DOI: https://doi.org/10.54393/pjhs.v4i03.607

PAKISTAN JOURNAL OF HEALTH SCIENCES

https://thejas.com.pk/index.php/pjhs

Volume 4, Issue 3 (March 2023)

Original Article

Perspective of Patients & Health Care Providers Regarding Responsiveness at Fatima Jinnah Chest hospital, Quetta. A Qualitative Study

Sher Afgan Raisani[1], Humaira Mahmood[2], Jawaria Khan[2*], Zafar Iqbal[1], Yaser Mahmood[3], Shahnoor Zia[4], Shahkoh Mengal[5], Tehseen Rafaqat[6], Irfan Ahmed Raisani[1] and Shaista Zulfiqar[7]

[1]TB Control Program, Quetta, Pakistan
[2]Department of Public Health, Armed Forces Post Graduate Medical Institute, Rawalpindi, Pakistan
[3]Dental Department, Cantt General Hospital, Rawalpindi, Pakistan
[4]Dental Department, Sandeman Hospital, Quetta, Pakistan
[5]Health Department, Quetta, Pakistan
[6]Dental Department, HBS Medical College, Islamabad, Pakistan
[7]Department of Community Medicine, Fauji Foundation Hospital, Rawalpindi, Pakistan

ARTICLE INFO

Key Words:
Healthcare provider; Responsiveness; Tuberculosis

How to Cite:
Raisani, S. A. ., Mahmood, H. ., Khan, J. ., Iqbal, Z. ., Mahmood, Y. ., Zia, S. ., Mengal, S. ., Rafaqat, T. ., Raisani, I. A. ., & Zulfiqar, S. . (2023). Perspective of Patients & Health Care Providers Regarding Responsiveness at Fatima Jinnah Chest hospital, Quetta. A Qualitative Study: Patients & Health Care Responsiveness at Fatima Jinnah Chest Hospital, Quetta. Pakistan Journal of Health Sciences, 4(03). https://doi.org/10.54393/pjhs.v4i03.607

***Corresponding Author:**
Jawaria Khan
Department of Public Health, Armed Forces Post Graduate Medical Institute, Rawalpindi, Pakistan
javeriakhan084@gmail.com

Received Date: 23rd February, 2023
Acceptance Date: 15th March, 2023
Published Date: 31st March, 2023

ABSTRACT

Tuberculosis is highly contagious with an estimated global incidence of 10 million in 2018. Pakistan has the world's 5th highest Tuberculosis burden. Achieving adequate responsiveness remains an elusive challenge for Pakistan's health system. Many factors regarding eight dimensions of the health system responsiveness are leading to a huge number of missing cases, loss to follow up and treatment failure and thus burden of the disease is increasing significantly. **Objectives:** To explore the perspective of health care providers and patients regarding the responsiveness. **Methods:** A qualitative study was conducted in Fatima Jinnah Chest Hospital, Quetta from February 2021 to July 2021. Two Focus Group Discussions comprising of 8-12 Health Care Providers of Fatima Jinnah Chest Hospital were conducted. Non- Probability purposive sampling was employed. Thematic Analysis was done. **Results:** Advance technology, communication barrier, basic facilities, and patient overflow were four overlapping themes that emerged from focus group discussion of health care providers. **Conclusions:** Overall results and findings indicate that there is a need for investment in both material and structured improvements at Fatima Jinnah Chest Hospital and improvement of services at primary level to reduce burden at tertiary care hospital like Fatima Jinnah.

INTRODUCTION

Tuberculosis is a highly contagious and potentially fatal disease; the infection is transmitted by its causative organism Mycobacterium Tuberculosis [1].Tuberculosis had an estimated global incidence of 10 million people in 2018, despite it being highly preventable and curable, the highest number of newly diagnosed Tuberculosis cases occurred in the South-East Asian region, with 44% of newly diagnosed cases, followed by the African-region, with 24% of newly diagnosed cases and the Western-Pacific with 18% [2]. Thirty countries declared as high Tuberculosis burden countries accounted for 87% of newly diagnosed tuberculosis cases, while 8 countries including Pakistan accounted for two-thirds of the total cases, with India at top, followed by China, Indonesia, Philippines, Pakistan, Nigeria, Bangladesh and South Africa [3]. Pakistan thus has the world's 5th highest Tuberculosis burden with the

