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## **Challenges Faced By the Patients in the Utilization of Health Service in Southern Punjab, Pakistan**

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### **ABSTRACT**

*The health care sector of a country needs special attention from the government as the quality of healthcare provides relief to patients and their dependence. The study was quantitative in nature and focused on the challenges faced by the patients in the utilization of public hospital in Layyah. In this study, data was collected from public hospitals by using a self-constructed questionnaire. The data consisted of 200 respondents and a convenient sampling technique was used. Descriptive and Chi-Square analysis were used on collected data through SPSS. The main finding of this research is the attitude of doctors and other medical staff was not properly adequate with the patients in public sector hospitals. The environment in public hospitals was not conducive to patients' treatment or disease eradication. Furthermore, suggestions were made that the environment in public hospital wards is not appropriate and clean, so it is the responsibility of public hospital management to provide a neat and clean environment in public hospitals for the patients rather than focusing on the hospital's cleanliness system with a proper system. For underprivileged patients, free camps are incredibly beneficial. However, they are usually arranged by unqualified and inexperienced doctors. Sometimes such free camps let patients' medications expire rather of checking on them and delivering up-to-date medication*

**Keywords:** Health Services, Patients social Status, Doctor Behavior, Diseases,

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## INTRODUCTION

Health status and the demand for health-care services to enhance or maintain health are important variables of health-care utilization. According to the World Health Organization, health is determined by a person's inherent characteristics and activities, physical environment, and socioeconomic environment (Martin-Olmedo, 2017). Health is an important right of every human being, regardless of age, religion, political beliefs, economics, or social status. While every effort is being made to heed to this notion, much remains to be done. The relationship between social dissatisfaction and the motivation element of health and disease development has long been a key focus of humankind (Chen et al. 2016). The protection of one's health becomes one of the state's key responsibilities. Hospitals are built, and medical practices are moved from the house to the hospital. The establishment of the hospital was the answer to the need of the hour, and this can be said to be the major factor that contributed to the growth and development that could not be offered elsewhere. However, shifting the patients from their homes to the hospital also presented the problem of adjusting to a strange and often impersonal atmosphere. As a result, the hospital is supported in its efforts to become a better location for individuals to get medical treatment (Colla et al. 2016; Mushtaque et al., 2021).

Doctors' facility administration is oriental to a supporting country of patient welfare, healing center tents and regulations are generally established for the profit of clinic employees with the objective that the work of treating a huge number of patients may be more competent and simpler to execute. According to Sadiq Sohail (2003) did a study on the quality of care in public hospitals. He discovered that the amenities of the government hospital are more favorable for those patients who are satisfied with the management of the government hospital. The advancement of modern medicine has made hospitals more accessible to patients and their families, while also increasing the value of doctors in hospitals and among patients (Azétsop & Ochieng, 2015; Mushtaque et al., 2022). Medical professionals are meant to be free of any form of discrimination, but regrettably, the social position of the patient matters a lot when it comes to receiving adequate medical care. According to population growth, health-care facilities in developing countries are inadequate. The governments of developing countries have completely failed to provide basic health care. As a result, private and business hospitals play an important role in developing societies (Sheikh et al., 2011).

The basic health unit in Pakistan is facing certain problems, and it was found that Pakistan's healthcare system is inefficient, exclusive, and contains an under-funded and inept public sector, as well as a diverse, luxurious, and uncontrolled private sector. These poor health-care conditions can be attributed to a variety of issues, including poverty, hunger, unequal access to health-care facilities, insufficient health-care funding, and high newborn mortality rates due to population increase (Fatima et al., 2022). The priority area of government activity is health. As a result, the provision of better healthcare facilities to improve the standard of living of the ordinary person needed to be brought into sharp

focus in the health sector. In Pakistan, health infrastructure must be greatly improved or built through time for the benefit of the population (Shaheen et al., 2014; Mushtaque, Dasti, et al., 2021).

