Case Study

Public Issues in Accessing Healthcare Facilities: A Case Study of Multan

Maria Amjid[1]*, Zunera Tariq[2], Anam Amjad[3], Bisma Fatima[4], Bushra Khan[4], Naseem Ahmad[5]

[1] Quaid-e-Azam Medical College Bahawalpur
[2] D. G Khan Medical College-Dera Ghazi Khan
[3] Bahauddin Zakariya University Multan
[4] Bakhtawar Amin Hospital Multan
[5] Sheikh Zayed Hospital/College Rahim Yar Khan
Corresponding Author: Maria Amjid; MBBS; Email: naumanhameed69@gmail.com
Conflict of Interest: None.

ABSTRACT

Background: This study focuses on the challenges faced by the residents of Multan in accessing public healthcare facilities. It aims to identify the key issues hindering effective healthcare delivery.

Methods: The study employs a quantitative approach, using a questionnaire based on Eide et al.'s (2015) research. This questionnaire, comprising 18 questions, is designed to evaluate barriers in healthcare access. Data is analyzed using mean and standard deviation calculations on a Likert scale, processed through SPSS version 25.

Results: The findings reveal significant difficulties faced by Multan's populace in accessing healthcare services. Major issues include travel expenses, inadequate medical checkups, scarcity of medicines, lack of equipment and accommodation, and frequent unavailability of specialized doctors. Additionally, the study highlights that women encounter more obstacles in receiving healthcare.

Conclusion: The study concludes by recommending strategies to improve healthcare access in Multan. These include the implementation of proper checklists and timetables, ensuring the availability of medicines and accommodation, staff training, and fostering collaboration between the public and private sectors, including support from economically stronger individuals and NGOs. These measures are crucial for enhancing healthcare facilities and reducing accessibility issues.

Keywords: Healthcare Facilities, Access Issues, Healthcare Access Barriers, Public Healthcare Centers, Multan Healthcare Challenges, Quantitative Healthcare Analysis, Healthcare Facility Improvement Strategies

INTRODUCTION

Healthcare facilities are a fundamental right for citizens in every country, with health services and education being primary responsibilities of the state, supported by public taxes and compliance with laws. In developing countries like Pakistan, where traditional methods of treatment prevail, improving healthcare facilities is crucial. Pakistan operates two healthcare systems: a capital-driven private sector and a public sector that struggles with effectiveness, transparency, responsibility, and accountability (1). The growing public demand for better healthcare services highlights the need for accountability and efficient service provision (2). However, economic policies and practices often hamper the efficiency of public healthcare centers in Pakistan, leading to inadequate services (3).

Multan district, with over 150 healthcare units varying from district headquarters to village-level union councils, reflects these challenges. Despite being a developing city, Multan faces significant shortcomings in healthcare facility management and accessibility, as reported by Urban Unit Pakistan (2022). The quality of health services is compromised, with only 0.9% of Pakistan's GDP allocated to healthcare in 2017-2018, contributing to a total healthcare expenditure of about 2.4% (4). By 2023, the GDP growth is projected to average 0.6%, which may further impact healthcare services.

The Digital Rights Foundation (2022) reported that patients in Multan encounter various obstacles from reception to discharge, including a lack of medical ethics boards in hospitals and inadequate emergency services (6). This study aims to investigate the accessibility and standardization issues in healthcare facilities in Multan, focusing on the real-world challenges faced by the public in accessing healthcare services.

This study addresses the insufficiency and systematic shortcomings in the provision of healthcare facilities in public domains, particularly in Multan, Pakistan. It aims to understand the Pakistani public's perception of healthcare facilities, explore the specific issues they face in accessing these facilities, and assess any gender-based disparities in access. The research will investigate the challenges in healthcare facility administration and propose potential reforms for improving the system. By identifying and addressing these issues, the study seeks to contribute to the development of effective strategies for enhancing healthcare provision in Multan, thereby improving public healthcare administration in the region.

