An Analysis of Users’ Perceptions on Health Facilities in Mumbai

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ABSTRACT

The new challenges of globalisation have made it essential to achieve and sustain a high level of efficiency in the provision of healthcare. Even though the Government of Maharashtra clearly views assuring efficiency and providing public health services to the people as an important policy objective, data reveals that the amount of resources spent on public healthcare especially public hospitals is very meagre as compared to the needs of the population. This study attempts to understand the shift from public to the private health sector by the users of health services in the city of Mumbai. This changing trend towards increasing use of private hospitals for healthcare services was analysed to understand the specific reasons behind the privatisation of health services in this metropolitan city. Using primary survey, the analysis revealed that majority of the users preferred private hospital services due to various reasons like cleanliness, better infrastructure, efficient and competent doctors and other staff. The results also indicated significant inefficiencies in the functioning of the public hospitals as noted from the responses of the users.

Keywords: Healthcare, Private sector, Economic reforms.

1.0 Introduction

It is a widely recognised fact that the availability of basic infrastructure facilities and services are vital for economic development of a country. If well developed, they stimulate economic development but if inadequate they prove to be hindrances in the development process (Goel, 2002). Apparently, the social infrastructure of a country like health, education is very important as it not only presents the human face of economic growth process but represents the very essence of it. World Health Organization’s constitution defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1992).

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Healthcare is a part of social infrastructure. Availability and accessibility to health facilities is inevitable for the acceleration of the economic development of a country. According to Farrell (1957), the rationale for state intervention in infrastructure provision addresses following issues:

- The appropriate level of infrastructure provision
- The legitimacy of state aid
- The promotion of fair competition i.e. creating level playing field for public as well as private operators
- Externalities
- Labour issues.


- The poor cannot always afford healthcare that promotes productivity and well-being. Publicly financed investment in health can lead to the alleviation of poverty and its consequences.
- Some health promoting actions are pure public goods or create large positive externalities. Private markets would either not produce them at all, or produce too little.
- Government intervention can improve the functioning of these markets in health and health insurance, thus raising welfare.

World Health Report (2000) describes government’s role in health care by listing its stewardship functions

- Formulating health policy-defining vision and direction
- Exerting influence-approaches to regulation and
- Collecting and using intelligence.

After Independence in 1947, India decided to expand and improve the health services of the country as one of a comprehensive package program to raise the standard of living of the people. In the Indian Constitution, the fundamental right of protection of right of life and liberty (Article 21) include right to health, implying State obligation to protect citizens from medical negligence. The state is required to concentrate on the development of health infrastructure because of its welfare oriented goals, market failures and to promote rural health facilities. The Constitution places ‘public health and sanitation, hospitals, and dispensaries’ in the State list. The health of populations is a distinct key issue in public policy discourse in every mature society often determining the deployment of huge society. Besides, there is State intervention in the form of public health which is considered as a public good, the theoretical implications of which means
everybody benefits from it but nobody individually pays for it. However, State failure is very much evident in this area. Failure of public healthcare facilities is also visible due to urban bias in distribution, limited funding, inability to assure adequate staff, essential supplies of medicines and equipment’s, poor maintenance and reduced confidence amongst general public.

From late 1980s, the public health sector was woefully neglected with new public investments being virtually stopped and expenditures declining. During the same period the private health sector, including the hospital sector, expanded rapidly on one hand, and on the other the public health system was being reformed to fit the private model through introduction of user charges and contracting out of services. During the nineties, the public health system was collapsing due to under-financing of public health services. The structural adjustment and economic reforms programme which began in 1992 after the 1991-92 fiscal crises further shrunk resource allocations for public health services. In the mid-nineties the 5th Pay Commission added to the catastrophe leading to allocative inefficiencies due to budgetary allocations being sufficient only for financing salaries. The recovery from this has only been marginal but the introduction of user fees struck the final blow for the poor who are the vast majority of users of public health facilities. Another evidence of the collapse of public health facilities is from national survey of public health infrastructure, which reveals that in 1999-2000 the critical public health facilities were grossly inadequate. The 2002 National Health Policy acknowledges this severe indictment and recommends that public health investment and expenditures need to be more than doubled in the coming years in order to provide reasonable level of primary healthcare (Duggal, 2003).

