



THE REASONS BEHIND THE SHIFT OF PATIENTS FROM PUBLIC TO PRIVATE HOSPITALS: EVIDENCE FROM PUBLIC HOSPITALS IN CUMILLA CITY CORPORATION

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ABSTRACT

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Health care services involve improving our health necessities. Public hospitals play a vital role to provide health services to the people. The private sector also comes forward and working with hand to hand with the government. This study investigates the reasons behind the patient's shift from public to private hospitals at Cumilla City Corporation (CuCC) in Bangladesh. This study has found that the total numbers of physicians are very few compared to demand in government hospitals which are why the time consideration to prescribe a patient is quite poor. The behavior of physicians, nurses and other staff accelerates the patient shift in private hospitals. The environmental quality of the public hospital is also an important reason for the patient's shift to private hospitals. Distance between household and public hospitals also a major barrier to adequate services of the public hospital. The current study contributes to assures the importance of public health care services to the stakeholders of the study.

Contribution/Originality: This study is the first attempt to contribute in the literature by investigating the reasons behind the patient's shift from public to private hospitals at Cumilla City Corporation (CuCC) in Bangladesh.

1. INTRODUCTION

After the independence of Bangladesh, the public authority set up numerous public emergency clinics and network facilities that give the medical care administration to the overall individuals. A lot of assignment has been taken and a unique venture to making better medical care administrations. Be that as it may, in the interest of better wellbeing and satisfy the interest of private medical services organizations and NGO is set up (Ahmed et al., 2006; Alam & Ahmed, 2010; Rahman & Majumder, 2020). Initially, the rich individuals were taken the private medical care administrations due to the expense. These days it essentially shows that high society, working-class, and at times lower-class individuals going to a private clinic for improvement of wellbeing quality. One of the significant fragments in the medical care area is administrations given by emergency clinics. As a key medical services supplier, clinics draw in a lot of public assets, private ventures, and gifted people. They thusly draw in a ton of good and awful news. It is in this manner officeholder on the medical clinic the board and advertisers to see how the

conveyance of value persistent help can decidedly influence different clients of clinic benefits, their picture, and productivity.

There is an urgent need for more investment of public funds and stronger local accountability to improve the quality of health services. The developing countries like Bangladesh, it's difficult and a waste of money for the poor as well as middle-class people to spend too much at a private hospital (Rahman & Kutubi, 2013; Siddiqui & Khandaker, 2007). Beneficiaries of medical services in developing nations are highly vulnerable to the contrasting nature of the transmission of medical services and those in cutting-edge nations. Although our patients will use traditional or elective consideration without expressing their dissatisfaction with the administrations, patients have developed solid shopper assurance bunches in cutting-edge countries that are interesting for quality consideration. Today, medical clinics give a wide scope of administrations, including room administration, nursing administration, providing food administration, and sometimes strength administrations, for example, wellbeing and wellness focus, earnest consideration offices, and childcare. Persistent experience of administration quality differs over each help an emergency clinic gives. Along these lines, a developing assortment of promoting information explicit to clinic administrations is presently accessible.

For the social context, it's very important to identify the problem of providing better health services from public hospitals. For instance, the cost of medical care is a real concern to poor people throughout the world (Mahumud et al., 2017; Pavel, Chakrabarty, & Gow, 2016). Therefore, Poverty and livelihood insecurity assess health status and vice versa. A significant contributor to poverty is ill health. There is, however, no logical knowledge about how people's lives are impacted when a family's earning hand suffers from a severe health issue, or on how family, friends, or other social networks help the family adapt to the tough times. Moreover, from this study, society will be benefitted and making our resource-effective in the public sector. This study would be effective in changing the pattern of health service and government policies. Besides, the paper has direct ramifications for wellbeing specialist co-ops. They are urged to consistently screen medical care quality and likewise start administration conveyance upgrades to keep up significant levels of patient fulfillment.