Effective human resource management is crucial in healthcare centers, directly impacting staff performance and retention, and thereby shaping the overall administrative efficiency (7). Mishal, Rabia, Irma, and Rizwan's 2020 study, which surveyed 133 healthcare managers, revealed that 54.9% experienced poor staff retention and 50.4% faced financial constraints within their salary structures. Notably, only a minority reported opportunities for development and education, and a regular appraisal system was lacking, with many relying on verbal formalities over formal certification (7).

These findings underscore the need for continuous performance evaluation, enhanced educational and development opportunities, and improved salary packages to boost staff retention and performance. Such measures can foster greater trust and satisfaction among patients.

In a broader context, healthcare service problems are not uncommon in developing countries. A study by Hasumi and Jacobsen (2014) using secondary data from 23,562 household representatives in South Africa found that common issues included long waiting times, drug unavailability, and staff rudeness (8). These problems highlight the need for efficient time management, ethical training, and timely drug provision in healthcare facilities.

Regarding policy implementation, Khan and Iraqi (2019) analyzed healthcare in Pakistan in relation to the United Nations Millennium Development Goals and the "National Health Vision of Pakistan 2016–2025". They emphasized the challenge of integrating advanced technology due to high costs and the inadequacy of conventional methods in treatment and staff recruitment. Their findings suggest that a combination of improved social welfare initiatives and a more effective taxation system could support healthcare advancements (9).

Finally, Elarabi and Joahri (2014) analyzed studies from 2002 to 2012 and concluded that managing human resources effectively is vital for delivering quality medical services and achieving patient satisfaction. This involves regular staff training and motivation, emphasizing the importance of patient feedback in improving healthcare services (10). The studies collectively highlight the necessity of well-trained, motivated, and adequately compensated healthcare staff to address deficiencies and improve patient care in Pakistan.

MATERIAL AND METHODS

This quantitative study utilizes a questionnaire as its primary tool to investigate the healthcare facility issues faced by residents of Multan district (11). Grounded in a research paradigm that underpins social sciences, the study aims to provide a numerical description of the current situation, addressing specific research questions and objectives (12, 13).

The population for the study includes individuals relevant to the research problem, but due to practical constraints, a sample representing the broader population's characteristics is used (13). A total of 250 participants were selected through convenient sampling, comprising 117 males and 133 females. This sampling method was chosen based on participant availability.

The research employs a modified version of a questionnaire originally used by Eide et al. (2015) in their study on barriers to accessing health services among individuals with disabilities in four African countries (15). This questionnaire, consisting of 18 questions, was adapted to explore the perceived barriers and issues related to healthcare facilities in Multan (16).

Data collection was conducted using this questionnaire, which follows a five-point Likert scale(17). Participants' responses were gathered and translated into the native language for clarity(18,19). Analysis of the data was carried out using SPSS version 25, focusing on mean values and standard deviations to understand the significance of the issues and the participants' perceptions. The study prioritizes these statistical measures to present a comprehensive overview of the research findings(20).

RESULTS & DISCUSSION

The results are shown in Table No. 1, which consists of the mean and standard deviation values calculated from the collected data from the inhabitants of Multan. The analysis is described based on the following results with the statement of the questions below to the table.

Question No.	Male			Female			Total		
	Mean	N	Std. Deviation	Mean	N	Std. Deviation	Mean	N	Std. Deviation
1	3.32	117	1.10	3.53	133	0.91	3.43	250	1.00
2	2.85	117	1.12	2.86	133	0.93	2.86	250	1.02
3	3.22	117	1.37	3.06	133	1.43	3.14	250	1.40
4	3.15	117	1.12	2.93	133	1.04	3.03	250	1.08
5	3.13	117	1.16	3.03	133	1.13	3.08	250	1.14
6	2.99	117	1.19	3.08	133	1.13	3.04	250	1.16
7	3.63	117	1.00	3.36	133	1.14	3.49	250	1.08
8	3.32	117	1.26	3.48	133	1.22	3.41	250	1.24
9	2.97	117	1.41	3.23	133	1.35	3.11	250	1.38
10	3.20	117	s1.11	2.93	133	1.10	3.06	250	1.11
11	3.36	117	1.05	3.21	133	1.11	3.28	250	1.09
12	3.21	117	1.14	3.29	133	1.16	3.25	250	1.15
13	3.18	117	1.16	3.15	133	1.16	3.16	250	1.16
14	3.12	117	1.25	3.11	133	1.36	3.12	250	1.31
15	3.21	117	1.19	3.28	133	0.98	3.24	250	1.08
14	2.75	117	1.08	2.71	133	1.06	2.73	250	1.07
17	2.93	117	1.10	2.68	133	1.11	2.80	250	1.11
18	2.87	117	1.16	2.80	133	1.20	2.83	250	1.18

Question No. 1 There needs to be more transportation for accessing healthcare facilities in Multan.

