

HEALTH CONDITIONS: ANALYSIS OF PATIENTS' SOCIAL PROBLEMS AT PUBLIC HOSPITALS IN SOUTHERN REGION OF KHYBER PAKHTUNKHWA

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ABSTRACT

Objectives: The present study highlights patient's problems which are due to staff behavior and lack of facilities available during treatment in Public hospitals in Pashtun Society of District Karak, Khyber Pakhtunkhwa, Pakistan.

Methodology: This cross sectional study was conducted in Out Patient Department and in House Ward treatment at two public hospitals i.e District Headquarter Hospital Karak and Tehsil Headquarter Hospital Banda Daud Shah, Karak. A sample of 55 respondents, 15% of the daily average population 365, was selected through non probability purposive sampling technique. Data was collected through a structured interview in May 2012.

Results: It was found that mostly poor people 20 (36.4%) visit public hospitals for treatment where as 23 (41.8%) respondents agreed on that staff show frustration towards patients, 40 (72.7%) opined that common patients are not treated well by doctors and 53 (96.4%) viewed that doctors give preference to known /relative patients.

Conclusions: It is concluded that lack of staff interest and unavailability of facilities are the major causes of patient's dissatisfaction in public hospitals.

Policy Message: Allocation of more resources to public hospitals, public health initiatives in rural areas, assurance of a proper check and balance and feedback and complaint mechanism system will haul the patients' misery at public health institutions in Pashtun society.

Keywords: Public hospitals, Patient's Social problems, Patient satisfaction, hospital staff, Doctor's behavior, society

INTRODUCTION

Health is an invaluable blessing for a human being's life; without it, one can become uninspired, de-motivated, and unable to thrive for success. Health is the capacity of individual to adjust in changing life conditions to function not only in current situation but also to get ready for future, hence in underdeveloped nations the ideal health most often remain a vision. According to Lewis, human beings become the victims of many diseases¹. The patient

is most often ill or injured and in need of treatment by a physician, a registered nurse, or other health care provider, in chronic situation, a patient is required to be admitted in a hospital for proper treatment and care².

Hospitals are of two types: public hospitals which are owned by government and receive governmental grants³ and private hospitals operated privately and mostly profit oriented. The standard of health services being provided are not according

to the public expectations in both developed and developing countries. Pakistan inherited an undeveloped healthcare system at the time of its independence in 1947, essentially designed to stop the spread of large scale epidemic diseases⁴. Further, Jalal argued that although the health is now recognized as a fundamental right of human being all over the world. Hence due to the rapid population growth and lack of facilities in health sector, especially in rural areas of Pakistan, there is a reasonable demand for better health care because of consistent beneficiaries' dissatisfaction from the existing facilities and services⁵.

Problems and difficulties faced by patients at public hospitals are ranging from unavailability of facilities to staff negligence⁶. The reasons behind poor health services at public hospitals are limited governmental funding, lack of governmental interest in launching new healthcare projects and over burdened public hospitals. Moreover in public hospitals, the doctors, supporting staff and nurses are not taking pain to attend the patient or to provide individual care to the patients, take care of cleanliness, sterilization of equipments, and lack of feedback mechanism showed a low commitment level towards their responsibilities². Similarly, Friedman accounted the frustrated attitude of public hospital staff towards patients, lack of staff cooperation, unavailability of medicines and blood for serious patients, unequal treatment on the basis of rich and poor,

lack of staff, inadequate sterilization, lack of proper cooling and heating system for serious patients, poor condition of wards cleanliness, problem of accommodation etc. are the contributing factors towards increasing patients disparities at public hospitals⁷. Saeed and Ibrahim pointed out in their study the rejection of a this fundamental right i.e. health, to millions of poor people, as the poor majority can not afford treatment at private hospitals⁴. This study aims at evaluating the patients' difficulties in relation to staff behavior in public hospitals under the fields of "Sociology of Health and Medicine" and "Medial Social Work and Health".