The above mentioned factors have resulted in increased reliance on private healthcare services. Demand for healthcare has outstripped its supply year after the year. The drivers of this rising demand are steadily increasing incomes, increasing life expectancy and, therefore, demand for quality healthcare services which have paved the way for the growth of the private health sector. Lack of access to government facilities does not seem to be the only major reason for choosing private healthcare. The reason for this preference is assumed better availability and perceived quality of private healthcare. So, though there is state intervention in the health sector in form of provision of public healthcare, there has been increasing dependence on private healthcare services. People want value for their money incurred on treatment costs. Thus, the political economy of health in India is increasingly following the market route and paving way for increasing role of private sector which is considered to be efficient and providing value for money.
In the initial stage of growth of the private sector, the focus was on compensating for the deficiencies of accessibility and availability in the public sector. The thrust, to growth of private sector hospitals, was the enforcement of neo-liberal reforms enforced by World Bank and other international financing institutions in the 1990s, which forced the governments of developing nations to reduce public expenditure on social sectors including healthcare (Jilani, Azhar, Jilani & Siddiqui, 2009). Complying with the conditionalities resulted in removal of price control and subsidies by the State, trade liberalization which in turn made imports of advanced medical equipment and technologies easier, and promotion of privatisation and disinvestment across all sectors.

The reduced subsidies on medical care services and government’s withdrawal from social sector resulted in market segmentation, which in turn resulted in an increased demand for quality medical care services by the upper and middle class segments in India. This factor made it attractive for private investors to operate profitable healthcare operations (Chakravarti, 2009), which resulted in increased private investment in healthcare. Multiple policy level changes propelled the growth of Indian private sector. Several hospitals were set up, under the banner of trusts and charitable institutions to cater to healthcare services. However, the turning point in Indian healthcare service delivery came with the establishment of the first ‘corporate hospital’ by Apollo Hospital Enterprise limited, in 1983 (Crisil Research, 2009). Ever since, Apollo Hospital Enterprise Ltd, has seen a tremendous growth with over 7500 hospital beds under its banner across 25 cities in India. Concurrently several other corporate hospitals were established across India including Escort Group, Wocharkdt Group of Hospitals and Fortis Healthcare (ILO, 2009). In this context, this research paper tries to analyse the users’ perspective of utilising the private healthcare in Mumbai despite the State responsibility to provide health facilities to the people.

1.1 Profile of Mumbai and Provision of Healthcare in the city

Mumbai is one of India’s largest cities and an important commercial and industrial centre. It is primarily divided into 2 regions- city and suburbs. It is one of the most populated cities in the world. The business capital of India is home to more than 20.5 million people according to 2011 census. Like other metros of India, the population of Mumbai has also grown rapidly in last 10 years. According to 2001 Census, the population of Mumbai was only 11.9 million; so population of Mumbai has grown almost double in the last 10 years. Population explosion juxtaposed with pollution and competition, speedy and stressful life has caused serious health related problems for a large number of people in the city.
Despite everyday pronouncements of major breakthroughs and advances in medical and health technology, the basic health needs of a majority of the population in Mumbai are not yet met even in a rudimentary manner. Conventional health services, patterned along the Western lines, have proved inappropriate and far too expensive. Hospitals have become visible symbols of medical care, caring for those who come to it, not necessarily of those who are most affected or most needy. The high density of population in the city has put tremendous pressure on public hospitals and other health infrastructure amenities. Apparently, the infrastructure at municipal hospitals has been stretched to its limits. Public health sector’s out-patient and inpatient care is inadequate or under-utilized because of inconvenient timings or location, long queues, language barriers and indifferent staff (which, in turn, is because of the over burden of work). Inadequate equipment, poorly maintained equipment, lack of manpower, delay of financial approvals from the bureaucracy, overcrowding and the sharp deterioration in the quality of their services have forced many patients to turn to private hospitals.

The private sector, as per CEHAT database, consists of 1,157 private hospitals/nursing homes in Mumbai city run by individuals, co-operatives, corporate bodies, companies, religious bodies, trusts and Non-Governmental Organizations. The city, is therefore, dominated by the private hospitals. 75-80% of households prefer to use private sector treatment in Mumbai for minor and major illnesses (Gangolli, 2005). But, only a fraction of the population can afford private healthcare. As much as 52.5% of the population in Mumbai lives in slums (Census, 2011). Half of this population comes under below poverty line (BPL) status, who cannot afford costly healthcare in private hospitals. Despite the poor households in the city largely end up paying for the huge bills for healthcare in the private hospitals thus sliding many families into the severe debt burden. Mumbai city’s public healthcare system does not meet more than 40% of hospitalization demand which means that 60% of the needs of the people are met by the private sector. Because when people rich or poor suffer from health problems cost becomes secondary proposition while cure and care becomes top priority. Let us now look at some studies done to review the plight of public healthcare in Mumbai.