Question 1 addressed the issue of transportation access to healthcare facilities. Participants, with a mean value of 3.43 and a standard deviation of 1.00, indicated a significant concern about inadequate transportation. Both genders concurred, with mean values of 3.32 for males and 3.53 for females, highlighting the difficulty in accessing healthcare due to transportation issues.

Question No. 2 There needs to be proper services available for healthcare facilities in Multan.

In Pakistan, the majority of participants, especially from middle-class backgrounds, believe there is a lack of adequate healthcare facilities. With a mean value of 2.86 and a standard deviation of 1.02, both males and females similarly perceive a significant shortfall in proper medical services at healthcare centers.

Question No. 3 There needs to be more drugs and equipment in the healthcare centers.

Question 3 revealed widespread concern over inadequate medical equipment and drugs in healthcare centers. With an overall mean value of 3.14 and a standard deviation of 1.02, participants, particularly females (mean value 3.06) and males (mean value 3.22), reported significant difficulties due to the scarcity of essential medical supplies and equipment.

Question No. 4 A patient needs help to afford the cost of a visit to the healthcare center.

Question 4 addressed the financial burden of healthcare visits in Pakistan, a significant concern for middle-class families. The results, with a mean value of 3.03 and a standard deviation of 1.40, indicate widespread difficulty in affording visits to healthcare centers. Both males (mean 3.15) and females (mean 2.93) reported high costs as a major issue.

Question No. 5 A patient needs help to afford the cost of transportation for accessing healthcare facilities.

Question 5 highlighted the high transportation costs in Pakistan, a significant burden for patients, especially given the lack of price control. The mean value of 3.08 and a standard deviation of 1.08 reflect the substantial financial strain faced by patients. Males (mean 3.13) and females (mean 3.03) both reported considerable expenses, with females particularly affected due to often needing specific transport arrangements.

Question No. 6 There is a negative attitude of the staff while treating a patient.

Question 6 focused on staff behavior in healthcare centers, revealing widespread dissatisfaction with their attitudes. With a mean value of 3.04 and a standard deviation of 1.16, participants expressed strong concerns about poor staff conduct, often perceived as burdensome due to government job security. Notably, females (mean 3.08) reported more negative experiences compared to males (mean 2.99).

Question No. 7 The journey to the healthcare center is a total of difficulties.

Question 7 highlighted the challenges of long-distance travel to healthcare centers, especially when local facilities are inadequate. Participants expressed significant concern, with a mean value of 3.49 and a standard deviation of 1.08. Both genders face difficulties, but females (mean 3.63) more so than males (mean 3.36), particularly due to higher expenses and the challenges of obtaining leave from work.

Question No. 8 No accommodations are available at the healthcare centers for the patients.

Question 8 revealed widespread dissatisfaction with the lack of adequate accommodations at healthcare centers, including water, seating, and rest areas. The mean value of 3.41 and a standard deviation of 1.24 indicate a strong consensus on this issue. Female participants (mean 3.48) reported greater discomfort compared to males (mean 3.32), highlighting specific challenges faced by women in these settings.

Question No. 9 There are issues in physically accessing the healthcare facilities.

Participants in Multan reported significant challenges in physically accessing healthcare facilities, citing the need for connections to make appointments. The mean value of 3.11 and a standard deviation of 1.38 reflect these difficulties, with females (mean 3.23) facing more challenges than males (mean 2.98).

Question No. 10 Previous experience of lousy treatment check to visit the healthcare center.