DOI: https://doi.org/10.54393/pjhs.v4i03.607

annual incidence estimated at over 562,000 [4]. While the World Health Organization's Eastern-Mediterranean Region, comprising of 22 countries, account for 8% of the global burden, Pakistan is responsible for 75% of it [5]. However, 369,548 cases were notified and put on treatment in 2018, indicating that over a third of the patients did not report to the Tuberculosis control mechanisms in the country and went 'missing', National Tuberculosis incidence has therefore remained static over the last two decades since the National Tuberculosis Control Program was established and the disease declared a national emergency in 2001, as a significant proportion of cases is missed that spread the disease further [6]. A total of 1.5 million patients died due to tuberculosis in 2018' worldwide tuberculosis is one of the top 10 causes of death and the most prominent cause from a single infectious pathogen [7]. World Health Organization estimates that with a case fatality rate of around 8%, a total of 45,000 patients died from Tuberculosis in Pakistan during 2018 [8]. Multidrug-resistant TB (MDR-TB) also remains a public health crisis and a health security threat. World Health Organization also estimates that there are 484,000 new incident cases of MDR-TB globally, out of which Pakistan is contributing 28,000 annually, only 11% of which are diagnosed and put on treatment [9]. Sustainable Development Goal Target 3.Remain ending the global Tuberculosis epidemic by 2030. The End TB Strategy has set milestones (for 2020 and 2025) and targets (for 2030 and 2035) for a big decline in TB incidence and mortality ,The targets for 2030 are a 90% decrease in tuberculosis mortality and 80% decline in the tuberculosis incidence (new cases per 100k populations per anum) in comparison with the rates in 2015 [10]. On 26 September 2018, the United Nations General Assembly carried out its very first high-level meeting (HLM) for the struggle against TB, aimed at accelerating summit level efforts in ending TB and approaching all the tuberculosis affected people with prompt prevention and accurate care [11]. The National Tuberculosis Control Program, Pakistan annual 2018 data showed that a total of 36% (192,452) of the total Tuberculosis cases were neither diagnosed nor notified. The missing of over a third of cases in Pakistan is attributable to the fact that both the public and the private sector are neither associated nor mobilized with the process of identifying and placing on treatment, all the tuberculosis cases reporting to them. There is a huge gap of adequate system responsiveness in relation to Tuberculosis care in Pakistan and achieving adequate responsiveness has remained an elusive challenge for the country's health system. World-Health-Report 2000 has ranked Pakistan's health system at number 122 in terms of responsiveness indicating an urgent need for improvement [12]. This study was designed to evaluate the responsiveness of hospital's patient services in relation to their expectations, as well as factors impeding their responsiveness. It is believed that the study results will help the decision makers in identifying the critical areas and prioritize system's need to improve Health System Responsiveness

METHODS

This qualitative study was performed from February to July 2021 investigating patients attending Fatima Jinnah Chest Hospital (FJCH), Quetta for Tuberculosis care. The study was conducted after taking ethical approval from institutional review board of Armed Forces Post Graduate Medical Institute. Approval was taken from the Medical Superintendent FJCH Quetta to carry out the research. Two Focus Group Discussions (FGD) comprising of 8-12 Health Care Providers (HCP) of Fatima Jinnah Chest Hospital were conducted. Purposive sampling was used for this study. Informed consent was taken from all participants and their privacy, anonymity, dignity was ensured. Qualitative data were analysed for HCPs with thematic analysis. Thematic analysis was an iterative process which started with reading and re-reading the quotes then coding the quotes. After reading and coding all the quotes inductively and independently by using participant's words. The codes were then clustered into minor themes, minor themes were then categorized into categories and ultimately into broader themes.

RESULTS

Two focus group discussions were done with healthcare providers. There were 8 healthcare providers in first FGD and 11 healthcare providers in second FGD respectively. All health care providers belonged to Quetta. HCPs in FGDs were coded as below (Table 1).

No.	Focus Group Discussion	Respondents
1	FGD-1	R1, R2, R3, R4, R5, R6, R7, R8.
2	FGD-2	R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19.

Table 1: Coding scheme of focus group discussions

Themes emerged from the qualitative data of healthcare providers are advance technology, basic facilities, communication barrier and patients overflow.

Theme 1: Advance Technology

Focus group discussion led to emergence of a new theme, Advance Technology. All Healthcare providers believed advance technology should be used to increase the responsiveness of Fatima Jinnah Chest Hospital as given in Table 2.