### **Objective of the study**

- To find out socio-economic characteristics of respondents
- To find out social status of the patients and behavior of doctor in public hospital.
- To investigate the patients' attitudes toward treatment options.
- To examine the association among study variables

### **Hypotheses**

H<sub>0</sub>: There is association between social status of patients and behavior of doctors

H<sub>1</sub>: There is no association between social status of patients and behavior of doctor

### **Research Methodology**

In this study, mixed method research design was used for data gathering and analysis. The current study's population was District Layyah, and the unit of analysis consisted of patients, both male and female, with a sample size of 200. The convenient sampling strategy was utilized to draw the sample, and after pre-testing data was obtained via interview schedule. The interview questions were developed with the study's aims in mind. After obtaining written informed consent, in-depth interviews with 15 patients were done at the hospital. The interviews lasted between 20 and 35 minutes, depending on the participants' perspectives. The researcher transcribed all of the recorded interviews and showed them to another researcher for verification. The data was transcribed by using the thematic analysis approach (Hashimov, 2014). Following the collection of data from patients, a tool was created. The questionnaire contains statements on the reason for coming to the hospital, acquiring medicines, the performance of doctors in emergency situations, the behavior of doctors, the level of satisfaction with treatment, and the medical staff. The Statistical Package for Social Science (SPSS) was utilized for frequency distribution and variable association analysis.

### **Result**

**Table 1: Frequency distribution of the respondent regarding socio-economic characteristics**

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<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
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<b>Age</b>		
<i>Below 10 year</i>	16	8.0
<i>11-20</i>	18	9.0
<i>21-30</i>	28	14.0
<i>31-40</i>	11	5.5
<i>41-50</i>	71	35.5
<i>51 and above</i>	56	28.0
<b>Total</b>	<b>200</b>	<b>100.0</b>
<b>Sex</b>		
<i>Male</i>	148	74.0
<i>Female</i>	52	26.0
<b>Total</b>	<b>200</b>	<b>100.0</b>
<b>Education</b>		
<i>Illiterate</i>	35	17.5
<i>literate</i>	29	14.5
<i>Primary</i>	44	22.0
<i>Middle pass</i>	34	17.0
<i>Metric</i>	37	18.5
<i>Master and above</i>	21	10.5
<b>Total</b>	<b>200</b>	<b>100.0</b>
<b>Marital Status</b>		
<i>Married</i>	158	79.0
<i>Unmarried</i>	37	18.5
<i>Widow</i>	5	2.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

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<i>Residential area</i>		
<i>Rural</i>	138	69.0
<i>Urban</i>	62	31.0
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>
<i>Occupation</i>		
<i>Govt. employee</i>	13	6.5
<i>Private employee</i>	14	7.0
<i>Labor</i>	107	53.5
<i>Businessmen</i>	21	10.5
<i>Small shopkeeper</i>	28	14.0
<i>No work</i>	17	8.5
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

According to table 1, 8 percent of respondents were under the age of 10, 9 percent were 11-20, 14 percent were 21-30, 5.5 percent were 31-40, 35.5 percent were 41-50, and 28 percent were 51 and beyond, with the majority of respondents falling into the age group 41-50. The majority Seventy-four percent of those polled were men, while twenty-six percent were women. The educational level of the respondents was 17.5 percent illiterate, 14.5 percent literate, 22 percent primary, 17 percent middle pass, 18.5 percent metric, and 10.5 percent master and above, with the majority of the respondents being primary pass. Respondents were married in 79% of cases, unmarried in 18.5 percent of cases, and widowed in 2.5 percent of cases. The majority of those polled were married. The respondents' residence areas were divided as follows: 69 percent lived in rural areas, while 31 percent lived in urban regions. The vast majority of responses were from rural areas. Respondents' occupations were as follows: 6.5 percent were government employees, 7.0 percent were private employees, 53.5 percent were labor class, 10.5 percent were businessmen, 14 percent were small shopkeepers, and 8.5 percent were unemployed. The majority of respondents belonged to the worker class.

