availability of technology and expertise of the Health professionals. It is understandable that patient satisfaction will be affected or determined by such factors. For instance (Umoke, 2020) support the findings of (Cui, 2020) by reporting similar findings in case of Nigeria where in technology and diagnostic expertise were found to be the major determinants of patient satisfaction followed by ease of access, cleanliness in terms of waste disposal and environment inside the admission wards and the admission procedure. Patents preferred hospitals based on the technology, and ease of admission. And were displeased where bureaucracy and documentation work was tedious and relied upon.

This appears to be a valid point and evidence from other countries would also suggest that these are some common universal factors which patients take into account while deciding which hospital are they going to trust and be treated in (Sodani P. K., 2010) also reported similar findings where in patient satisfaction also depended upon the behavior of the hospital staff, the doctors and the Supporting staff of paramedical personnel and the non-medical staff of accountants etc. as well, as far as technology and expertise is concerned (Sodani P. K., 2010) is

in line with the (Cui, 2020, Sodani P. K., 2010, Umoke, 2020) provides a unique new variable of patient satisfaction being a function of the emotional realm as well as the physical/material aspect of technology and expertise.

However (Sodani P. K., 2010) appears to be an exception, studies in general have relied more on the quantitative and positive aspect of the healthcare industry in terms of service delivery and patient satisfaction. But it is not unique since the HEALTHQUAL scale that measures patient perspective and uses it as a base for suggestion of improvements. The HEALTHQUAL scale which takes into account loyalty of the patient in terms choosing the institution repetitively. The HEALTHQUAL scale also take into account positive aspects such as infrastructure, equipment and technology. The scale has been tested in the context of developing countries and has remained valid; please se**e** (Fernando Barrios-Ipenza, 2020)**.**

SERVQUAL is another tool used to determine the level and quality of Health care services and patient satisfaction. The scale takes into account the five key aspects which include tangibles, reliability, responsiveness, assurance, and empathy. Studies have used the scale and have gauged patient satisfaction on it. The most notable in context of developing countries (Njau, 2014), the study reported that patient satisfaction depended upon the quality of the services they receive. Ease of communication with the OPD personnel, the compassion, civility, and active listening, of the medical and paramedical staff as well as availability of the medicines prescribed and the availability of specialists. Servqual was also used by (Daniel Adjei Amporfro, 2021) and it found that the patient satisfaction in case of women in Latin America was in part determined

by maternal age, method of payment for the services distance from residence and ease of access. They were measured along the standards of servqual.

The literature shows that patient satisfaction is in fact one of the main determinants or metric of measurement of the quality of health care services. However, it is important to note that the scales such as Serviqual and healthqual as used by (Fernando, 2020, Khamis, 2014) respectively. Other studies recognizing this as a standard metric includes (Elsadig Yousif, 2015) who found Cleanliness, staff expertise, respect, and decent behavior as major contributions to patient satisfaction. The study also reported a unique finding as it tested for Gender and wealth education and marital status as covariates. It was found that Gender, wealth and marital status did not affect the patient satisfaction while education had an impact since being educated made them more aware and this more demanding and the less educated were found to be more satisfied. It's not much of a question of private and public, Patient's loyalty for instance and satisfaction matter. Moreover the affordability, acceptability, appropriateness, competency, timeliness, privacy, confidentiality, attentiveness, caring, responsiveness, accountability, accuracy, reliability, comprehensiveness, continuity, equity, amenities and facilities also play a role in determining patient satisfaction.

Patient satisfaction is in fact a very reliable measure of quality of health service delivery. But alongside ethics, conduct, and speed of delivery of services there is one key aspect that has been missed by previous studies and that is the covenant of secrecy between the doctor and the patient (Abiyot Wolie Asres, 2020) investigates patient satisfaction by adding this component as well into their analysis. The study found that alongside expertise, respect, and other concerns, confidentiality was also something regarded by a patient as a determinant of their satisfaction. In

this regard, (Abiyot Wolie Asres, 2020) makes a good contribution to the body of knowledge on the subject.

2.3 The literature on health services delivery

Shortage of Doctors and unavailability of trained and skilled support staff is a problem faced by the health care industry throughout the developing world please see (Shaharior Rahman Razu,2020). The findings are supported by (Nasir UL Haq Wani, 2013) however the latter also posits that social and economic Inequalities, the political structure and the poor regulation mechanism also constraint the health industry in case of developing countries such as India.

Ziadi concurs with (Nassir Ul Haq Wani, 2013) in (Ziadi 2005) posits that the Medical schools of Pakistan train the doctors in the diseases of the rich. He gives many examples and convincing arguments for example the fact that we have more specialists in cardiovascular diseases and diabetes which Ziadi has termed as diseases of the rich while as far as local diseases or concerned such as malaria we don't have specialized staff. He goes a step further in his analysis and maintains that our health industry is not able to retain the professional doctors produced in the country since most of them go abroad and provide what Zaidi terms “subsidized “medical care to the western hospitals or they tend to open private clinics or become part of private hospitals which obviously pay more. To support his argument of the medical teaching industry being westernized in terms of curriculum, practice and outlook, Ziadi says that a local hospital at the tehsil, taluka or village center won't even have the anti-venoms of the snakes or other poisonous creatures in those areas. The course of community medicine at universities is therefore not taken seriously by the doctors (both students and teacher) for it has little to offer in terms of economic divide.

Although unavailability of staff, the shortage of trained medics and paramedics is a huge constraint but there are other factors too, for example (Obinna O Oleribe, 2019) explain how lack of adequate funding and inefficient usage of resources has led to the poor performance of African countries on the WHO six pillars of health system which include Service Delivery, Health workforce, Health information system, access to essential medicines, fifth financing and leadership and governance.

The findings of (Obinna O Oleribe, 2019) are also supported by (William New Brander, 1992) which reports that resource allocation and its often inefficient utilization also leads to poor outcomes. So it's not just a question of scarcity of funds, rather the skill, professionalism, and good management practices are also important dimensions that have an impact on the outcomes of the healthcare system (William New Brander, 1992) pinpoints a few major areas of concern such as the inability of hospitals to accommodate the patients. The medical wards are overcrowded and there are issues of inadequate space. This has a negative impact on the quality of service delivery in the hospitals. The patients in the outpatient department are again faced with a similar sort of problem in the form of long queues and also have to deal with unavailability of basic medicines at the hospital pharmacies.

Health Care delivery systems across the world have once characteristic in common and that is the existence of multiple forms of ownership. This feature has an impact on the health care delivery in terms of quality, quantity and cost. Moreover the regulatory framework also had an impact on the health industry (Tamara Hafner, 2017). So when analyzing the health industry across time and space we need to consider this phenomenon.