METHODOLOGY

This was a cross sectional study conducted in Out Patients Department and In house Wards of two public hospitals of District Karak, Khyber Pakhtunkhwa from February 2012 to June 2012. There are five government hospitals in District Karak, two among them were randomly selected i.e. District Headquarter Hospital Karak and Tehsil Headquarter Hospital Banda Daud Shah. A sample of 15% respondents was selected from the daily approximate average population of 365 from the two hospitals as shown in Table-I. Respondents consist of Out-Patients, In-Patients and Patient's attendants, and were selected through non probability purposive sampling technique. Data was collected in May 2012 through a structured interview because many of the respondents were illiterate. Analysis was done through the help of statistical software SPSS version 16.

Table -1 Distribution of sample size selected from target population

S.No	Respondents	Approximate Total number of daily average population of patients at both the hospitals	Selected sample size (15% of average total population)
1	Out-patients	200	30
2	In-patients	65	10

3	Attendants	100	15
	Total	365	55

LITERATURE REVIEW

Health is a fundamental right, it could not be denied legally and morally in any of the world's society. It is the right of patients to receive respectful and dignified treatment and services they need, but unfortunately, a majority of the people in many developing countries, particularly in rural areas, can not reach to avail health services. The reasons are many, as Verdonk argued regarding unavailability of proper medical facilities and lack of staff and has a negative impact on general health of people⁶. The primary health care services are greatly underutilized because of low quality treatment, lack of responsibility, weakening regulation, no transparency, lack of proper management, insufficient resources and prevalent corrupt practices⁸. On other hand, it is discovered that private hospitals are aimed at providing better healthcare facilities to the patients and also contributing a positive role in order to lower the public hospital burden⁹. Patients are compelled to visit private hospitals because of worse conditions and low quality treatment at public hospitals¹⁰. But the very high and unaffordable prices of treatments at private hospitals push the patients back to bad conditioned public hospitals¹¹. In Pakistan, private hospitals are characterized by polite attitude of doctors, nurses and supporting staff aimed to provide better care to patients, by providing clean and healthy environment, sterilized equipments, efficiently attending patient calls, availability of medical tests and pharmacy facilities within the hospital and development of a feedback mechanism. The general sensitivity amongst patients is that private hospitals provide better health care, have the ambience of a 5-star hotel, because they are clean, well maintained and noble¹².

In our country, governmental and private sector health services are unfairly distributed, which makes the services out of the way to low income and rural people, who ultimately suffer the burden of high death and morbidity rate¹³. There are three things which should be clear with respect to the treatment in a government hospital. Firstly the treatment in government hospitals is not completely free, secondly at a distance from these costs there are costs involved due to loss of daily livelihood and thirdly there are likely costs that can come into front due to bad quality of treatment i.e. improper instructions while prescribing, post infections, medical errors and medical abandon etc¹⁴.

Resembling to other civic sectors, poor governance is noted in the health sector characterized by inefficient delivery with inadequate finances, overloaded outdoors, obsolete tools, deficient in medicine, and the comparatively limited number of beds, doctors and paramedic staff for patients in the hospitals. Moreover, the repeated use of surgical equipments and syringes on multiple patients with unsatisfactory sterilization can spread infections and diseases among other unaffected patients¹⁵. The absenteeism of hospital staff such as sweepers, health technicians, nurses and even physicians⁴ has been reported by Saeed and Ibrahim. Similar findings are reported by the Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MoHFW), Government of Bangladesh, by pointing to absentees of doctors and nurses, lack of drugs etc. as the contributing factors to the low use of public hospitals. There is serious conflict of interest for those working at the Government Hospitals and at once doing private practices¹⁶. Government Hospitals badly erodes the healthcare of the poor and

middle class patients who can not afford comfortable treatment at private hospitals. Naz et al. in their analysis of patients' problems at public hospital accounted that the frustrated attitude of staff, unavailability of medicine, no blood for serious patients, increase troubles of patients and their attendants at public hospitals. He further added that check up of many patients with same equipments without sterilization cause transmission of unending diseases¹⁰. In developing countries the doctor patient's ratio is very low as Pakistani Foreign Medical Students and Graduate report calculated 77 doctors per 100,000 people which is an alarming situation¹⁷. Doctors in underdeveloped countries spend very little time on patient's checkup which is 54 second per patient at district level hospital and rural dispensaries. The qualified doctors are trying to incline patients to their personal clinics instead of giving full attention to patients at their duty time in public hospital¹⁸.

