



Review

Public versus Private Hospital Services: Addressing the Conflict of Interest among the Public Hospital Employees in Developing Countries

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Abstract

Background: With the rising conflict of interest among the healthcare staff between services offered in both the public and private settings, the need to explore the factors leading to conflict of interest (COI) in patients' diversion from public to private and strategies to overcome these prevailing issues is justified in the setting of low-resource countries.

Methods: Various relevant literature searches were used as a source of information to write this review article.

Discussion: Some key factors leading to COI among medical staff in referring patients include the public hospital factor, staff factor, patient factor, and private hospital factor. One or more factors may act to influentially move patient from public hospital to a private setting depending on the time, situation and nature of the practising environment among others. Meanwhile, the relevant strategies to mitigate COI in referring patients to private health facilities by public hospital employees include public-private partnerships, enhancing service efficiency, provision of necessary equipment and infrastructural development, staff incentives, Intra-mural hospital practice, upholding ethical standards by the healthcare employees, regular enlightenment and training of staff, and law modifications to abolish or markedly reduce COI among healthcare staff in the public hospital settings.

Conclusion: If these combined strategies were effectively applied in the settings with obvious challenges on COI among the public hospital employees, significant changes to deal with such problems can enhance the goals and objectives of public hospitals in serving both the privileged and non-privileged citizens living in developing and underdeveloped countries.

Keywords: Public hospitals, Private hospitals, healthcare staff, conflict of interest, health ethics, developing countries



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Introduction

Hospitals offer essential services to people and constitute one of the key areas of government spending due to the high health demands, disease prevention and treatment that require huge financial investment.¹ There has been a nearly 100% increase of public financing of health from domestic sources in developing countries from 1995 to 2006.² In many sub-Saharan African countries, the shares of government expenditures to health have been unpredictable and unsustainable. The budget allocated to the healthcare system has a significant share that goes to the hospital maintenance, new construction, staffing, and purchase of equipment to keep the hospital service seamless, effective and efficient.³ The funding of these public health facilities from the government is meant to subsidise the high cost of hospital services, medications, and other forms of expensive treatment.⁴ With this in mind, the target was to cover a wider area of healthcare needs of the individual and community no matter the social class, educational level, or job type.⁵

The concept of universal healthcare coverage and global development goals operate under these principles and guidance to uplift the health standard of people and increase the quality and possibly, the quantity of life.^{5,6} The hospital as a complex institution with various multidisciplinary resource personnel serving to achieve the objective of addressing the health needs of the populace is not without challenges especially relating to standard and acceptable 24-hour service without disruption of a constant supply of the needed resources. This is particularly a case in the setting of constrained environments where budget, transparency in government, and focus on the needs of citizens are a priority.⁷

Conflict of interest (COI) in the context of this article is a situation in which employees are in a position to derive benefits for personal gain due to actions and decisions made in their official capacity. Generally, there is concern about maintaining social trust and a failure to distinguish between breaches of ethical duty and temptations to breach duty.⁸ The public health sectors are always faced with issues different from those of the private setting because of the staff's attitude that such facilities belong to the government and are always viewed differently. A study by Asuquo EE et al. showed how negative hospital staff attitudes that stemmed from low remuneration, lack of incentives and poor working

environment affect the patients' utilisation of obstetric care in one of Nigeria's teaching hospitals.⁹ With the emergence of private hospitals for many reasons, public hospitals may be at risk of some negligence by healthcare employees due to COI if care and ethics are not fully observed. These unnecessary referrals cut across all health staff, all units and all departments of the hospital including administrative officers.

This article is intended to look into what influences healthcare workers to push patients from public health facilities to various private healthcare settings within and outside the low-resource countries, and to bring up the possible strategies in dealing with the trend for the benefit of the patients, the employees, the employers and the healthcare system at large.

Public vs. Private Hospital

Public hospital services

Generally, public hospitals are government-run health facilities that provide affordable services in almost every location of the country.¹⁰ They are characterised by a large capacity of infrastructure, a high number of staff and a wide range of equipment and heavy machines. They operate not based on financial gains but on a long-term sustainability and possibly self-reliant system. There are usually more specialities and subspecialties available to offer more medical and surgical service coverage with various tiers of healthcare levels.¹¹ The workers are usually permanent and are entitled to post-retirement benefits. This has attracted workers to cling to working in public settings even in the absence of other immediate incentives that are obtainable elsewhere.