The key objective is to determine the reasons why the patient goes to the private hospital from the public hospital, and other specific objectives are:

- i. To identify which factor plays a major role behind moving patient from public to private hospital.
- ii. To analyze the lack of public hospital service quality in CuCC.

The structure of this study is presented in that literature review in section 2. The technique of this study is presented in section 3. The result analysis is in section 4 and findings and recommendations are presented in section 5. The conclusion is presented in the last section of this study.

1.1. Research Question

- i. What are the reasons behind the shift of patients from public to private hospitals?
- ii. Why service quality is less efficient in public hospitals than in private hospitals?
- iii. How to improve service quality in public hospitals?

1.2. Problem Statement

Cumilla is one of the populated cities in Bangladesh. There is a shortage of public hospitals in this region, the total number of the public hospital is only 2 and several government community clinics are here. The patients move towards private hospitals from public hospitals due to the lack of service quality in public hospitals. There are insufficient numbers of doctors, nurses and other staff in public hospitals in CuCC. Environmental quality, lack of modern technology, and unskilled technicians reduce the service quality in public hospitals. Duties of managerial body and response in emergency cases are not effective in ensuring the faith of a stakeholder.

1.3. Significance of the Study

Public hospitals should ensure the quality and 'zero defect' services to their clients. So, patient satisfaction becomes the main indicator of a nation's health sector (Etier Jr, Orr, Antonetti, Thomas, & Theiss, 2016; Huynh & Dicke-Bohmann, 2020). It is essential, first of all, to understand what this study committed to analyzing the factors behind the reason for the patient shift from public to private hospitals in the study area. To this end, our study represents a preliminary effort to help identify determinants of service quality factors in public hospitals and measures in the context of Cumilla City Corporation (CuCC).

2. LITERATURE REVIEW

According to Taner and Antony (2006) the patients in private medical clinics were happier with administration quality than those of the public medical clinics in Turkey. Their outcomes additionally propose that the private medical clinic specialists, attendants, strong administrations than the partners in open clinics. Karaca and Durna (2019) demonstrate the actual offices of public emergency clinics measure the patient's recognition of the nature of administration concerning the emergency clinic's actual administrations. This evaluation is integrated: The orderliness and conservation of the office, the convenience of an actual office, for example, occupant rooms, innovative capacity, indicative test rooms, blood donation centers, wards, beds, rescue vehicle administrations, lounge areas, and activity theaters. A few examinations have just endeavored to discover the impact of the actual supervisions in quality transference. Andaleeb (2000) found responsiveness as a significant segment of administration quality and describes it as the readiness of the staff to be useful and to offer brief types of assistance. A quality gap in health care services in public clinics is measured by Rose, Lane, and Rahman (2014); Albashayreh, Al Sabei, Al-Rawajfah, and Al-Awaisi (2019).

Whatever, the understanding of satisfaction is a vital wonder that perceives the patients' necessities to improve medical care framework. A patient that reports satisfaction with their medical services is bound to a statement of betterment. Understanding reactions to medical care services are one advance to obtain data about patient viewpoint concerning the apparent nature of medical services, and to set up hearty patient commitment (Javed, Liu, Mahmoudi, & Nawaz, 2019).

Smith, Newhouse, and Freeland (2009) there is a liaison between the fortitude of medical clinic administrations and cost of therapy. The cost of administrations caused affects the choice of emergency clinics for clinical treatment. The administration quality served has become a need for an association, hence a successful help quality can be named as assistance which can fulfill the patient's desire (Essiam, 2013). The aftereffects of patient fulfillment overviews and instruments are frequently utilized in numerous regions of the managerial and clinical cycle, for example, for enhancing quality affirmation or quality improvement exercises, for by and large quality assessments, just as for the plan design for wellbeing and regulatory administrations. When all is said in done, persistent fulfillment is characterized as an assessment that mirrors the apparent contrasts between the exhibition the client expects while getting the products or administrations to what in particular is gotten (Campbell, Fowles, & Weber, 2004; Tengilimoglu, Kisa, & Dziegielewski, 2001).