2.4 Literature on Political economy, governance and issues of devolution of health service delivery

Like other socio economic subjects, health service delivery also has a political economy. Reforming it therefore has many potential losers as well as those who will gaon as a result of the reform. Literature on political economy guides us that the ones, who will have political power their choices of reforms will prevail, please see (Acemoglu, 2010, 2005). The reform of the health sector therefore has a political side find that the devolution of health service to lower tiers of government and making it more accessible is a common characteristic that has been observed time and again in the literature on the subject. The study further reported that decentralization and devolution of power, authority and responsibility from the center to the county level (provincial/community level) is a positive act in itself with promising positive outcomes however lack of attention towards the human resource, skill development and the required infrastructure to absorb the change, will not lead to the efficient outcomes intended by the devolution (Benjamin Tsofa, 2017) stresses the political economy surrounding the subject of health service delivery and emphasizes that the politico-economic infrastructure needs to be appreciated when we attempt to understand the healthcare delivery systems.

Discussing the Political Economy is relevant here because the anecdotal health care system has always been one of the so called “election issues” in this country. There are many other studies such as (Maximilla N. Wanzala, 2019, Monks, 2010), which concur with the (Benjamin Tsofa, 2017) and shed light on the political economy of the health care system , its understanding, modus-operandi and the need for community level hospitals which are able to deliver good quality health service. These studies acknowledge that there exists a disparity between rural and

urban health care systems; moreover they are also in consensus that this disparity has roots in political economy.

When looking at health care delivery service from the political economy perspective we cannot ignore the legislative process. For instance, in Israel they had the "**Netanyahu commission"** equity, access and rising healthcare costs were the villains in Israel's case as is the case with many countries (Chernichovsky, 1995) .The Legal right of health care is sometimes not even weighted while making an analysis of the healthcare system, similarly in an advanced country like Israel we still have the problem of clarity in terms of responsibility and accountability. The study concluded with a prescription for the exclusion of the government from the provision, insurance and management of the Healthcare industry, the legislation for uniform health insurance policy and a complete overhaul of the ministry of health.

The political economy of the health service Delivery also has another dimension in terms of the types of reforms, the extent to which the reforms take place and which ones would be adopted and what portion of the reforms will meet resistance. Those who own political Capital and are able to invest it will be the ones that take such decisions. There are many scholars in support of this for instance please see (Acemolgu, 2005) and (Croke K. M., 2019, Jenelle M. Clarke, 2021).

So the health sector its management and its operation is reflected in the quality of its service delivery but as the quoted literature such as (Acemolgu, 2005, Croke K. M., 2019 Chernichovsky, 1995, Monks, 2010, Maximilla N. Wanzala, 2019) suggest that there is apolitical side to it. The political economy perspective is therefore very relevant when the quality and

nature of health service delivery is discussed. Although from the patient stand point it may not be that relevant but from the research perspective this is valid variable in the equation. Healthcare practices and service delivery of health products also has a power dimension. In any cases of health service reforms there will always be some losers and some winners. The segment that fears the loss of political and economic power as a result of the reform will resist the change while those who benefit from it would push for the reforms to take place (Acemolgu, 2005, Parker, 2019).

While making the case for the impact of power and its unequal distribution (parker, 2019) quote (Mackenbach, 2014, Navarro, 2006), when saying that this inequality in power distribution leads outcome in health service delivery which are inefficient and reflect the symmetrical skewed power dynamics in the society. a Moreover , there exists a trust deficit in government hospitals and the patients prefer private healthcare facilities ignoring the cost differential (Parker, 2019) found that among other factors the doctor's response, their attitude and the medical training of the paramedic staff were the factors that were considered by the patients while making a choice. However the union of the doctors the paramedic staff association around the Nigeria and India gave these associations and unions a certain degree of political power, and they could capitalize on that power capitol and thus ultimately broadening the scope of the health care issue and thus leading to political intervention and political groups using healthcare as political and election issue.

There has been literature regarding the use of health care reforms and the issues of this industry as a tool to expand the voter base and maintain a vote bank. Normally as studies show that "employment" tops the list as far as the election issue is concerned in many African countries

however health sector reforms and health sector politics has been the second most important electoral issue and this stands true for a total of 36 African countries. Please see, (Adanna Chukwumaa T. J., 2019) for details. They also reported that the people do give weight age to health care service provision and this is reflected in the voting pattern and determinant of voting in the sampled countries. As. (Adanna Chukwumaa T. J., 2019) has quoted that there do exist political returns to health service delivery and the way the governments facilitate it and take action to improve them the finding of (Adanna Chukwumaa T. J., 2019) are consistent with the result of (Croke K. , 2017, Athandeer 2017) in case of Mexico and Tanzania.

The literature on Political Economy also discusses the healthcare industry from the lens of public -private partnership. A strand of literature as discussed by (Sanjay Basu, 2012) They argue that it is the quality, efficiency and availability of trained specialists with appropriate admission wards that has made even the impoverished and poor segments of the population to select the Medicare in the private sector. On the other hand, the Government run system falls well below the standards as far as the care, specialization, expertise, quality and availability of medicines and the equipment. In case of post-colonial societies and the behavior of the doctors and all other staff were the main reasons that had an impact on the selection of which type of Medicare the society. Factors like income level, social status and access do have an impact but as far as preference goes, people are inclined onwards to private Medicare instead of government health services and this phenomenon is observed throughout middle and lower middle income countries.

The distinction between public and private is not just a characteristic of the so-called underdeveloped world and Africa alone. This disparity exists in regions that are otherwise

considered developed and advanced. For instance (Vrangbæk, 2018) came up with some very interesting conclusions , although some of their findings were unorthodox for example they divided the healthcare industry (hospitals) into three categories, the first one being the Public hospitals , second one the private for profit hospitals and third private-non-for-profit hospitals. Among many other findings the study also reported that in Europe the publican hospitals cater to the older, impoverished and lower middle class (in-terms of income) while the private for profit have a clientele in the well to do but as far as quality is concerned the study reported that private or public ownership was not that much of an issue that determined the service quality. Nonetheless they did report that there exists a public-private divide when studying the health industry even in so called developed parts of the world.

The question is which hospitals are good whether private or public or is there a mixed form. The literature does not provide any one answer. Rather it is observed that it's on a case by case basis. Likewise the lens from which one views hospital performance based on procedures, processes, service delivery and patient satisfaction also influence the research findings. For instance (Dani Filc, 2020) While doing a study for Spain and Israel found that the profit motive of the neoliberal doctrine has an impact on the quality, performance, service delivery, efficiency and care of the hospitals (Dani Filc, 2020) reported that public-private partnership models have failed and not performed well in the health sector as this model clashes with the structure of the Neoliberal economy.