DOI: https://doi.org/10.54393/pjhs.v4i03.607

Theme	Categories	Codes / Minor Themes	Quotes
Advance Technology	Digitalization of hospital	• Translator app • Electronic appointment system • Digitalization of patient medical records	"It will be easy for us to mitigate the patient's burden on OPD if our hospital administration starts electronic token for appointment
	Modern mechanization of hospital	• Advance diagnostic medical equipment's • Tele-health services for remote areas	"Patients medical record should be digital for easy access and visiting of patients by family members should be shifted to social media apps to mitigate infection spread"
	Use of media for mass communication	• .Use of digital media for social support • Use of technology for awareness of patients	FJCH is attended by patients with different diverse ethnicities where it is difficult to understand their language, for this purpose we should use translator app

Table 2: Advance Technology

Quality of basic amenities domain was renamed as basic facilities in the thematic analysis. Majority of the participants expressed their dissatisfaction over the lack of basic facilities available at Fatima Jinnah Chest Hospital. Their perception was that due to lack of basic facilities, patients with infectious diseases become incompliant and are lost to follow up resulting in further spread of infection as given in Table 3.

Theme	Categories	Codes / Minor Themes	Quotes
Basic Facilities	Infrastructural Deficiencies at Hospital	• Insufficient space at waiting area • Unclean rest rooms • No separate toilets for HCPs	"Patient's waiting area at FJCH is very congested and always overcrowded due to which few patients once diagnosed with TB rarely follow back causing ineffective treatment"
	Segregated space for women	• Separate rest area for women • Segregated waiting space for women	"A female patient visiting me complains about gender disparity at hospital, she suggested that there should have been separate waiting area for females and mentioned that there are no separate rest areas for a female
	Role of patient amenities	• Availability of Patient friendly food • Lost to follow up • Incompliant patients • Long travelling hours	"Hospital canteen should start patient friendly food according to their diseases"

Table 3: Basic Facilities

Theme 3 Communication Barrier

The healthcare provider's perceptions on communication skills of patients were both positive and negative but the majority pointed out the problem of language barrier when patients tend to explain their history in their local languages and few interpreters being available as given in Table 4.

Theme	Categories	Codes / Minor Themes	Quotes
Communication Barrier	Use of Common language	• Language barrier • Use of local languages • Use of a translator	"My patient gave me his history in Pashto, and I did not understand a word, so I requested him to please talk in Urdu, ultimately I had to use a translator which took a lot of time"
	Medical Terminologies	• Awareness • Use of medical terms • Difficulty in understanding treatment	"We attend patients from very diverse ethnic groups who are illiterate, and it becomes very difficult to make them understand medical terms
	Patient Literacy	• Uneducated patients • Second opinion • Unsatisfaction of patients	"In my opinion it is nearly impossible to completely satisfy a patient's need either relating to health or not when both parties do not share a common language, common language is very important

Table 4: Communication Barriers

Theme 4 Patient's Overflow

Most of the healthcare providers were of the view that public hospitals in Quetta are overburdened and they receive patients from entire province and even from Afghanistan. Their perception was that they are overburdened with the patient's flow where basic facilities are near to nothing as given in Table 5.

DOI: https://doi.org/10.54393/pjhs.v4i03.607

Theme	Categories	Codes / Minor Themes	Quotes
Patients Overflow	Patient numbers	• High numbers of patients • Uncooperative patients • Lack of space in waiting room	"It is nearly impossible to maintain dignity and confidentiality or to communicate well with the patients when there are three doctors in a room all busy with examining patients and there is line of hundreds of patients waiting just outside the door"
	HCPs work burden.	• Work overload • Long working hours • Exhausting OPD	"In a single day a normal outpatient department crosses the number of 500 with no space for the patients to wait and hospital management would not do anything about it"
	Poor patient management.	• Unorganized management of patients • Very low contact time with patient • Compromised treatment quality	"Doctors at FJ hospitals are already overworked and stressed in this time of pandemic, it would be devastating if the hospital is not clean, well-lighted and comfortable