**Table 2: Frequency distribution of the respondents regarding to the reasons of coming hospital**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Referred by doctor</i>	97	48.5
<i>Free medical consultant</i>	38	19.0
<i>Free medicine</i>	50	25.0
<i>Free diagnostic treatment</i>	15	7.5
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

According to Table 2, 48.5 percent of respondents came to the hospital after being referred by a doctor, 19 percent came for free medical consultation, 25 percent came for free medications, and 7.5 percent came for free diagnostic therapy. The vast majority of respondent were referred to the hospital by a doctor.

**Table 3: Frequency distribution of respondents regarding to getting medicine from pharmacy**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Never</i>	32	16.0
<i>Rarely</i>	28	24.0
<i>Often</i>	120	60.0
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

According to the table 3, 16% of respondents never acquire medicine from a pharmacy, 24% get medicine just occasionally, and 60% acquire medicine frequently from a drugstore. The vast majority of respondent obtained their medications from a pharmacy.

**Table 4: Frequency distribution of the respondents regarding to performance of doctors in emergency cases**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Efficient	24	12.0
Inefficient	16	8.0
Normal	160	80.0
<b>Total</b>	<b>200</b>	<b>100</b>

This table 4 shows that 12 percent of respondents were asked about the efficiency of a doctor's performance in an emergency, 8 percent were asked about inefficiency, and 80 percent were asked about normal performance. The majority of respondents were asked about the normal performance of a doctor in an emergency.

**Table 5: Frequency distribution of respondents regarding to the behavior of doctors**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Pleasure/polite</i>	147	73.5
<i>Satisfactory</i>	47	23.5
<i>Rude</i>	6	3.0
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

This table 5 shows that 73.5 percent of respondents were asked if the doctor's behavior was pleasant, 23.5 percent were asked if the doctor's behavior was satisfactory, and 3 percent were asked if the doctor's behavior was disrespectful. The majority of respondents were questioned if the doctor's demeanor was polite.

**Table 6: Frequency distribution of the respondents regarding to extent of satisfaction with their treatment**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>To some extent</i>	118	59.0
<i>To great extent</i>	77	38.5
<i>Not all</i>	5	2.5
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

According to Table 6, 59 % of respondents were asked if they were satisfied with their treatment to some extent, 38.5 % t were satisfied to a great extent, and 2.5% were not satisfied. The majority of respondents were asked whether they were satisfied with their treatment to some extent.

**Table 7: Frequency distribution of the respondents regarding to their satisfaction with emergency performance of the hospital staff**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Yes</i>	90	45.0
<i>No</i>	110	55.0
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

This table 7 shows that 45% respondents were satisfied with emergency performance of the hospital staff and 55% respondents were not satisfied with emergency performance of the staff. Majority of the respondents were not satisfied with emergency performance of the staff.

**Table 8: Frequency distribution of the respondents regarding to affordability of medicine cost**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Yes</i>	60	30.0
<i>No</i>	140	70.0
<b><i>Total</i></b>	<b>200</b>	<b>100.0</b>

This table shows that 30% respondents were afford medicine cost and 70% respondents were not afford of medicine cost. The majority of the respondents were not afford medicine cost

**Table 9: Association between social status of patients and behavior of doctor**

<b>Education level of the respondents</b>	<b>Behavior of doctors with you</b>			
	<b>Pleasure/polite</b>	<b>Satisfactory</b>	<b>Rude</b>	<b>Total</b>
Illiterate	25(12.5%)	10(5.0%)	0(.0%)	35(17.5%)
Literate	21(10.5%)	8(4.0%)	0(.0%)	29(14.5%)

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Primary	31(15.5%)	13(6.5%)	0(0.0%)	44(22.0%)
Middle Pass	29(14.5%)	5(2.5%)	0(0.0%)	34(17.0%)
Matriculation	26(13.0%)	5(2.5%)	6(3.0%)	37(18.5%)
Masters and above	15(7.5%)	6(3.0%)	0(0.0%)	21(10.5%)
<b>Total</b>	<b>147(73.5%)</b>	<b>47(23.5%)</b>	<b>6(3.0%)</b>	<b>200(100.0%)</b>