Private hospital service

The private hospital is a money-making venture while rendering healthcare services, which makes it a place where the number of patients of referred will determine the commission accruing to the referee, thereby, increasing referrals to private hospitals. Private hospitals are owned by individuals or organisations other than the government.¹² Although they are licensed, regulated and supervised by the government, they operate independently, set their prices and workforce, and scope their service to suit the license given under the hospital specialty area.^{12, 13} Private hospitals are usually super-specialised and operate under conditions slightly different from public hospitals in terms of staff strength,

infrastructure and availability of equipment. However, there are private facilities that are as large as public hospitals offering a wide range of services including those that are not readily obtainable in some public facilities. In terms of incentives, private hospitals usually offer immediate and continuous incentives to their staff to keep up with the competition and maintain their services running.

Service overlap and two-way referrals

Quite often inter-hospital referrals do occur for one reason or the other particularly on treatment of special cases, certain investigations and other consultative, teaching and research purposes.¹⁴ This collaboration has brought about positive impact on the health sector as a whole as care can be accessed notwithstanding the conflict of interest. For example, there may be the presence of privately owned pharmacy, laboratory or radiology services running within or outside the public hospitals as a partnership to increase efficiency and availability of the needed services to the patients. These bring multitudes of advantages and curb any anticipated disadvantages associated with offering pure public hospital services.¹⁵ Likewise, some patients and their investigation requests can be referred to public hospitals from private settings due to the availability of expertise and special machines that may not be in the many less-established private settings.¹⁶ All these inter-referrals target the best treatment and experience for the patients and avoid unnecessary treatment prolongation, anticipated complications and excessive spending while adhering to a single healthcare entity with deficient services in some areas.

Factors contributing to patients and service diversion to private hospitals

Public hospital factor

The availability of adequate manpower to serve different diseases and disorders is a task that is difficult to achieve in most healthcare systems. The peculiarity of the health sector on the demand for resource persons, training and remuneration is enormous.¹⁷ This may cause an absolute or relative shortage in manpower and subsequent referral of selected cases to either another public hospital or private hospital within or outside the country. In terms of capacity to accommodate the high number of patients in need of cost-effective and affordable healthcare service, the availability of enough bed space

can be a challenge and this may cause patients to seek an alternative place of consultation and treatment; likewise, the absence of necessary equipment to conduct certain investigations, or perform some selected operative procedures in some patients.¹⁸ The hospital monitoring committee together with the clinical service department may not be vigilant enough to curb some inefficiency in the provision of optimal service to the patients, and this can greatly affect patients' choice of treatment in either public or private hospitals.¹⁹ The limited range of services available in some public hospitals can also be an initiator for patients crossing to the sides of private facilities to seek expert treatment. This may be linked to inadequate or absent expertise and necessary medical equipment to handle some cases. One of the main differences between public and private hospitals is the affordability of service provision. This can cause high turnover and patients overload leading to a long patients' waiting list in both the outpatient department and operating theatre in a public hospital. Biya M et al., in an Ethiopian study, observed that this happened both in developed and developing countries even though the long waiting times vary depending on the country, within the country and across different health institutions.²⁰ Some patients may find this discomforting especially if they are in a position to afford a more expensive service to avoid delay in consultation and treatment.

Staff factor

It is customary for a public hospital staff to have remuneration as the only financial gain from the government without additional sources even in the presence of unjustifiable remuneration. In this situation, the staffs are likely tempted to explore more on the extra source of income. Patients who come in contact with health staff on a regular basis usually fall prey to this exploitation. This could lead to unnecessary referrals and taking over patients' management for personal gain. Unlike public hospitals, private hospitals usually harness the former and offer some incentives to staff because they operate as an independent system with a mindset to attract workers to their facilities.²¹ This "demotivation" in public hospitals can be a triggering factor in luring a patient to attend a private hospital for that extra source of income acting as a motivation package for the concerned public hospital staff.^{21, 22} Some hospital staff may find it difficult to inherently respect medical ethics and avoid COI which may land them in trouble. There was a study that found 8.4% of patients who visited the

public hospital in a south-eastern Nigerian hospital were diverted by dual-practice doctors and supporting staff to a private facility.²³ Although some staff lack confidence in the service offered in some public hospitals due to general operating principles compared with the private hospitals; they have no legal and professional rights to act in favour of other health settings other than the workplace they are bonded to serve and protect.²⁴ This could be a threatening challenge among staff working for the private hospital by extension. Working in a private setting by public hospital employees is always seen as an opportunity and an additional source of income irrespective of how little is gained from the extra practice.

Private hospital factor

Although it is medically unethical to openly advertise the services in private hospitals in the public hospital territory, some hospitals may go beyond the ethics and partake in exaggerated adverts to the hospital staff and patients' community. The adverts by the private hospitals constitute the main source of their patients' influx and subsequent development. Unlike the public hospitals which by laws are not allowed to engage in an open advertisement for their services.²⁵ Private hospital advertisements are advocated and highly encouraged for services that have been in waiting and could only be obtained when they become available including those distant places especially overseas. This serves to inform patients of the service availability within reach for better healthcare delivery.