There are numbers of research have been completed on measuring the public-private health care services quality in Bangladesh, but nobody investigates the reason behind why the patient moving from public to private hospitals in this study area. The current study is the key attempt to investigate the reason behind patients move from public to private hospitals at Cumilla City Corporation (CuCC) in Bangladesh.

3. TECHNIQUES OF THE STUDY

A descriptive research approach has been used to conduct the study. The primary data has been collected by using a direct face-to-face interview method with the help of a structured questionnaire. The study area of this

study was Cumilla City Corporation (CuCC), Cumilla, Bangladesh which is one of the populated cities in Bangladesh. The data was collected through the period from September 2019-October 2019.

3.1. Sample Selection Procedures

The simple random sampling technique has been used to select the respondent. We just divided our targeted respondents into three categories by age such as 15 to 35 (Male 7, Female 7) 36 to 55 (Male 9, Female 9), and 56 to above (Male 9, Female 9).

3.2. Sample Size and Technology

The sample size of this study was 50 respondents (Patients) from public hospitals in CuCC. The data had been analyzed by using Statistical Package for the Social Sciences (SPSS).

4. RESULT ANALYSIS

4.1. Behavior of the Physician, Nurses and other Staffs

The correspondence of medical consultants and patients is drawing an intensifying measure of deliberation inside medical services quality. In the earlier twenty years, mesmerizing and investigative assessment has afforded to reveal approaching into the correspondence cycle during clinical interviews (Abbasi-Moghaddam, Zarei, Bagherzadeh, Dargahi, & Farrokhi, 2019; Evans et al., 2020). Nonetheless, the understanding picked up from these actions is constrained. This is likely because of the way that between close to home acquaintances, the consultant effort is one of the most mind-boggling ones for increasing patient satisfaction (Wang, Wan, Lin, Zhou, & Shang, 2018).

Table-1. Behavior of the Physician.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	4.0	4.0	4.0
	Very bad	8	16.0	16.0	20.0
	Bad	15	30.0	30.0	50.0
	Good	18	36.0	36.0	86.0
	Satisfactory	4	8.0	8.0	94.0
	Excellent	3	6.0	6.0	100.0
	Total	50	100.0	100.0	

Table 1 shows the behavior of the physician by considering the patient's opinion. It is almost 36% of the respondent given their opinion in favor of the physician's behavior. On the other hand, 30% said the behavior of the physician is bad. 4% of respondents experienced poor and 16% experienced very bad behavior. The satisfactory level is only 8% and excellent behavior is experienced by patients only 6% from the doctors. There is a proverb in Bengali that good behavior of a physician cures half of the patient. Thus, the humane behavior of the physician plays a very vital role in the recovery of the patient.