In spite of the fact that Pakistan Institute of Medical Sciences (PIMS) and Polyclinic hospital are country's high level hospitals situated in the capital city where Rehman and Rurkhsana reported the lack of beds, medicines and ill attitude of doctors and staff is creating a huge problem for patients at Outdoor Patient Department (OPD) and Emergency Wards. Sometimes patients are advised either to be admitted to private wards or wait their turns to get bed¹⁹.

RESULTS OF THE STUDY

Table-1 depicts respondents' monthly income, expenditure and reason of visiting to public hospital for treatment. Out of total 55 (100%) respondents, 21 (38.2%) had Rs.6000/- to Rs. 10000/- family's monthly income, 16 (29.1%) had Rs. 11000/- to Rs. 15000/- family's monthly income, 10 (21.8%) had Rs.16000/- to Rs. 20000/- family's monthly income and only 6

(10.9%) respondents had Rs.21000/- and above family's monthly income. Likewise out of total 55 (100%), 22 (40.0%) respondents had Rs.6000/- to Rs. 10000/- family's monthly expenditure, 13 (23.6%) had Rs. 11000/- to Rs. 15000/- family's monthly expenditure, 12 (21.8%) had Rs.16000/- to Rs. 20000/- monthly family expenditure and the remaining 8 (14.5%) had Rs. 21000 and above monthly family's expenditure. This Table further elaborate about the reason of visiting to public hospitals for treatment; out of total 55 (100%), 20 (36.4%) visited public hospitals for treatment because of poverty, 13 (23.6%) visited because of less expensiveness. On other hand, 16 (29.1%) respondents reported the reason of nearness and 6 (10.9%) considered the availability of good doctors at public hospitals.

Table-2 shows information regarding patients' level of satisfaction regarding staff behavior in public hospitals. Out of total 55 (100%), 23 (41.8%) respondents reported that the staff showed frustration towards patients due to lack of facilities, while 24 (43.6%) did not support this statement and 8 (14.5%) did not know about the query. Unlike, 40 (72.7%) told that they found the doctors cooperative with patients, while 14 (25.5%) did not support this statement and 1 (1.8%) did not know about it. In addition, 31 (56.4%) opined that they have treated harshly by the staff members, while 17(30.9%) did not support this statement and 7 (12.7%) did not know about it. Similarly, 26 (47.3%) respondents had opined that they have noticed that doctors and other staff come late, while 17 (30.9%) did not support this statement and 12 (21.8%) did not know about it. Out of total 55 (100), 21 (38.2%) opined that the doctors/ staff leave hospitals early, while, 10 (18.2%) did not support this statement and 24 (43.6%) did not know about it, 6 (10.9%) opined that

the doctors took an extra work load some times for the sake of patients, while 43 (78.2%) did not support this statement and 1 (1.8%) did not know regarding it. Besides, 40 (72.7%) opined that they feel that the doctors/ staff do not treat common patients well, while 6 (10.9%) did not support this statement and 9 (16.4%) did not know about it. The 53 (96.4%) respondents opined that the Doctors/ staff give more preference to known/ relative patients, while 1 (1.8%) did not support this statement and 1 (1.8%) did not know about it, 50 (90.9%) opined that doctor listen them completely, while 4 (7.3%) did not support this statement and 1 (1.8%) do not know about it.

DISCUSSIONS

This study shows that majority of the public hospitals beneficiaries are poor as 20 (36.4%) of respondents showed their monthly income ranges from Rs.6000/- to Rs. 10000/-, also 20 (36.4%) agreed on visiting public hospital for treatment because of poverty and 13 (23.6%) on less expensiveness of treatment. This could be because of the nature of free treatment at public hospitals and expensive treatment in private health sector. Analogous finding has been reported by Landman et al. indicating that high charges of private hospitals push poor patients to public hospital which are in alarming condition¹¹. Staff frustration towards patients due to the lack of facilities was reported by 23 (41.8%) respondents and 31 (56.4%) respondents opined that they are treated harshly by the hospital staff, These finding are in consonance with the findings of Naz et al. and Friedman as they reported that due to the lack of facilities and increased workload hospital staff are frustrated towards patients^{10, 7}. Friedman also reported in his study some staff's disappointed behavior and lack of