1.2 State of Public Healthcare in Mumbai

Here, we try to understand the state of public healthcare in Mumbai city through some studies and literature review on public health services. In Mumbai city in Maharashtra, in spite of having better healthcare services as compared to rest of the country, residents of Mumbai do not have proper access to healthcare services as 32% of the ailments remain untreated (Nandraj, et al, 2001). Various surveys have shown that the public health sector in Mumbai was providing healthcare to less than 20% of the
population. Therefore, people turned to the private sector. Another study (Pinto and Udwadia, 2010) cited reasons like poor quality with a general lack of trust in government services, lack of attention offered to patients, long waits, poor hygiene, suspected quality of drugs and lack of privacy, for non-preference of public sector hospital. Only a nominal portion (3%) considered free services as a reason for preference of public sector. Especially, health sector in the form of hospitals, nursing homes, dispensaries and sub-centers are in the limelight of the discussion in the era of globalization and privatization where there are dramatic changes that have taken place in the health sector. The policies of economic reforms, emphasizing liberalization, privatization and globalization have their implications for the health sector in India. Due to Structural Adjustment Programme, social sectors like health, education etc. was the first to receive the axe. The government spending on health declined. The mid-term appraisal of the 11th Five Year Plan recognized that public expenditure on health in India was less than 1 per cent of GDP.

The role of private sector in health sector in India is significant. The involvement of private sector is explored by a number of states in India to mitigate the problems of inadequate resources in curative and tertiary care. The role of private sector to augment the supply of necessary services in remote areas is also one of the policy initiatives being implemented in number of areas. At present though the government has vast infrastructure in healthcare in rural India in the form of primary healthcare centers, but the common man still to a large extent depends on the private sector. (Bal, 2003). Hence, this study makes an attempt to understand the users’ perspective for preferring private hospital services whether for inpatient or outpatient care which was also includes follow-up treatment.

2.0 Research Methodology

For the purpose of the study, hospital is defined as “any institution providing indoor care”. In this study we will refer to all nursing homes, maternity homes as hospitals. However, institutions providing exclusive outpatient care are excluded in the study. This was to get a more clear view on the private provision of care which is possible to know in a better way when a user is admitted in the hospital for treatment. The users’ responses were collected through interview schedules to study the users’ perceptions regarding quality of care provided by the private hospitals as well reasons for seeking treatment from private providers. The interview schedules were used specifically to get one to one information and to understand user’s point of view on the system of health care. The data was collected from 100 users of private healthcare
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services. This data was collected during the period i.e. from January 2011 to April 2011. It needs to be noted that the ‘quality of care’ term is used in this study to assess the different constituents of care that the patients receive from the hospital. Some indicators include infrastructure, record maintenance, emergency services and grievance redress. Users included those patients who have utilised private hospitals services for different health issues. Information collected from the users covered the contemporary period from the year 2000 to 2010. In this time span of ten years, it was obvious users have utilised that private hospital facilities at different junctures.

3.0 Results and Analysis

3.1 Respondent profile

Most of the responses (83%) were collected from the patients themselves (user) admitted to the hospital for treatment. This is because we can get a more accurate picture from the person using and experiencing the services at the private hospital. More than 50% of the sample population included qualified and educated people who being more aware definitely ask for value of money as soon as it comes to out-of-pocket expenditure. They also demand quality care, hygiene as well as information. However, when it comes to uneducated people, information asymmetry becomes a major constraint. Many a times, the treatment given and the alternative methods of treatment are not shared with the patient’s kin. The sample of the users include various low, middle and rich income groups to give a holistic idea about their preferences for seeking treatment from private providers.

3.2 Reasons for choosing private hospitals

Table 1 summarises the responses of users regarding choosing private hospitals. About 15% of users chose a hospital due to its proximity, in 11% cases patients knew a particular doctor attached to a hospital which is why they utilised the facility and majority 63% for the quality of care provided by the private hospitals, good infrastructure, latest machines and technology (Table 1). For majority users, diagnostic tests were conducted entirely in the hospital whereas for few they were partly conducted in the hospital. This shows that the infrastructure availability was another factor for the increased preference for the private services.