2.4.1 The Profit Motive vs. Public Health Service Delivery

The profit motive that rests with the suppliers in the healthcare market is discussed in detail in the post covid-19 situation the global health market by (Cohen, 2020) Building on the argument of that the health system in the private for profit sector has not been accessible to the general masses because health service delivery but Capitalism considers the profit motive as a rational choice and that every human being will maximize his self-interest creates a conflict of interest between the health service delivery and capitalism and therefore, hospitals and health institutions operating in a capitalist economy will not being about efficient results. The public-private model and reforms in this area according to (Cohen, 2020) are a result of pressure created by both in-house and foreign actors and as a response to such pressures, health reforms have been initiated. These reforms have done more wrong than right and have made uneven and unequal distributions of health service industry and resources.

The findings of (Cohen, 2020) are also supported by (Florien Kruse, 2021) who found the profit motive to be a barrier for the public in accessing health's services? However (Florien Kruse, 2021) Also found that the Government run hospitals and covid-19 care centers, along with the non for profit health delivery institutions were better at giving care to the patients especially during the pandemic than the private for profit hospitals.

This shows that health service delivery is a an area where the profit motive may not lead to good results especially in terms of prevention care and situations such as the Covid-19 pandemic, the SARS virus or Ebola.

It's not much of a question of private and public. Yeast the ownership of hospital or the health provisions supplier does have an impact on the service delivery but ownership and profit motive

are not the direct measures to gauge the quality of health service delivery, patient's loyalty for instance and satisfaction matter.

Some Researchers, such as there exists a fallacy, a wrong perception that the for profit hospitals fare better due to the profit motive. (Jeurissen et al 2020) opine that private sector for profit hospitals are actually specialized in lucrative care rather than essential care. so it should not come as a surprise that the private sector focuses more on cosmetic dermatological treatments than serious skin conditions (Jeurissen et al 2020) also acknowledge that the question of public vs private health care industry, and the role and operational design of the private medical services industry can and has made grounds for heated political debates and this issue has the potential to lead to fragmentation in certain cultures and societies. There exists a rich and abundant literature on the political economy of health and how the politics, economics, and the health industry are tied in a cobweb like structure. The Rife literature signals that there exists a debate concerning political economy of the health industry and therefore it's not easy to identify the causal links and but the literature such as Chukuwuma et al (2019), Fried and Atheendar, 2017), (Florien Kruse, 2021), Basu et al (2015) Cohen (2020) and kristen et al (2021). Does agree on the "health industry outcomes" and the political-economic structure operating in the realm of capitalistic Modes have an impact on each other.

2.5 The literature on Pakistan Health care delivery system.

Health care delivery is one question however delivering the services in an equitable manner where the masses can benefit from it is another question. This distinction becomes apparent and important as we move ahead to look at the problem in 'Pakistani context.

Equitable Medicare delivery refers to the ability of the health service system in a particular society or community where all the individuals are able to access medical care with money not creating a hurdle. However in case of Pakistan as is the case with many other developing countries the provision of public health to the majority has never been a priority. For instance (Hasnain, 2008) while investigating that the median voter in the country is port yet the study found a paradox that the politically elected invest in seeking patronage while favoring a particular class have little or no regard for service delivery and this is the plight of the health sector as well. The study reported the political polarization i.e. multiple parties present in the game and the factions with their own vested interests as the reasons behind weak and poor service delivery.

Health care service delivery in Pakistan has many constraints and barriers. For instance, the demographic changes such as increase in the elderly populations and the treatment of certain diseases which need high tech equipment for treatment which is expensive and not in reach of the poor. Qidwai (2015) emphasizes that that equitable and fair health delivery is severely hampered by the demographic changes, lack of proper appreciation of such changes leading to inappropriate or no response from the state. And the costly procedures are separate barriers blocking the way for the poor to get good quality Medicare.

Although Pakistan has come a long way and there have been different sort of health reforms and plans that have been introduced, for instance, the devolution of health to lower tiers was introduced during the Musharraf Regime but even after devolution still the satisfaction rate was just 23% (Ansari, 2011).

CHAPTER 3

METHODOLOGY

3.1 Introduction

The research is undertaken systematically according to the methodology (Sarantakos, 1993). Research strategy and research design are explained in section 3.2 and 3.3 respectively. Section 3.4 describes the units of data collection that is Patients, Pharmacist and Doctors. Section 3.5 includes research methods which is semi-structured interview conduction. Section 3.6, 3.7 and 3.8 describes sampling methods, sample size and 3.9 study locale respectively.

3.2 Research Strategy

This research study is based on qualitative research approach, the qualitative research study is to attempt for making sense by interpreting any phenomenon which can draw the conclusion, it includes historical perspectives observations case studies personal experience life stories and interviews, which describes the human behavior, thinking the problems and meanings in the life of any individuals.(Corte, 2019) Qualitative research take longer pace which requires clarity in goals and design stages and can't be analyzed through computer software's qualitative research methods are not analytical are required a high tech data but it is more conceptual and theoretical in social science. It is a social understanding of problems, solutions, recommendations and conclusions (Berg 2017). The qualitative research is important in the behavioral science, qualitative research is mainly focused on the reason behind caring out research for example motivation of the research is to study about human behavior in in-depth way to discover the various factor, like or dislike of the human nature. Qualitative research is interpreting the

meaning and emotions of the people through research on them in their perspective and behavior, staying with them and practically observing them, while the quantitative research is all about the numbers an statistics showing the percentage of the data collection in the end results, it is more easy to conduct the study through questioning close ended questions and rating it and analyzing that (V.Young, 1939) The study is divided in two parts; the first part will be based on secondary data by analyzing and reviewing the different articles, research books and etc. which shows different perspective of the health care service delivery in different areas and major factor behind the lack of health services. In the second part, the primary research is conducted through semi structured interviews by going into the field and visited the different hospitals and interviews with patients and doctors and as well as with patients to know the real issues and patients satisfaction level. Furthermore in this study recommendation and suggestion are provided for better health care.

Under qualitative approach, semi-structured interviews comprising open ended and semi-structured questions with patients in selected hospitals of private and public sector were conducted through field and all the interviews were recorded and field notes were used. The respondent's interviews were in depth interviews where patients highlighted the major challenges they faced in government hospitals and why they chaos going for the private the clinics for better healthcare. Moreover the detailed questions were asked from doctors and pharmacist. Where they gave detailed answer regarding the facilities in hospitals and what need to improve more government clinics.

The interview guide were developed that would contain demographic details, detailed general questions, main questions and space for suggestions before conduction of interviewees. The interview guide was sent to supervisor for correction and format before going into the field.