Trust issues stem from prior negative experiences at healthcare centers. Most participants expressed reluctance to revisit due to past dissatisfaction, indicated by a mean value of 3.06 and a standard deviation of 1.11. Males (mean 3.20) and females (mean 2.93) both reported dissatisfaction with previous treatments.

Question No. 11 Many times, proper documents are necessary to access healthcare facilities.

The necessity of traditional documentation in Pakistani healthcare poses challenges, particularly in providing past health history. This difficulty is reflected in a mean value of 3.28 and a standard deviation of 1.09, with females (mean 3.21) and males (mean 3.36) both experiencing issues in this area.

Question No. 12: The Denial of healthcare facilities by the center is very evident.

Participants perceived a lack of adequate healthcare facilities, with a mean value of 3.25 and a standard deviation of 1.15. Both males (mean 3.21) and females (mean 3.29) agreed that healthcare centers often fail to provide high-quality services, leading to widespread dissatisfaction.

Question No. 13 Many times, health workers are contacted but must respond appropriately.

Participants reported poor responsiveness from healthcare workers, with a mean value of 3.16 and a standard deviation of 1.16, indicating a communication gap. Females (mean 3.15) and males (mean 3.18) both experienced difficulty in getting appropriate responses, suggesting a need for better interaction between health workers and patients.

Question No. 14 The standard of healthcare facilities needs to be revised.

Dissatisfaction with the standard of healthcare facilities was evident, as the mean value of 3.12 and a standard deviation of 1.21 suggest. Both males and females (mean 3.12 and 3.11, respectively) agreed on the need for improved facilities, indicating a widespread perception of substandard care.

Question No. 15: A patient is told that he/she is not very sick, so no proper check is made.

Many participants felt they were not properly examined or treated in healthcare centers. The mean value of 3.24 and a standard deviation of 1.08 reflect this concern. Females (mean 3.28) reported being dismissed more frequently than males (mean 3.21), suggesting a gender disparity in patient treatment.

Question No. 16 Many times, it has not been known to go to what side or center for a checkup.

Confusion about where to go for specific treatments was a common issue, with a mean value of 3.24 and a standard deviation of 1.08. There was no significant difference between males (mean 2.75) and females (mean 2.72) in this regard, highlighting a general lack of clarity in navigating healthcare services.

Question No. 17 There needs to be more commitment to check the patient in the health care center.

A lack of commitment in patient care was observed, with a mean value of 2.80 and a standard deviation of 1.08. Males (mean 2.68) reportedly faced this issue more than females (mean 2.93), pointing to inconsistencies in treatment across genders.

Question No. 18 Patients face several issues due to faith and belief.

Cultural, linguistic, ethnic, and gender issues in accessing healthcare facilities were concerns, with a mean value of 2.83 and a standard deviation of 1.11. Both males (mean 2.87) and females (mean 2.80) faced challenges related to faith and belief, indicating a need for more inclusive and sensitive healthcare practices.

CONCLUSION

The study reveals that residents of Multan district face numerous challenges in accessing healthcare facilities. These challenges include long distances to healthcare centers, expensive accommodations, and a lack of available facilities. The attitude of the staff is a significant concern, as it impacts the ethical aspects of medical checkups. Financial constraints further exacerbate the problem, limiting the availability of medicines and equipment in healthcare centers. Consequently, many are forced to turn to the more expensive private sector. Both men and women face these issues, with women experiencing greater difficulties in accessing healthcare facilities.

To improve the quality of healthcare services, the study recommends the following actions:

1. Develop a comprehensive checklist of medicines, drugs, and medical tests, accessible to the public through online platforms, to increase transparency and ease of access.

2. Clearly delineate the facilities available at each healthcare center to help patients navigate the healthcare system more effectively.

3. Improve transportation and route traffic management to facilitate easier access to healthcare centers.

4. Bridge the communication gap between healthcare workers and patients to enable more efficient and timely checkups.

5. Invest in proper staff training focused on ethical conduct and effective communication.

6. Implement efficient reporting systems and online data management for better healthcare monitoring and access.

7. For rural populations, provide suitable accommodation and cover conveyance expenses for those in need.

8. Conduct regular surveys of residents near healthcare centers to gather feedback for the formulation of effective policies.