Besides, unlike public hospitals, in private hospitals there were no obstacles in seeking admission in the hospital or delays in getting a bed or complications in form filling exercise as was mentioned by the users. This is in contrast to the picture in the
case of overcrowded public hospitals where there is no space for the new inpatient admissions and there are long queues even for the outpatient treatment.

Table 1: Reasons for using Private Hospital Facilities

<table>
<thead>
<tr>
<th>S. No</th>
<th>Reasons</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Familiarity with a doctor who is attached to hospital</td>
<td>11</td>
<td>11.0</td>
</tr>
<tr>
<td>2</td>
<td>Referred by your family doctor/GP</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>3</td>
<td>Suggested by your family/ friends/ relative/ neighbour</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>4</td>
<td>On the basis of your family’s past experience</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>5</td>
<td>Proximity of the hospital to your residence</td>
<td>15</td>
<td>15.0</td>
</tr>
<tr>
<td>6</td>
<td>Due to kind of facilities, quality services provided by doctors, other staff, infrastructure and latest machines and technology</td>
<td>63</td>
<td>63.0</td>
</tr>
<tr>
<td>7</td>
<td>The availability of a certain doctor attached/ employed at the hospital</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
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*Source: Sample data, N=100*

3.3 Significant attributes of quality of care in the private hospitals

On the discussion of ‘quality of care’, some significant attributes highlighted by the users are cleanliness, competent doctors and good care and attention by the other staff. According to 30% users’, cleanliness and hygiene facilities were extremely good in the private hospitals. Cleanliness and hygiene in the premises of the hospital are very crucial for the early recovery of the patient as well as to prevent infections from the environment. Good care and personal attention to the patient in the private hospitals makes people resort to the private hospital. Almost 28% users held the opinion the doctors attending them were competent and as well provided all the information regarding the causes and cure for the disease. Also, most of the users 42% gave a good opinion of the services of the other staff such as nurses/ayahs/ ward boys, appreciated the facility for person accompanying the patient as also provision of food facility in few private hospitals. In fact, users’ gave a positive feedback regarding the other staff behaviour in terms of being cooperative, helpful and tolerance with the patients (Table 2). This is also one of the reason why people prefer private services, as in public
hospitals it was their experience that the other staff is very rude and don’t listen to the patients.

Table 2: Significant Aspects of Quality

<table>
<thead>
<tr>
<th>Aspects of Quality</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>30</td>
<td>30.0</td>
</tr>
<tr>
<td>Good, Competent doctors</td>
<td>28</td>
<td>28.0</td>
</tr>
<tr>
<td>Attention given by the other staff like nurses, ayahs and ward boys, facility for person accompanying patient, provision of food</td>
<td>42</td>
<td>42.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source:* Sample data, N=100

3.4 Feedback on public hospitals providing healthcare facilities

Almost 92% of the users who have used public facility at one point of time hold negative opinion regarding public hospitals (Table 3). Few of the problems of public healthcare as highlighted by the users are discussed below.

Table 3: Users Views on Public Hospitals

<table>
<thead>
<tr>
<th>Public Health Facility</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>Tolerable</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>Bad</td>
<td>92</td>
<td>92.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Source:* Sample data, N=100

3.5 Problems perceived in the public hospital by the users

- There was no cleanliness and hygiene in public facilities as noted by few; even healthy people will fall sick if they stayed for a while in public hospital.
- Lack of space and over-crowding. Hence, the patient has to wait for a long to get a bed.
- Lack of infrastructure; at times, use of old equipment and machines are also important constraints.

However, many users expressed the opinion that looking at the rising inflation and drug prices and increasing catastrophic cost of treatment; private hospitals need to be
regulated and have well defined standards for their efficient functioning. Public hospitals need to improve in terms of quality as well as number. Public hospitals need to improve their functioning by setting things right in terms of personnel; infrastructure and diagnostic facilities then even they don’t mind seeking care from public hospitals. Lower or middle class people definitely find it a burden of treatment costs in the private hospital when it comes to out of pocket expenditure. At the same time, for many users the perception remains that there will a line of distinction between public and private healthcare providers. The more money you put, the better care you get. However, in Mumbai, the fact remains that since people are always running short of time they prefer private facility in spite of a burden on their pockets. This may be due to lack of a public healthcare alternative which is affordable and feasible but inaccessible and unavailable for many.