Semi-structured interviewing, as stated by (Bernard, 1998), is efficiently scored when an interviewer receives only one interview opportunity for anyone. Semi structured interviews were useful for detailed interviews; Semi-structured interviews frequently include open questions that allow informants to express their views on an individual basis. Semi-structured interviews can yield useful qualitative data that is comparable. It will be suitable to record interviews through any medium easily available and then transcript these records for analysis later (Crabtree, 2006).

3.3 Research Design

The Research design has three major forms including exploratory, descriptive and explanatory which covers overall design of the any research study. The design also explained that how the data will be collected, size of data collection, methods and the data analysis tools (Lelissa, 2018) Research design is the overall Master plan of the structure, strategy and is blue print of data collection methods and its analysis. It is road map of the study which includes all research components to accomplish the task. The research design started from the hypotheses and deciding the objectives of the research, it also includes the time line, any other staff members are required to gather the data, cost of the research, which tools will be used, sample size of the research etc. The research designed was done at planning stage (Singh, 2006). This is a descriptive study its research purpose of the study is to describe, explain and validate the findings. Description emerges following creative exploration, and serves to organize the findings in order to fit them with explanations, and then test or validate those explanations (Krathwohl, 1993).

3.4 Units of Data Collection

3.4.1 UDC 1, Patients

UDC 1 is based on the patients' perception on the government and private hospitals including the patients' satisfaction level as well as the doctors' behaviors with patients and health facilities they were taking from government hospitals and private. The selected area was Jamshoro hospitals and the patients' who belongs from there. The research is conducted through semi-structured interviews data was gathered from those patients who visit the hospitals and taking care from public as well as private. Randomly selected patients including both male and females were part of this study.

3.4.2 UDC 2, Doctors and Pharmacist

UDC 2 was based on the doctor's experience, attitude towards patients and their timing in the hospitals and how many patients they look in a day and doctor's satisfaction level from the hospital. Pharmacists were included in this study to know the pharmaceutical performance and staff.

3.5 Methods of Data Collection

The research methodology comprises overall the plan of research from identification of problem statement till conclusions. While methods are tool through which we gather the data for example questionnaire, FGD, survey, interviews, case study etc. in other words we can say research methodology is a plan while research methods that are operationalized of plan. Research methods refer to selecting the appropriate tools and techniques that are used in conducting the

research. Furthermore it actually outlines the research plan which includes the method sample, population, tools, statistical, software, equipment's and devices; Data on the basis of that hypothesis for the research is formulated (Young, 1939). In this study the researcher collect the appropriate data regarding the problem statement which investigates the real information through interviews, observation and it analyze the overall data in certain categories it takes primary and secondary data relevant to the study. Any of those data collection methods could be used by the researcher depending on the sphere of the research as well as the nature of the research goals and objectives.

3.5.1 Primary Data Collection Sources

3.5.1.1 Semi-Structured Interviews

Through the semi structured interviews data was collected where researchers took in depth interviews it is important tool through which social interactions has been made among the interviewer and interviewee. It opens the avenues of sharing of ideas and exchanges. It is primary sources of data where researcher use a Questionnaire that is most used set of frame of question will be asked to interviewer to get required information. Through Schedule where time line is set to conduct the study, Further a researcher also observe the things, Observation is a techniques that is important and it is used in the field to get an idea of issues. (Dr. Prabhat Pandey, 2015) Furthermore in this research the interviews were taken from individual respondents who were available at the hospitals and taking the health facilities from government and as well from private hospitals. It includes the doctors and pharmacist as well. The questionnaire was made from the literature review and these questions were constructed according to the study's objective. It was qualitative research study which gives an insightful

data whereby people share their personal experiences which support researchers to make opinion on behalf of their views that how they see the existing problems. Researcher explore the prevalent health care delivery system from the perspective of people who are directly concerned in this process. Through this research, researcher will be able to know whether the medical practitioners are following the proper SOPs of medical ethics, it is, therefore, only the concerned persons can have better information to share with accordingly.

3.6 Sampling

For this study researcher used for UDC 1 and 2 purposive sampling, Purposive sampling method is to gather data which related the study it means the purposeful; this is also commonly used sampling strategy, in that participants were recruited according to pre-selected criteria relevant to a research question. Sometimes referred to as 'judgment sampling', purposive sampling is designed to provide information-rich cases for in-depth study. This was because participants were those who have the required status or experience were known to possess special knowledge to provide the information researchers seek. Only selected persons from healthcare givers who is Medical Superintendents (MS) of the hospitals, doctors from the hospital and patients were included both male female. The medical superintendents who run the hospitals system, the patients who visit for medical treatment and care it determines that patients are satisfied with doctor's behavior and all the facilities they are taking from government.

3.7 Sample Size

Researchers use a non-probability sampling technique to bring a suitable portion of individuals, from total number of population which represents the whole population for data collection

process. In the present research study, researcher has selected 30 sample sizes of individuals for in-depth interviews. In qualitative research studies small sample was used to take the insightful data from research participants. In this sampling, participants' were given full space to give the information regarding the research problem (W. Cresswell, 2009).

3.8 Locale

The present research was carried out in Jamshoro because in the perspective of the Sindh province there was no any particular research was conducted in Sindh province mainly the Jamshoro district where there was dire need of study on health department for the betterment. The total 30 in-depth interviews were conducted with patients, pharmacist, Medical superintendent and doctors who were locally from same region and working in government hospital

CHAPTER 4

DATA AND FINDINGS

4.1 Data

Health service delivery is not a simple thing. It has many complexities. And there are multiple reasons as to why some choose government health care services while others opt for private.

The Most important or widely cited reason by patients to opt for public government hospital was the low cost. Everything here is free, said samuaira, a wife of a mechanic and mother of 7 children, who was pregnant with her eight children. Another respondent Jamila said:

"***My husband earns around 8 to 9 thousand in a month. The money is barely enough for us to meet our daily needs of bread and butter." If you go to a good hospital the tests amount to more than 15000" I had an infection after giving birth, the problem started a month or 90 days after the delivery. We went to a private hospital thinking that we might get a discount and at the same time we would get better treatment but neither were we neither offered any discount nor were our case even heard. The total cost of the tests, the entry fee and the doctors fee amounted to more than 16000. This is what the accountant at the counter calculated for us. I told him that I can't pay that much, this cost exceeds my entire income. My husband, the person at the counter, replied this is a hospital not a welfare institution or a "khairati idara". If you cannot pay I suggest you go to the public hospital***.