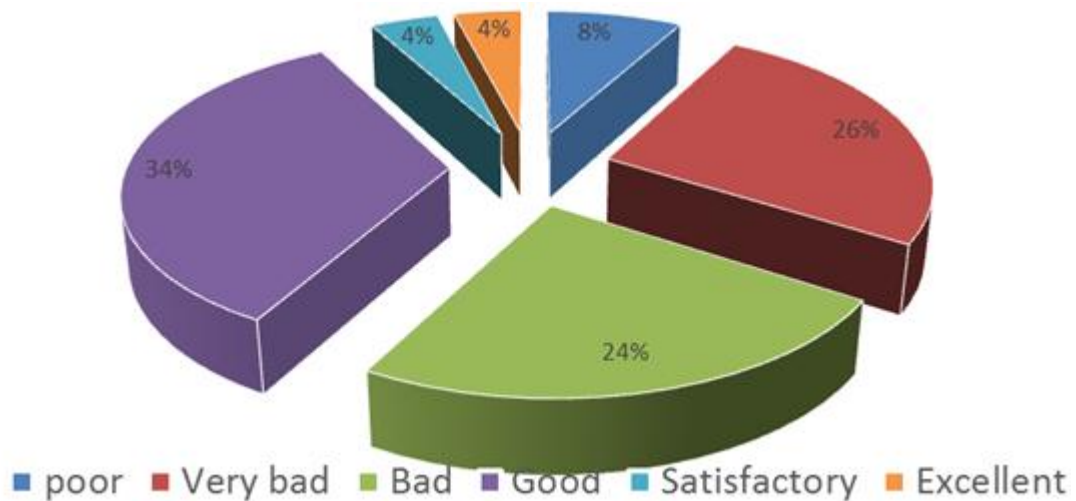


Figure-1. Behavior of the nurses and other staffs.

Figure 1 describes that highest number among the respondent (34%) measure that the staff and nurses behavior towards patient is very good where 26% think very bad and 24% states the service quality of nurses and kinds of stuff have quite bad. Only 8% are satisfied.

4.2. Patient Opinion in terms of Time Factor: Time Given to Prescribe a Patient

Through Table 2, the highest number among the respondent (40%) said that the time allocation for a patient is very bad where 22% said badly and only 18% is satisfied. Most of the patients said, the doctor observes a patient too poorly and they don't get the service as they are expected. Whatever, a clean patient dissatisfaction in a public hospital is presented here.

Table-2. Patient opinion in terms of time factor.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	2	4.0	4.0	4.0
	Very bad	20	40.0	40.0	44.0
	Bad	11	22.0	22.0	66.0
	Good	6	12.0	12.0	78.0
	Satisfactory	9	18.0	18.0	96.0
	Excellent	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

4.3. Friendly Behave

The doctor's behave towards patients in aspects of patients' gender has been presented in Table 3. The doctors of the public hospitals have a deficiency of friendly behave with both male and female patients. Female patients are satisfied better than males. Among the participants 48% male and 52% female state that their opinion, from the 38% male & 44% female are inspected their friendly behavior.

Table-3. Friendly behave of doctors to patients: in terms of gender distribution.

		Friendly behave with patient						Total
		poor	Very bad	Bad	Good	Satisfactory	Excellent	
Gender of the patient	Male	3	1	1	4	6	9	24
	Female	1	1	2	9	10	3	26
Total		4	2	3	13	16	12	50

4.4. Distance of the Public Hospital

The distance between the public hospital and household is also responsible for moving the private hospital. Sometimes the patient is not capable of journey the long way to taking service from the public hospital. The 'Yes',

'No' opinion, in terms of distance household and the public hospital is presented in Table 4. 76% of respondent facing problems for the distance, and 24% is said distance is not a major problem.

Table-4. Argument of hospital and household distance.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	38	76.0	76.0	76.0
	No	12	24.0	24.0	100.0
	Total	50	100.0	100.0	

4.5. Technology Factors

Technological innovation plays a major role in each industry in this day and age, just as in our own lives. Of all the companies in which research plays a crucial role, medical care is certainly one of the most relevant (Borsci et al., 2018; Greenland & Neutra, 1980; Smith et al., 2009). This consolidation is responsible for changing and preventing incalculable events around the world. A large area in which growth plays a critical role in promoting well-being in clinical innovation. Regions such as biotechnology, medicines, data advancement, healthcare system and equipment improvement, and more have all made vital commitments to improving people's well-being across the globe.