Table 5: Patients Overflow

DISCUSSION

The literature search that was carried out did not reveal any previous studies for evaluating health-system responsiveness in a tertiary-care hospital in Baluchistan province of Pakistan. The study participants were ethnically diverse with a mean age of 40.5 years. The overall responsiveness was 83.9%, while there was a slight contrast in responsiveness reported by males and females. This result is consistent with the results of a survey in Turkey in which females reported health-system responsiveness slightly lower than the males [13]. This difference could be related to the fact that public hospitals are overburdened with patients and minimal space for waiting area hence making it more difficult for females. A study conducted in Mashhad, Iran (compared health-system responsiveness with household's perception in two deprived regions) resulted that participants chose the "quality basic amenities" as the most important responsiveness domain and "social support" was selected as the least important domain of responsiveness [14]. This result is inconsistent with the findings of current study where participants chose "Prompt attention to care" as the important domain of responsiveness and "Patient's dignity" as the least important domain. This dissimilarity could be associated to the fact that Fatima Jinnah Chest Hospital is the only hospital in Baluchistan province of Pakistan, where patients travel from far-flung areas to get treated and mostly visited by patients from the low-income households. A similar cross-sectional survey with a sample size of 575 South Asians and 494 Chinese individuals conducted in Hong Kong showed that the Chinese reported generally lower health-systems responsiveness for outpatient and inpatient department services as compared with the South Asian participant's [15]. The findings of the current study are consistent with South Asian participants of this study. Both studies recommend collective efforts from HCPs and policymakers to improve the existing healthcare-system for patients. Dignity (79.5%) was the highest scored dimension of responsiveness followed by communication 73.2% and confidentiality scored lowest 62.1%. This finding is partially in line with existing literature where a descriptive cross-sectional research carried out in Tanzania showed that among the domains of responsiveness confidentiality scored (86.7%) being the highest scored domain followed by dignity (81.4%) [16].Confidentiality scored least among respondents of the current study, this finding is again similar with the existing literature, a research conducted among 6,113 adults in Germany (To determine total health-systems responsiveness and its relationship with the social determinants for ambulatory care from a patient's view) showed that a total of 90% of all patients who evaluated their last General Physician and Specialist visits were satisfied regarding communication, dignity, trust and autonomy. In contrast to this only half of patient's reported satisfaction for confidentiality in the doctor office. The study concluded that the ratings for confidentiality were distressing [17].Cross sectional study conducted in Iran on health-system responsiveness found responsiveness mean rating were 3.3 ± 0.6 and 3.8 ± 0.6 in a total of 5 for private and public hospitals, respectively [18]. The difference in highest and lowest mean scores of responsiveness were relevant to the choice of care and prompt-attention to health care. Findings of this study are again in line with current study where overall responsiveness have been selected as good, Prompt Attention was the most important domain in current study and dignity was the least important. Baluchistan is the biggest province of Pakistan which has a vast area and difficult to reach. In the current study prompt attention was chosen by the respondents as the most important dimension of responsiveness with a score of 43.6% that was comparatively higher than other dimensions of responsiveness indicating that the travel time to hospital and waiting time contributes to poor responsiveness. This is in line with existing literature where a study analyzed

DOI: https://doi.org/10.54393/pjhs.v4i03.607

responsiveness of health systems from the community-dwelling adults aged 50 and over's perspective in Russia, Ghana, China, India and South Africa pointed to the fact that travel-time is a crucial contributor for poor responsiveness of health-system in all these countries [19].The results of this study also bore similarity to a study conducted with a sample size of 335 hospitalized patients in Kermanshah Iran on health-system responsiveness and reported that the overall responsiveness score was 72.6. The best rated domain of responsiveness was dignity with 82.2% and least rated domain was autonomy with 62.5, respectively. Socio-demographic variables of the respondents had no noticeable effect on the overall health-system responsiveness score [20].

CONCLUSIONS

The study findings revealed that while responsiveness of FJCH reported by patients was 83.9% but HCPs have weak work-place trust coupled by a combination of below par working conditions and overflow of patients which are contributing to poor quality service creating an aura of negative patient-provider relations. Findings indicate that there is a need for investment in both material and structural improvements at FJ hospital and improvement of services at primary level to reduce burden at tertiary care hospitals like FJ.

Conflicts of Interest

The authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

[1] Jamison DT, Alwan A, Mock CN, Nugent R, Watkins D, Adeyi O, *et al.* Universal Health Coverage and Intersectoral Action for Health: Key Messages from Disease Control Priorities. The Lancet. 2018 Mar; 391(10125): 1108-20. doi: 10.1596/978-1-4648-0524-0.

[2] González-Duran JA, Plaza RV, Luna L, Arbeláez MP, Deviaene M, Keynan Y, *et al.* Delayed HIV treatment, barriers in access to care and mortality in tuberculosis/HIV co-infected patients in Cali, Colombia. Colombia Médica. 2021 Oct; 52(4): e2024875.

[3] Murray CJ, Ortblad KF, Guinovart C, Lim SS, Wolock TM, Roberts DA, *et al.* Global, Regional, and National Incidence and Mortality for HIV, Tuberculosis, and Malaria during 1990–2013: a Systematic Analysis for the Global Burden of Disease Study 2013. The Lancet. 2014 Sep; 384(9947): 1005-70.

[4] Khan RA, Shaikh AA, Bulaadi GQ. Incidence of Multidrug-Resistant Tuberculosis in Sindh, Pakistan. Cureus. 2019 Apr; 11(4). doi: 10.7759/cureus.4571

[5] World Health Organization. WHO Factsheet: Tuberculosis. 2020. Availableat:https://www.who.intnews-room/fact-sheets/detail/tuberculosis.