That is how I met Jamila as she had come straight to the taluka hospital after the incident and she narrated this tale. I was so shocked at this that for a moment I could not write it down since I always believed that health care organizations work on patient first, not money first principle. But somehow this poor woman narrated a tale of business driven heart industry. It became

apparent to me that profit motive does drive quality but it also makes the availability of service delivery contingent upon money and income. Jamila however was not the only case, there were others as well for example Suraya banu her husband was manual laborer. She was 40 years of age and was a regular patient/beneficiary of the health services provided at the public facility. She said that all her deliveries were handled here and that the demand for health services of her entire family were met with the public sector facility. The woman was pregnant for the seventh time and she visited the gynecologist. She expressed her relief and satisfaction based on the fact that it was cost effective and was within her range she said

"imagine I had to go to private clinic each baby would have cost me more than 100.000 excluding the medications, how could I ever pay that sort of amount, I am told that the care in private sector is way better, they have sophisticated machinery and comfortable and clean environment but still even if that is true I could not afford the private care, I am here because I don't have money, enough money to afford the private sector.

Another respondent said that: ***I have been saving money for past three months just to be able to go to a private sector hospital but one end I found that I am still 5000 thousand short for the surgical procedure. I came here and I found that I could have been treated here for free with a minimum cost of 2 to three thousand plus meds.*** I asked her views on what she believed that the care at the private hospital would have been better she looked at me, with a surprised look, paused and then said ***"how can I tell you I have never been treated in a private medical facility, when I was a kid mom relied on totkass (home remedy) when I came of age I was married, and when I got ill quacks were the answer so this is literally my first time that i have seen a hospital. But I don't blame my parent's or my husband they can barely earn enough to get me clothes and food".***

She was right as it's obvious that if you haven't tasted a fruit or if you haven't experienced something how you can tell whether that would have been good or bad. I asked about the reason she believed that she had never seen a doctor to this she replied

"I come from a (lower cast), we have very little resources and therefore neither does we access education nor do we have any money for health care. In Fact we believe that only people of the higher castes are supposed to spend on health and education. As far as we and my caste are concerned we are not supposed to do that.

I was curious to know more and i took the interview a step further and asked "do you think if you had been a man, your health would have been better"? She paused, looked at me while clenching the bed sheet , at first it appeared that she didn't get my question but when I tried to explain that she told me that she had understood the question she was just thinking of the words to answer me , she stared up at the ceiling smiled and said

"***sister if I had been a man I wouldn't have had this gyne issue in the first place, but in our family all men are healthy, they work in farms, agriculture, or as manual labor so they have to be healthy or they lose their job and even if they are not healthy, they still go for it because at the end of the day they have to put food on our dinner table".***

I was a bit surprised at seeing such mature sort of reply form young girl who had no education at all and could not read or write, may circumstances were her teachers and her society was her school, it somehow taught her more than what she might have learned in the public school perhaps, because what she said was bitter reality but reality nonetheless because incomes matter

Health costs were an issue but so were the issues of gender and awareness for example Jawairiah, a 24 year old mother, was in the third trimester of her second pregnancy. She had had one miscarriage early on. Therefore she decided to consult gyne specialists this time for. Jawariah said that:

"I didn't have the idea that one should visit the gynecologist after pregnancy. Most of the time they used homemade remedies known as "totkay" and those homemade remedies work. Even now, my coming to hospital is not something considered as important by people around me. They believe that hospitals are places where one goes when one is ill or really serious so precautionary care during pregnancy is not something important, it is a waste of money and an excuse to be pardoned in household duties at least that is what my in-laws think.

Jawariah said that her experience at the hospital has been good. The doctor was able to tell her about the health and the condition of the baby. And she was also made aware of the precautions and the habits that she needed to adopt, the changes she needed to make in daily life for her health and the health of her baby. The reason she was satisfied was the cost and she had no idea that there was a difference between healthcare delivery in the public and private sectors. Her husband's source of livelihood was manual labor. She said that

"***during my first baby, I had some body pains during the fourth month, i was given a totka at home by my mother in law and later that that tonight I bled and the midwife elders ladies came and i was then taken to a hospital.*** **Wherein I** ***was sedated after I came to senses I found that my baby had been removed surgically.***

The nurse told me that **"you** ***can't have more than three babies since it might cause you danger" my in laws reacted to this with a strong anger and I had not even left the hospital that my in-laws started talking about a second marriage of my husband so that they can have more***

kids, i was already feeling dizzy and nauseated as soon as I reached home I slept (upon which the way i was scolded after on). They could have taken me to a private hospital which was just around the corner from our street but instead they took me to the government hospital only because they didn't have money but I am guessing even if they had money they wouldn't have considered it worth it to take me to the private hospital since this was not something which in my family's definition comes under the heading of illness"

However Cost and awareness about medical issues was not just an issue for the gyne patients or the women. But was the issue of most of my respondents at the taluka hospital

Abdul Jalil Chandio was a school student. He had remained ill for quite a few weeks. He had a spiked fever and he came to the inspection room while I was sitting there. The boy entered displaying symptoms of cough and also showing difficulty in walking. His skin appeared very pale while his energy seemed to have been at the lowest. I asked the DMO (Duty Medical Officer) permission to be there while he examines the patient. The DMO agreed but reluctantly.

As i had noticed earlier there was no pre-checkup inspection by the lower staff. Although i did not ask Mr. Chandio in front of the DMO but he later confirmed that there had been no BP check or even temperature check and there was no such room where there was any staff that checked these things. The young boy was happy that at least he got a chance of being diagnosed by the Doctor since there are people poor enough who cannot access the taluka hospital due to inability to pay transport fares.

Chandio was diagnosed with malaria without any blood test. In a case like this there are only two possible explanations

a. The doctor is so experienced that he doesn't need a test to confirm his diagnosis nor does he need any lab investigation. (although highly unlikely in professional medicine practice but a possibility exists)

b. The Doctor had just filled in the bureaucratic necessity that the Government health care system has put on him, he could have had different excuses like overcrowded facility or lack of equipment but the said doctor was very satisfied and remarked that "there is no room for improvement"

So I had enough evidence to assume the 2nd option as most of the evidence pointed towards its validity. But what was even more interesting to see was that the Doctor first diagnosed him with malaria, and then recommended a test in the taluka hospital's lab and had prescribed medicines before the tests. Chadio went to the lab for the test and said he was very satisfied since he believed that the Doctor knows everything, I asked that he was aware of why the tests were carried out, for what was the test and normally, why tests are recommended before diagnosis. The respondent showed ignorance towards this information's. Therefore, I figured that patient awareness is also an issue that needs to be taken into account while discussing health service delivery. His most pressing concern was that everything here is free of cost and that is a big thing and so the patient based his satisfaction more on cost than on quality.

"His words were,''

Look, one should do what the doctor say, they know everything and idea are so good that they are not asking for a fee too" naive and innocent, I said to myself.