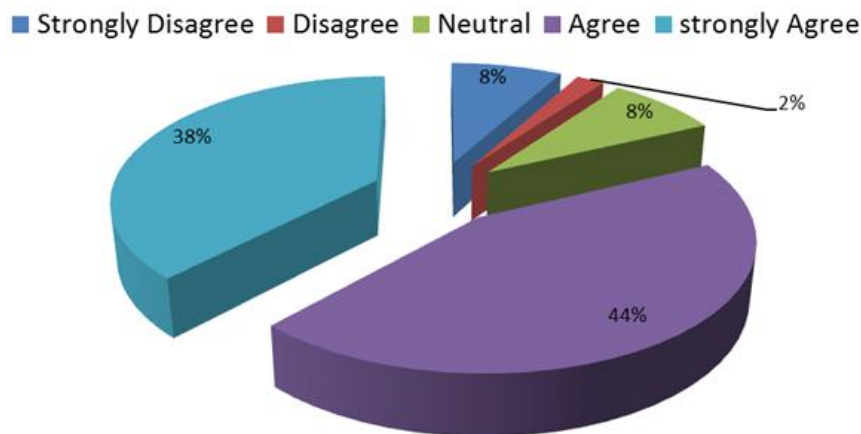


Figure-2. Private hospitals have better technology than public.

Modern technology is an important reason behind the patient moved from a public hospital to a private hospital. Most of the respondents have also agreed with that statement. Among the respondents, 42% agree and 38% strongly agree with this statement in Figure 2. This study argued that technological advancement better in private hospitals based on respondent opinion.

4.6. Environment

The environment in clinics essentially incorporates the elements that impact the centralization of the staff working in the clinics (Saha et al., 2019). Well-being and cleanliness conditions, order, and collaboration from everybody are factors that might be remembered for such an elite. On account of clinics, the issues identifying with workplace must be paid attention to more because here the environment can impact the endurance of the patients.

Table-5. The patient opinion against environmental quality.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	16	32.0	32.0	32.0
	Very bad	12	24.0	24.0	56.0
	Bad	16	32.0	32.0	88.0
	Good	3	6.0	6.0	94.0
	Satisfactory	1	2.0	2.0	96.0
	Excellent	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

According to respondent opinion environment of the public hospital is quite bad. There was much patient attained bad experience from the public hospitals. Among the respondent 31% give their opinion as poor and bad 22% think very bad in their environmental quality. The public hospital is not adequately neat and clean, is always jam-packed, and lacks a bed, lack proper sanitation, etc.

4.7. Facing Harassment

Patients' discrimination is one of the vital problems in ensuring medical service quality. Poor managerial activities have been to a great extent disregarded by medical care suppliers in developing nations. Those discernments about patient satisfaction may shape certainty and consequently perform as to decision and utilization of the accessible medical services offices is reflected in the way that frequent patients evade the framework or benefit it just as a proportion after all other options have run out. It is almost clear that the environment, reputation, and service quality in developing countries is not adequate. From Figure 3, it is about 70% of patients facing harassment, and 30% of patients are not facing any problem. This harassment happens when they are taking service from the doctor. The nurse and staff of the hospital and middleman (broker) are generally harassed them. They behave roughly with the patient and relative of the patient. Sometimes without money, no one gets a bed and medicine. The middle man diverts the patient into a private hospital with the co-operation of nurses and doctors.