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Chi-square = 31.414, degree of freedom= 10, P-value=0.001, and level of significance = 0.05, gamma=.002

This table show that the cross tabulation b/w the educational level of the patients and behavior of the doctor towards them. The finding of chi-squire value (31.414) is significant at the level of significance ( $P=0.001<0.05$ ), which means that there is a significant association between education level of the patients and behavior of doctor towards them. Gamma, The analysis of data show that the educational status of the person totally related to social status of the person and the significance level show that there is association between social status of the patients and behavior of the doctors.

### Discussion

The purpose of this study was to analyze the factors influencing patient consumption of healthcare services in Pakistan's public healthcare system. Some encouraging clear findings include respondents explicitly stating that they receive their medications from the hospital pharmacy, and satisfaction with doctors' work in emergency circumstances being significantly related to consumption of health care services. Though healthcare services in government-owned facilities in Pakistan are provided at a low cost, various underlying problems such as insufficient infrastructure, a lack of trained health personnel, and long wait times in public health facilities have hampered their use (Ghaffar et al., 2000; Iqra Mushtaque et al., 2022; Awais-E-Yazdan et al., 2022). The majority of the participants in the current study are from the rural parts of district Layyah. Participants who lived in cities were less likely to use government healthcare facilities. In previous studies, inconsistent results were observed, indicating a diverse finding on the health-seeking pattern of rural or urban populations (Barua et al., 2017). According to the findings of our study, rural residents use healthcare services more than urban ones.

Our study's findings did not demonstrate a significant variation in the utilization of healthcare services by gender. Treatment-seeking habits are not gender-specific and are heavily influenced by an individual's physical and psychological traits. Healthcare services suffer similar constraints in many resource-poor situations in low- and middle-



income countries. South Africa's healthcare delivery system, in which 30% of people prefer to pay out of pocket to attend private sector facilities despite the fact that public sector primary care is free (Long & Li, 2016). The findings of our analysis revealed that patients were receiving free medication from the public hospital pharmacy. It is a fantastic initiative by the local administration to meet the inhabitants' health-related requirements (Nawaz et al., 2021).

People with low income are at a higher risk of disease and mortality. Wealth is a crucial enabling factor that influences healthcare affordability and utilization in good health care providers. Simultaneously, there is a clear link between financial empowerment and health and well-being. Several studies from lower middle income countries (LMICs) found a link between economic status and healthcare utilization distribution (Li et al., 2007; Saeed et al., 2016). The public's impression of lesser quality and longer wait times in public hospitals is a crucial element in selecting which form of health care to choose.

### **Conclusion**

The researcher concluded at the end of the survey that the majority of respondents have difficulty accessing healthcare services in government hospitals. The cost of medicine is prohibitively expensive for patients. It was also discovered that the availability of drugs at the government hospital was a barrier for the patients. It was discovered that patients faced issues during medical tests in hospitals, as well as receiving test results on time. The behavior of the doctors in the hospital with the patients was examined, as well as the other obstacles that the patients encountered when using the healthcare services in district Layyah. The chi-square test, on the other hand, discovered a significant relationship between the patients' education level (social standing of the respondents) and the doctors' behavior with them.

### **Suggestion and recommendation**

Following the completion of the research, the researcher suggested that a large percentage of the population belongs to the poor and normal social status, and they visit public hospitals for treatment. The government should provide proper and good facilities in hospitals, such as beds in wards and a cleanliness system, for the better healthcare of patients. Staff and nurses in hospital wards must also be taught in order to know how to handle patients and what sort of behavior patients deserve. To alleviate the challenges that patients face in public hospitals, management should provide adequate health care. In the event of an emergency, patients should be given access to appropriate specialists and medications. Outdoor patients are taken seriously, and care is paid to them. The number of doctors working in the outdoors should be increased, and patients should be educated about doctor-patient relationships.

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