[6] Ullah W, Wali A, Haq MU, Yaqoob A, Fatima R, Khan GM. Public–private Mix Models of Tuberculosis Care in Pakistan: a High-Burden Country Perspective. Frontiers in Public Health. 2021 Aug; 9: 703631. doi: 10.3389/fpubh.2021.703631

[7] Lozano R, Naghavi M, Foreman K, Lim S, Shibuya K, Aboyans V, *et al.* Global and Regional Mortality from 235 Causes of Death for 20 Age Groups in 1990 and 2010: a Systematic Analysis for the Global Burden of Disease Study 2010. The lancet. 2012 Dec; 380(9859): 2095-128.

[8] Khan RA, Shaikh AA, Bulaadi GQ. Incidence of Multidrug-Resistant Tuberculosis in Sindh, Pakistan. Cureus. 2019 Apr; 11(4). doi 10.7759/cureus.4571

[9] Akhtar AM, Arif MA, Kanwal S, Majeed S. Prevalence and Drug Resistance Pattern of MDR TB in Retreatment Cases of Punjab, Pakistan. J Pak Med Assoc. 2016 Aug; 66(8): 989-3.

[10] UNITED NATIONS. Sustainable Development Goals: 2019. Available at: https://unfoundation.org/what-we-do/issues/sustainable-development goals/?gclid=CjwKCAiAr4GgBhBFEiwAgwORrZ48HhMez5zbI6tYK6RCEeM8DUu1oFV63ibkmo0HztgCDUu-PGoZxoCrFYQAvD_BwE

[11] Chakaya J, Castro JL, Jensen PM, Fujiwara PI. A New Era for Global Tuberculosis: Holding Leaders Accountable for Promises. The International Journal of Tuberculosis and Lung Disease. 2018 Dec; 22(12): 1387. doi: 10.18356/6a0e015b-en

[12] World Health Organization. World Health Report: 2001.Availableat:https://www.who.int/teams/global-tuberculosis-programme/tb-report

[13] Ugurluoglu O, Celik Y. How responsive Turkish Health Care System is to its Citizens: the Views of Hospital Managers. Journal of Medical Systems. 2006 Dec; 30: 421-8.doi: 10.1007/s10916-005-9006-8

[14] Fazaeli S, Hashemi SA, Ebrahimipour H, Banikazemi SH, Yousefi M. Importance of Health System Responsiveness in a High and Low Income Areas in Mashhad, Iran: A Household Survey. Payesh (Health Monitor). 2016 Apr; 15(2): 153-62.

[15] Chao J, Lu B, Zhang H, Zhu L, Jin H, Liu P. Healthcare System Responsiveness in Jiangsu Province, China. BMC Health Services Research. 2017 Dec; 17: 1-7. doi: 10.1186/s12913-017-1980-2

[16] Kapologwe NA, Kibusi SM, Borghi J, Gwajima DO, Kalolo A. Assessing Health System Responsiveness in Primary Health Care Facilities in Tanzania. BMC

DOI: https://doi.org/10.54393/pjhs.v4i03.607

Health Services Research. 2020 Dec; 20(1): 1-0. doi: 10.1186/s12913-020-4961-9

[17] Tille F, Röttger J, Gibis B, Busse R, Kuhlmey A, Schnitzer S. Patients' Perceptions of Health System Responsiveness in Ambulatory Care in Germany. Patient Education and Counseling. 2019 Jan; 102(1): 162-71. doi: 10.1016/j.pec.2018.08.020

[18] Daneshkohan A, Zarei E, Ahmadi-Kashkoli S. Health System Responsiveness: A Comparison between Public and Private Hospitals in Iran. International Journal of Healthcare Management. 2020 Dec; 13(sup1): 296-301. doi: 10.1080/20479700.2018.1540183.

[19] Stewart Williams J, Myléus A, Chatterji S, Valentine N. Health Systems Responsiveness among Older Adults: Findings from the World Health Organization Study on global AGEing and adult health. Glob Public Health. 2020 Jul; 15(7): 999-1015. doi: 10.1080/17441692.2020.1742365. Epub 2020 Mar 23. PMID: 32200690.

[20] Najafi F, Karami-Matin B, Rezaei S, Rajabi-Gilan N, Soofi M. Health System Responsiveness after Health Sector Evolution Plan (HSEP): An Inpatient Survey in Kermanshah in 2015. Medical Journal of the Islamic Republic of Iran. 2016; 30: 387.