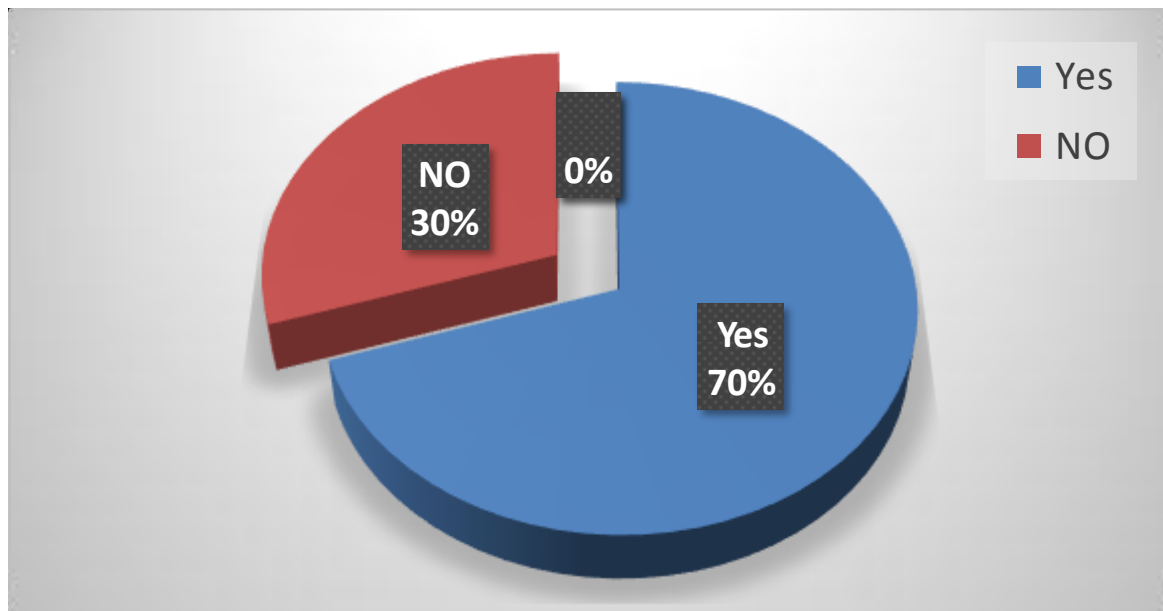


Figure-3. Opinion against patients harassment.

5. FINDINGS AND RECOMMENDATIONS

The current study looks for the answer to why people moving the public to private hospitals; there we have some specific reasons from the result analysis. Current investigation finds the doctor behavior is 36% good for the patient in public hospitals but the time is given to observe a patient is not adequate. The nurses and staff's behavior are 34% good, 24% bad and 26% argued very bad for the patient in public hospitals. Where, only 8% of respondents are satisfied with nurses and staff's behavior. It is about 44% agreed and 38% of respondents are strongly agreed with the statement of better technologies in private hospitals than public hospitals. The distance between the hospital and household is an important factor to move private clinics in absence of public hospitals. The environment of public hospitals also plays a vital role to take health care services. The results also indicate that the qualified doctor is unavailable on the night and doctors are not sufficient to watch emergency cases.

Moreover, this investigation implies some important recommendations. It is necessary to ensure the required number of doctors in public hospitals in Cumilla City Corporation (CuCC). Only sufficient numbers of doctors can

solve the problem of emergency cases and quick responses. The administrative services and regulation can increase the more efficiency of nurses and other staff to increase the efficiency of a public hospital with a better environment. Service-oriented and qualified nurses should be a central issue for ensuring patient satisfaction in public hospitals but a shortage of nurses is an ongoing problem. So a sufficient number of nurses should be appointed as needed. For the marginal people, community clinic services can be more effective to ensure health services and needed to increase the facilities with fast aid equipment and machinery.

6. CONCLUSION

In the present advanced and quickly reformed world, medical care association, for example, facility and emergency clinic is one of the fields in the administration-based area which give medical services support and become the consideration and focal point of the network. With the developing interest in the medical care administration, issues, for example, clients' fulfillment and administration quality openly and private emergency clinics have become a critical subject for the supervisory crew and client. The current study also finds that the public hospital in CuCC, faces some limitations to provide service quality. There is a lack of qualified physicians in a government hospital (Adkoli, 2006; Ahmed, Hossain, Raja Chowdhury, & Bhuiya, 2011; Khan, Goyal, Chandel, & Rafi, 2013; Mohiuddin, 2019). A small number of physicians given treatments to large number of patients. On the side of staff and nurse here also the same problem. They are not providing demanding service because of the excessive pressure on patients. The technology uses are not adequate for the patient and most of the machines are in fall useless in the hospitals.

However, Bangladesh has achieved a lot in the health sector but has a lot to do also in the future. A national human resources policy and action plan, national health policy systems for the public hospitals are among the necessities in the future. The health care system represents the condition of social strength and socio-economic development. So, the government should improve the health care facilities in the public hospitals because most of the marginal and floating people are poor and have the only way to take treatment from the public hospitals. The current study contributes to identifying the limitations of public hospitals and assures the importance of public health care services to the stakeholders of the study region as well as Bangladesh

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