cooperation with patients during treatment⁷. Most of the respondents 26 (47.3%) agreed on that they have noticed doctors and other staff come late, 21 (38.2%) respondents viewed that the doctors/ staff leave hospitals early, and a significant number of the respondents 43 (78.2%) opined that doctor don't take extra work load for the patients. This could be one of the major causes of public dissatisfaction from the government hospital's treatment as Saeed and Ibrahim also reported the absentees of hospital staff, ranges from sweepers to physicians⁴. Doctors/ staff do not treat common patients well reported by 40 (72.7%) and 53 (95.5%) were of the view that they give more preference to known/ relative patients. It may be because of the regional Pashtun Cultural values of respect and care of the known and relatives. In government hospitals the doctors, nurses and supporting staff are not taking pain to attend the patient or to provide individual care to the patients².

CONCLUSIONS

This study highlights patients' conditions and staff behavior in public hospitals. The majority of beneficiaries of public hospitals are either poor people or people living near to the public hospitals. Public hospitals are poorly governed in contrast to private hospitals, where quality and services provided are much better. The dirt and waste at public hospitals are not managed properly and ward's bathroom are reported to be the dirtiest places with no proper arrangement for its cleanness increasing the chances of spreading diseases among other patients of the same ward. Most of the patients and their attendants are not satisfied with the staff behavior and existing facilities at public hospitals, even though some staff discriminately treat patients as common and special patients. Lack of staff interest in duty, absenteeism,

inclination to private clinic, lack of feedback and accountability mechanism are the key factors that lead to dissatisfaction of patients in public hospitals.

RECOMMENDATIONS

In order to overhaul these problems the government needs to increase the health sector budget and to initiate rural health programs to ensure access of poor people to good quality of health services in society. Poor patients should be provided medicines free of cost, doctors and other hospital staff are suggested to give proper attention to patients equally without any discrimination. Government needs to provide all the necessary equipments and facilities to public hospitals and incentives for staff to make the treatment environment more conducive for doctors to facilitate them while treating the patients. In order to ensure good governance at public hospitals, a proper feedback and complaint mechanism and monitoring system needs to be installed and known to the public in every district of the society.

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Table-1 Frequency distribution and proportion of the respondents showing respondents' monthly income, expenditures and reason visit to public hospital for treatment

Monthly income of the respondent	Frequency	Percentage
Rs. 6000-10000	21	38.2
Rs. 11000-15000	16	29.1
Rs. 16000-20000	12	21.8
Rs. 21000- and above	6	10.9
Total	55	100.0
Monthly expenditures of respondent family	Frequency	Percentage
Rs. 6000-10000	22	40.0
Rs. 11000-15000	13	23.6
Rs. 16000-20000	12	21.8
Rs. 21000 and above	8	14.5
Total	55	100.0
Reason of treatment in the public hospitals	Frequency	Percentage
Poverty	20	36.4
Less expensive treatment	13	23.6
Near to patients residents	16	29.1
Good doctor availability	6	10.9
Total	55	100.0

Table- 2 Frequency distribution and proportion of the patients showing variable responses to the statement regarding treatment

Statements	Agree	Disagree	Don't know	Total
Hospital staff are frustrated to patients due to lack of facilities	23 (41.8)	24 (43.6)	8 (14.5)	55 (100)
Doctors are cooperative with patients	40 (72.7)	14 (25.5)	1(1.8)	55 (100)
Staff mostly treat patients harshly	31 (56.4)	17 (30.9)	7 (12.7)	55 (100)
Doctors or Hospital Staff usually come late for duty	26 (47.3)	17 (30.9)	12 (21.8)	55 (100)
Doctors / Staff leave the hospital early than their off time	21 (38.2)	10 (18.2)	24 (43.6)	55 (100)
Doctors and Staff take extra work load for the sake of patients	6 (10.9)	43 (78.2)	1 (1.8)	55 (100)
Doctors and Staff don't treat common patients well	40 (72.7)	6 (10.9)	9 (16.4)	55 (100)
Doctor and Staff give more preference to know/relative patients	53 (96.4)	1 (1.8)	1 (1.8)	55 (100)