4.0 Summary of results

The preferences of the users for seeking care from the private hospitals can be summarised as follows:

- The responses of the users indicate that in Mumbai the sample of users used private hospital facilities for indoor or outdoor treatment. (Note: this result is limited for the users in the sample study). This indicates the need for the regulation of the private sector and also there is a need for certain minimum standards in order to improve efficiency of the hospitals.

- The feedback given by the users also indicated preference for the private hospitals for a number of reasons like the quality of care they provided, better infrastructure, vicinity of the private hospital etc. Further, due to problems with the public sector like inconvenient timings or location, long queues, rude staff, inadequate equipment, poorly maintained equipment, lack of manpower etc. , people used private hospital facility in spite of lack of affordability.

- Almost 42% users held the opinion the doctors attending them in the private hospitals were very competent. Also, most of the users around 28% gave a good opinion of the services of the other staff such as nurses/ward boys. In fact, they gave a positive feedback regarding their behaviour in terms of being cooperative, helpful and being tolerable with the patients. This is also one of the reasons why people prefer private services as in public health centres, it has been observed that the other staff is very rude. Besides, in many private hospitals they provide good food facility which is why also many working population prefer private hospitals as it becomes very difficult to manage care of the patient along with work.
Another important policy issue concerns the payment mechanism prevalent in the private hospital market. The current payment system provides an incentive for physicians to over-provide care depending on patients’ economic conditions. Doctors charge fees on case to case basis. So, there is no transparency in the fee structure. Therefore, the relevant policy issue is to contain such over-provision of healthcare and induce greater transparency.

New healthcare infrastructure development in Mumbai has been constrained because of high cost of real estate. The private sector finds investments in healthcare in posh corporate hospitals in Mumbai which are unaffordable for many, while the government finds building new public hospitals prohibitive in terms of shortage of finance and other resources like manpower, etc. Healthcare infrastructure in Mumbai in terms of hospital beds per 1000 population lags behind several key peer Indian cities such as Delhi, Chennai, Hyderabad and Bangalore. Alongside the shortfalls in hospital beds, there is also a shortage of healthcare professionals, equipment and infrastructure needed at various levels in the health care delivery supply chain. Healthcare in Mumbai requires a multipronged approach to address these aspects in the healthcare value chain to make a paradigm shift in delivery of health care services to the citizens of Mumbai. Though there is tremendous growth of private hospitals most of them have a bed size below 30 in Mumbai and function without any proper regulation or standards. These aspects too need to be given attention by the authorities in order to deliver quality care to the citizens of Mumbai. The Bombay Nursing Home Registration Act need to be implemented properly to increase the accountability of private health care providers.

5.0 Limitations of the Study

Given that the study was conducted for 100 users, it would not be advisable to generalise the findings for the whole population. Secondly, exact information on cost related variables could not be obtained as well as data on expenditures on medicines as many users could not recollect or gave an approximated idea on the out of pocket expenditures incurred for either hospitalization or Out Patient treatment. Finally, since though the study has taken all different income groups it is not suggestive on the direct relation between the use of private healthcare facilities and income. Hence, it will be more feasible if one can take the bottom quintile specifically and study to find out the increasing use of private health services by them and the reasons thereof.
6.0 Conclusion

During the last decade there has been an abrupt switch to market-based governance styles and much influential advocacy to reduce the State role in health in order to enforce overall compression of public expenditure and reduce fiscal deficits. Due to weak and inefficient public health services, people have been forced to switch to expensive private provision or at the limit, forego care entirely except in life threatening situations, in which case they slide into indebtedness. With the overall swing to the right after the 1980s, it is broadly accepted that private providers of care should take care of the needs of the poor as well. In a market economy, healthcare is subject to three links, none of which should become out of balance with the other - the link between State and citizens' entitlement for health, the link between the consumer and provider of health services and the link between the physician and patient. In this changing world, with unique challenges that threaten the health and well-being of the population, it is imperative that the government and community collectively rise to face these challenges simultaneously, inclusively and sustainably. Social determinants of health and economic issues must be dealt with a consensus on ethical principles – universalism, justice, dignity, security and human rights. This approach will be of valuable service to humanity in realising the dream of Right to Health.

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