There was not only awareness regarding issues of pregnancy or female health but other regular health problems, precaution and medical support in the beginning were things that is most of the respondents did not opt for due to lack of awareness for example Salim talpur had a skin infection, hidradenitis suppurativa in both of his armpits. The patient had not given it importance in its early stages and had not consulted the doctors or gotten medical help. in the early stages so the result was that the problem aggravated and now he had to resort to surgery but the taluka hospital was not equipped with that equipment or a skin specialist or surgeon. His hidradenitis suppurativa had progressed so much that now it was beyond control. The private care was too expensive, the public sector could not supply it however Combined Military Hospital could supply it and hence he was going there. I met him in the waiting lounge while he was accompanied by his family members. They had come to the doctor for some instant pain relief because the pain was excruciating. Salim had an interesting tale to tell:

"It first appeared some 6 years ago, I went to the doctor in our (Area) mohallah he gave me an injection and a capsule bottle. The injection instantly put away my pain, gave me relief and by using the tablets it disappeared within two days. However the tablets did interfere with my digestion but the doctor said that its normal, high potency medicine and then he gave me yellow tablets for the stomach disorder."

I later met his doctor, the DMO he said:

Yeah it's an issue because we are a small hospital we can't have specialists, if we were to have specialists the government will have to come up with schemes that can attract specialists here to small hospitals, and that my child, is costly. But if you look at the particular patient, Mr. Talpur, he made the mistake of going to a local medical technician and this is a norm here in the rural areas, people go to compounders and medical technicians and the medical

technicians run a proper practice as if they were medical doctors. They use the experience, which at times no doubt is valuable but still they are not doctors. Mr. Talpur was given steroids known as Dexamethasone , which and instant effect , but it worsened his situation plus he was given Augmentin 1 gram three times a day, considering his weight 3 grams of Augmentin a day was a bit too much. But all this could have been avoided if Mr. Talpur had consulted a skin specialist in the first palace and that he could have only done so if he were aware of the severity and importance of taking help from a skin professional. But this unawareness is also because of the low socioeconomic status or class. If one is poor, like for example he (salim) was a mechanic of motorcycles and one does not put health on priority because there are many other issues.

Similarly Adnan, patient, male in his early thirties came with the problem of fistula but the doctor told him it was too late, the only way out was a surgery, Adnan went for one surgery and the pus spread so he had to go for three more, but this could have been avoided if he had reached for professional medical care and consulted a dermatologist

I would have gone for specialized skin care but here the hospital did not have any and I didn't have money to pay for the private fee.

Adnan was then referred to a government hospital where in a his surgeries took place i asked Adnan was he satisfied with the way he was treated and he said

Yeah of course, the fee was to low my entire expenditure was 1650 rupees and 4000 the sample of the pus which was sent to Agha khan for cancer analysis.

Awareness was really an issue since I could observe that the patient most of the time did not even know the name of the pill prescribed to them and they referred to its color or shape.

"I *was given 3 medicines, one was blue, one way like an egg but orange in shape and one was white. It helped me quite become better but the white pill used makes me puke so my doctor changed it with two small white pills said one respondent.*

Her doctor told me that the puking pill was escitaloprám and she was told to take half a tablet but instead she used to overdose herself and hence the puking.

Most of the patients that I met at the taluka hospital came from poor socio economic background, having little or no knowledge about the importance of health care, most of them came on an basis when their conditions had deteriorated. For example the Salim and Adnan cases or the cases of pregnant women, almost all of the serious patients that I saw in the taluka hospital were there after their situation had worsened plus all of them had one criteria of satisfaction and that was cost. Whenever asked a question relating to satisfaction about services delivered I was told yeah we are satisfied it doesn't cost us much.

While the patient who chose the public sector out great emphasis on cost, and made cost as their prime scale of satisfaction, they were not concerned at all about what the problem was, did they need to see specialist, etc. every patient I asked a cited cost as a reason of satisfaction.

But things in the private hospital that I studied were different most of the patients there did not complain about costs. Costs were one of the many factors which contributed to their satisfaction.

For instance, there was this patient Zahida, a 45 year old who was admitted in the private hospital for the past two weeks. She had a severe kidney issue, her son told me that

"She is improving with the help of doctors. ***The doctors are nice and gentle and the environment its clean , we get good meal delivered for the patient from the hospital cafeteria, and the cleaning crew come three times a day to keep everything clean and sterilized, the conditions here are hygienic , the hospital even provides with room fresheners , the TV has all the channels and the bed is comfortable for the patient so it doesn't matter what he cost is as long as we are treated professionally and my mother has these facilities I don't worry about the cost and I think they are providing me the service for which they are charging so I am satisfied***. S***ome of the medicines were given to us by the hospital while some medicines which the hospital pharmacy did not have***. ***We had to go for certain tests to Agha khan because the hospital did not have the equipment , there was one test hat cost us 30000, one that cost us 9500, plus the medicines that had buy from outside ranged 14% a prescription to 30-32000, but since my mother is improving the costs don't matter much"***

Her son was a dealer of Smartphone's and tablets. He supplied the big retail shops with I phones, high end Smartphone's and related accessories. His occupation indicated that he was financially more stable compared to my earlier patients in the taluka hospital. However here were other problems reported for example

" the nurses form a caste are good but I don't like the paramedics form that other caste, or the doctor listens to me and makes me understand the condition of my other and does not shun me by saying that it's something the doctors are supposed to know, i mean they treat me

seriously and keep me posted. I could also observe that Zahidas family was more concerned and aware compared to the patients I had seen in the taluka hospital"

The family members were constantly monitoring the eye puffiness, inquiring the nurse about abnormalities in the urine etc.

Are you a doctor? I asked zahida's youngest daughter, who was monitoring the symptoms she said no, I was surprised and I asked how you know this stuff then and she shook her Smartphone and smiled. Google helps us diagnose."

Although one can disagree on the reliability of information available on Google but the fact that the girl was goggling, acquiring information and taking care, showed signs of awareness and taking medical health seriously

Jehangir Memon was another patient that I met in the private hospital. He was a diabetic who had an infection in foot. Previously he took treatment from Taluka hospital but because his condition deteriorated he came here to this hospital for an operation. ``

"I didn't go to the taluka hospital because of the cost, I went there because I thought it was a simple infection and I would be cured by antibiotics, the taluka hospital was near so I went there. I have spent 34 years in the Middle East and money problems don't bother me, but after my condition deteriorated I rushed here. He said ***three doctor come to look after him, he is satisfied with doctors also with facilities and hygienic conditions , the hygiene standards are much better and my room was cleaned three times a day so I am satisfied with the doctor way***

of treatment, their behavior, the behavior of the paramedics, on the whole it's all good , yes I have paid a price for it but that price is worth it, at least I know that I wouldn't get this treatment at the taluka or any government hospital"

Intikhab Alam was admitted in the hospital two days ago, he was suffering from a liver disease; he had no alcoholic fatty liver disease known as liver steaopaepititus. He had gone through many tests and his needle biopsy was due in a few hours. The surprising thing was that the patient was in his early 50's, was a mere graduate in arts, yet he was totally aware of the name, type, causes and symptoms of his disease. This reflected his awareness.