9. Foster public-private partnerships to address shortages in equipment, medicine, and treatment options in healthcare centers.

Further research in this area could focus on evaluating the performance of healthcare workers, assessing patient satisfaction levels, examining the availability of resources, investigating challenges faced by healthcare staff, exploring online communication methods, and analyzing fertility and mortality rates around healthcare centers.

REFERENCES

1.   McGill University. COMS 683 Media, Activism and Social Change Course Description. 2006. Available from: http://journalism.nyu.edu/pubzone/weblogs/pressthi.

2.   Fox J, Brown LD. The struggle for accountability: The World Bank, NGOs, and grassroots movements. Cambridge: MIT Press; 1998.

3.   Mohamed AM, Nawaz D. Effective Governance for Healthcare Administration in Pakistan Public Hospitals. Adv Econ Bus Manag Res. 2021;209:335-42.

4.   Khalid F, Abbasi NA. Challenges Faced by Pakistani Healthcare System: Clinician's Perspective. J Coll Physicians Surg Pak. 2018;18(12):899-901.

5.   Urban Unit Pakistan. Regional Development Plan Multan Environment. Lahore: The Urban Unit; 2022.

6.   Digital Rights Foundation. Digital Rights Foundation's Helpline reports over 2500 Cases of Digital Harassment in 2022. Lahore: Digital Health Foundation Pakistan; 2022.

7.   Mishal L, Rabia B, Iram L, Rizwan LA. Exploring Human Resource Management in the Health Care Systems of Pakistan. Pract Prof Nurs. 2020;4(18):1-6.

8.   Hasumi T, Jacobsen KH. Healthcare service problems reported in a national survey of South Africans. Int J Qual Health Care. 2014;26(4):482-9.

9.   Khan AW, Iraqi KM. Human Resource Management and Healthcare Sector of Pakistan. Islamic Cult. 2019;41(1):153-65.

10.   Elarabi HM, Joahri F. The impact of human resources management on healthcare quality. Asian J Manag Sci Educ. 2014;3(1):13-22.

11.   Kothari CR. Research Methodology; Methods and Techniques. New Delhi: New Age International Publishers; 2004.

12.   Jonker J, Pennink B. The Essence of Research Methodology: A Concise Guide for Master and PhD Students in Management Science. Heidelberg: Springer; 2010.

13.   Gay LR, Mills G, Airasian P. Educational Research, Competencies for Analysis and Application. 10th ed. Toronto: Pearson; 2012.

14.   Boeije H. Analysis in Qualitative Research. London: Sage Publications Ltd; 2010.

15.   Eide AH, Mannan H, Khogali M, van Rooy G, Swartz L, Munthali A, et al. Perceived barriers for accessing health services among individuals with disability in four African countries. PLoS One. 2015 May 20;10(5):e0125915.

16.   Ahmed SAS, Ajisola M, Azeem K, Bakibinga P, Chen Y-F, Choudhury NN, et al. Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of pre-COVID and COVID-19 lockdown stakeholder engagements. BMJ global health. 2020;5(8):e003042.

17.   Davies NG, Kucharski AJ, Eggo RM, Gimma A, Edmunds WJ, Jombart T, et al. Effects of non-pharmaceutical interventions on COVID-19 cases, deaths, and demand for hospital services in the UK: a modelling study. The Lancet Public Health. 2020;5(7):e375-e85.

18.   Lazzerini M, Barbi E, Apicella A, Marchetti F, Cardinale F, Trobia G. Delayed access or provision of care in Italy resulting from fear of COVID-19. The Lancet Child & Adolescent Health. 2020;4(5):e10-e1.

19.   Liu Y, Zhang L, Yang Y, Zhou L, Ren L, Wang F, et al. A novel cloud-based framework for the elderly healthcare services using digital twin. IEEE access. 2019;7:49088-101.

20.   Tanwar S, Parekh K, Evans R. Blockchain-based electronic healthcare record system for healthcare 4.0 applications. Journal of Information Security and Applications. 2020;50:102407.