"I am supposed to take care of my health and be informed otherwise I will lose it and once it is lost it can't be recovered even if you have all the money in the world. I am satisfied with the eBay I am being taken care of, the paramedical staff is good, they behave very well, the hygiene captions are excellent my room is cleans three times a day and the cleanliness is up to the mark, the behavior of the doctors is also very good and nice and hey discuss my medical issue with me so I am satisfied, once you get this care it doesn't matter if it cost 10 or 20 thousand more "

In another hospital privately owned I saw that it was more of a business enterprise where everything had a price label on it. If the doctor prescribed a drip it cost 1500 but then again expensive variants were available and the patient was supposed to choose based on his /her preference and affordability**.** One patient said that she had some gyne issue (all she knew was

that it was feminine disease, yet the medical doctor that examined her was male and he she said that the doctor said

"***Here is a drip along with the syringe and the injection it will cost you 2800.*** I told him that:

I work as a maid in homes and is paid 5000 to 6000 monthly, just one shot is more than half of my pay.

She said that the doctor replied that we can give you a local vaccine and it's the same formula but cheaper. The total cost will then be 1300.

She replied but ***even that is out of my affordability,*** the doctor told her that if she couldn't afford than why was she here, ***you should go to taluka hospital then maybe they would help you we have got employees to pa***y.

As far as the responsibility towards the patient was concerned I observed that the government hospitals did not consider themselves as responsible to the society. Rather they tried to do the minimum and go home by 3 or 4. These doctors most of the time have private clinics to which they give more of their time and input. On the contrary the private sector doctors were more responsible towards their patients but at the same time i could feel that this responsibility is due t the profit motive they don't deal the patient as someone suffering from an illness but as a customer.

Look my job here is to come and open the dispensary, and when patient comes with a prescription from our doctors I give it to them, and when I don't have a particular drug or medicine in stock I simply say no, but the problem arises when these illiterate people blame me personally, they don't know how we purchase goods and from where and through which

channels we purchase medicines. The government can make it a d-Watson style pharmacy if it wants but I am personally not responsible for the stock, when stock is depleted or finished or request for refill, now it's up to the senior management to act upon it, I get my pay any way even if I have the drugs in the pharmacy or not, I will be getting my pay"

This is what one of the government officials dealing with pharmacy said. His words and anger clearly communicated that he was not interested in this job and he knew there are no consequences for he is protected by certain government rules plus he had no incentive to make things better. It isn't as if he could have earned more had he worked better.

The nurses and paramedic staff were also in the aggressive mood. One nurse in a government hospital told me that:

"people ***here have no sense of hygiene, as a nurse my job is to go and give meds, administer canola or give injections, the patient or his/her caretakers job is to keep the room, ward or bed clean but here the people don't care about it so therefore I also don't bother, I go in give the injection and come out "and I justify my pay because I do whatever is required of me. "***

in response to my question regarding the complaints of the patients about the staffs attitude, ***one nurse said, sometimes they really piss you off and their demands are not genuine too for example "one patient said insert canola this way or that way and while I was inserting it her family members were sort of trying to guide me so I had no option but to tell them that listen adi (Sister) either you do it or let me do it, but the family members took this rather seriously and complained it to the DMO. And I was issued a warning.***

Another nurse said

Once that someone chooses public hospital is expected that he or she is low income very cost conscious, but here they want royal treatment, even the lower castes want royal treatment

This attitude was not there in the private sector, I observed that they were more professionals, a nurse said that:

When someone comes to the hospital or she is here because of some illness, some problem or some issue no one is happy to visit a hospital so our management stresses good behavior with the patients and tolerating them even if they are unreasonable sometimes because we have to take into their account and state of pain. So it is kind of my job to remain calm even if abuses are hurled at me, these are the directions of the ward in charge to me. We are also repealed told by our heads and by the patients that they (patients) pay the hospital and the hospital doesn't want to lose a customer. Therefore we are also repeatedly told that we have to behave and tolerate and I do it because I am a poor women my husband is working a clerical job with some company in shipping and I have to help him out for me at the end of the say it's worth it.

Other colleagues had similar sorts of views, most of the nurses told me about this one phrase being used quite a lot *"**do you want your job or not*** "and in case there was any complaint by the patient the hospital took that seriously**.**

Similar was the case with the pharmacy staff, the pharmacy head, sitting at the counter, said that it was his job to inform one week in advance of the medicines when a week's stuff was left therefore there wouldn't be any delays and the doctor would know which drugs are available. If I don't do it in advance, it means I have got myself in trouble. One of my colleagues was fired because he did this twice. But the plus side of this pressure is that the end customer is satisfied.

Another significant difference between the two systems was that of computer usage. For instance the public pharmacy staff said:

'' It doesn't matter whether you have a computerized record or not because the thing that matters is the availability of the medicine, it's useless to talk about computerized record keeping. *The private counterparts however had a different story or view point****. We have a system where the doctor, while prescribing, prescribes through software, the software readily informs the doctor about the availability and the pharmacy department about the status and that is how we can deliver efficient service.***

Same was the case worth Lab tests. The private labs delivered results more efficiently and had no dearth of equipment while the cleanliness and hygiene standards were also keep but the public sector lacked efficiency, cleanliness and even professional attitude

"I get my pay no matter how many tests conduct or how quickly i do it was the statement of one of the public sector lab technician"

4.2 Findings

Based on the data the study had the following major findings

1. The parameters of satisfaction for subscribers of public and private and public sector are different. The customer satisfaction of those who opted for government hospitals was cost and fee while the prime reason or indicator of satisfaction for the clients of the private sector were the quality of service, efficiency, behavior and cleanliness.
2. The private sector patient is more aware and has more resources to spend. The people who choose the private sector are less concerned about cost and more concerned about quality, reliability and efficiency. The socio economic status of those who choose private health care is often higher in terms of wealth or other ascribed status such as castes. While the public sector client belongs to poor and low socio economic background. With little or no command over resources.
3. The private sector has an aware customer base, which go for curative as well as precautionary care. The private sector client is more aware of the nature of his/her disease and therefore is in a much better position to heal him/her.
4. The staff is the public sector is protected and there is career safety so they have little incentive to be good to the client however in the private sector due to the profit motive the hospital doesn't want to lose the customer so therefore the paraxial and even the doctors are supposed to deal with the patients in a cordial and tolerant way. The patient /customer of the private sector derive value from these things.

5. It is interesting to note that neither the public sector respondents (patients) nor the private sector (respondents) say anything about treatment. Their more focus was on visible things, cost is the public sector while behaviors, efficiency and cleanliness in the private sector.
6. The Private sector has embraced technology and has made good use of it leading to efficient working and maintenance of patient history and record. While the public sector still follows the old ways of making “parches”. The public sector asks the incentive to be efficient and hence is reluctant to use of technology.

Chapter 5

Conclusion and Recommendations

In conclusion it appears that the private sector is better than the public sector in many respects. Whether its equipment for lab tests and surgical procedures, or taking care of the customer. The probable reason behind this appears to be the profit motive.

For example the pharmacy associated with the hospital is a contribution to hospital revenue so the desired or required medicines would be available and the hospital management makes sure its in-time availability and before time refilling. This business motive makes the private sector contribute to the delivery of health services and products effectively and efficiently.

Moreover the private sector due to its business nature believes in retaining customers and to that end it makes it mandatory for its staff to behave in a particular way and thus customers get more utility resulting in good will and good image of the hospital. Although I did not ask my respondents about the chance of choosing the same hospital again since the question was scientifically appealing to me, most of the patients that I met in the private sector as well as in the public sector were repetitive and had been using the services for repeated times. This means that both sectors have the potential of customer retention but going deep we find that the reasons are really different. The private sector is chosen by people because it's efficient but also partly because they could afford it. The public sector on the other hand is chosen out of compulsion. If the public sector customers were provided with the income (power to purchase) and awareness about quality there is a great chance that they would go for the private sector.

The subscribers of the public sector were found to be less aware of the precautionary care and considered the curative care given by the government hospital as a favor not a right. For most of them, being received by the doctor was a favor to them. Most of the respondents there did not even know that it was their basic right. This probably was because weak socio economic background and illiteracy.

The satisfaction parameters for both the customers were not the same. The core satisfaction parameter for the public sector customers was the behavior, of the doctor, the number of visits of the doctor, the way the doctors briefed about the illness and the possible solutions, the engagement with the patients and the caretakers.

Cleanliness was another factor that was found to be more of an issue than a parameter of satisfaction for those who chose private care. The public sector patients were not concerned with it that much. It was probably one of the reasons that the public sector patients did not mention it even once while every respondent in the private sector refer to the cleanliness standards being maintained by the hospital and hence the it was worth their money.

The private hospital staff was almost sure that their jobs and incomes were dependent on the customer while the public sector did not have this threat. They knew they would be paid whether they do their job right or not. The security created perverse incentives and from there stemmed all the problems of the public sector.

Recommendations

1. **Linking hospital performance to employee's career growth**.

   The public sector employees did not have an incentive to make their hospital better, for instance if a drug was not available in the pharmacy all the pharmacist had to was to say no and had absolutely no incentive to be nice or professional about it. So therefore there was no incentive for the hospital to act better. But had the hospital performance in terms of availability of pharmaceuticals, the lab tests and equipment and customer feedback made part of the career progression and yearly increment, the public hospital would have an even greater incentive to work well. The management would pursue its case of pharmacy refills, equipment, and staff more aggressively because they would then have an important stake in it.

2. **Introduction of accountability Mechanism**

   Accountability mechanisms were not found in the public sector. To whom would the patient complain and even if his/her complaint were listened to the government rules safeguard the hospital employee from any disadvantages. There needs to be an accountability mechanism where the patient could register a complaint and follow it up.

3. **Regulations on cleanliness**

   Hospital management should be made answerable by Law to keep hygienic conditions in the hospital since the management clearly did not have much concern for cleanliness and hygiene conditions.

4. **Awareness**

Campaigns need to be initiated by Government and non-government agencies and organizations to create awareness about precautionary health care as well as the fact that health care provided by the government is not a favor but their due right.

5. **Digitalization:**

Digitalization needs to be introduced in the public sector and the public sector employees need to be trained in handling stuff digitally and making use of digital gadgets. The public sector needs to embrace it as has the private sector done. Once the processed from ordering medicines to prescription and admission, all processes are digitized and most of the problems of the public sector, especially regarding efficiency can be solved.

The suggested Recommendation taken from findings, based on the collected interviews as per the government and private patients perception. It was observed that there was immense need of reform in accountability, cleanliness, and digitalization because these are the first priorities to a well reputed public hospital.

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APPENDIX

Appendix I: Interview guide Patients, Pharmacist and Doctors

ANALYSIS OF HEALTHCARE DELIVERY SERVICES IN GOVERNMENT HOSPITALS OF JAMSHORO DISTRICT

Doctors related:

Q1: Name: _____. Q2: Age: _____. Q3: Gender: _____

Q4: Qualification: _____. Q5: Employment/Designation: _____

Q6: Status: _____ Q7: Area: _____

Major questions in English

1. **Average number of medicines is approved for government pharmacy on monthly basis?**
2. **When do you request for medicines and how much it takes to receive at pharmacy?**
3. **How many patients do you attend on daily basis?**
4. **Is the sufficient staff available to attend the patient?**
5. **Please describe which type of patients usually visit to you, which type of common diseases they suffer and how do you treat them?**
6. **How you treat the patients whose medical history can have negative impact on his/her life do you have any disclosure policy on these kinds of patients?**
7. **What types of facilities are available in the hospital for example: pharmacy, laboratory, and Operation Theater?**

8. **Please describe how many patients have been attending by each of the doctor during 9 to 5pm? What type of medical test you recommended from private labs and reasons?**
9. **What medical problem you are facing, and how since you are suffering from medical illness and have you ever took medicine from any local hospital, or Hakeem etc?**
10. **Are you satisfied from the diagnostic process adopted by the doctor, how much time he took for it, and how was his behavior with you during taking the history of your illness?**
11. **Has doctor recommended to you some tests like x-ray, blood test, urine test or any other test to diagnose the disease?**
12. **If yes: has the government hospital provided you these medical tests free of cost within the hospital or you have availed the services from private laboratory**

Female maternal Health question;

13. **What kind of female related specific issues are you facing, and how long? Whom you have received the treatment from? How was the attitude of the doctor and have you received care, attention and good services? Who was the doctor, male or female?**

Behavior of the overall health staff and hygienic conditions:

14. **Please rate the doctors behavior at below?**
15. **Proper time taken history of the patient.**
16. **How much medical instrument used during the disease diagnostic process.**
17. **Offered to sit on the chair or use bed.**
18. **How was interaction?**
19. **Overall experience?**

Thank you very much for your time!