The implication to public hospitals on these adverts is when such high-demand services have later become available in the public hospitals. The competition arising from those services offered in the 2 health facilities may pose a great concern to public hospitals. This may however stimulate them to work more efficiently to keep up with the private hospital threat. It is, therefore, a wake-up call to the government to improve the take-home package of its workers to create satisfaction and love for their job, thereby, reducing conflict of interest. However, in the presence of a memorandum with the hospital management, such adverts are desirable because they encourage patronage and effective hospital service delivery.²⁶ Because many private hospitals depend on public hospital staff to run their services, this further makes it quite possible to have easy and unnecessary referrals of patients between the 2 settings. This part-

time employment of public hospital staff creates significant COI and leads to the migration of patients to the private facility wing.

Law governing work on both settings

While in many developing countries the extant laws allow health workers to work in both public and private facilities.²⁷ in a few countries including Malaysia however, it is different, and a health worker can only work in either one of the healthcare settings [28]. This avoids some conflicts of interest while working in the two settings at the same time. It is a standing policy from the medical regulatory bodies and the Ministry of Health for a health worker working both for institutions to abide by certain rules especially as it relates to overlapping the responsibilities on the two sides.

Patients Factor

Even without any staff's influence, some patients may prefer private hospital services in most instances due to perceived better care and faster services. This is likely to drive some patients to those healthcare facilities while waiting to be attended to or while being attended to in the public healthcare domain ^{25, 29} This goes to show how well services are graded by patients especially in public hospitals where care may be perceived as inadequate.

The presence of financial affordability especially with the well-functioning health insurance scheme provides better and easy access to quality healthcare in those places.³⁰ Additionally, previous consultations in private settings are also factors that push patients who often need the same care and thereby try to avoid public hospital consultations at all costs. Research from one of the sub-Saharan African countries indicated higher patients' satisfaction rate in private than in public hospitals.³¹ The study assessed the difference by use of five dimension of service quality that comprised responsiveness, empathy, reliability, tangibility, and assurance. With the exception of responsiveness dimension, all other dimension were perceived by patients as compared to their public health counterparts.

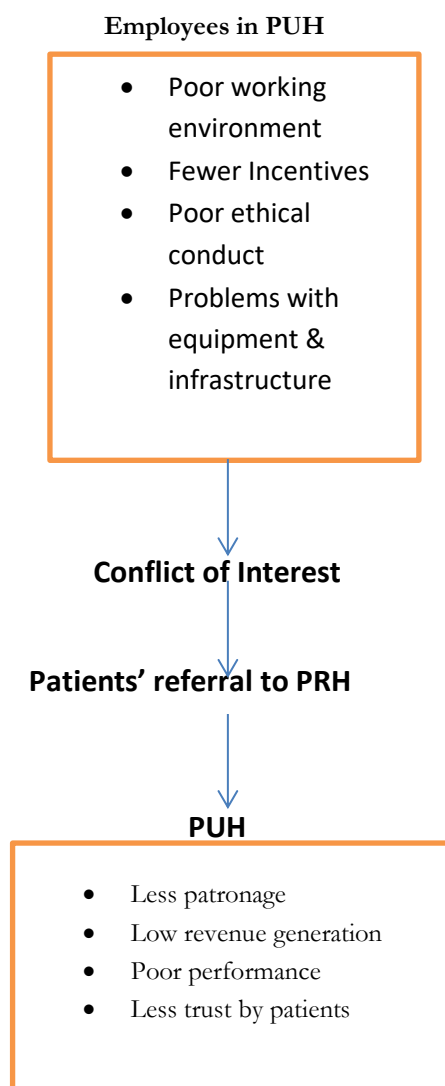


Figure 1: Reasons for COI among PUH staff and its consequences

*COI=Conflict of Interest; **PUH**=Public Hospital; **PRH**=Private Hospital

Strategies that enhance efficiency in the public health sector in the presence of competing private hospital services

Public-private Partnership

One of the most efficient ways to deliver quality healthcare service and improve access to healthcare services is to establish a public-private partnership (PPP) in health settings including hospitals.³² The PPP is an

official arrangement and a functional engagement between the government and private bodies through a memorandum of understanding with varying scopes in its operability. This ranges from the delivery of infrastructure, enhancement in manpower and expertise, and strengthening the existing services. The programme is aimed at improving health outcomes including patient satisfaction, reducing the length of hospital stay and associated morbidity and mortality.^{32, 33} The PPP is more likely to reduce the effects of COI among health workers who refer or suggest to patients an alternative service at private health institutions. It also helps health insurance companies to monitor service quality and improve customer satisfaction in hospitals. Despite its marginal disadvantages of high cost for the patients, political and legal implications, and unequal distribution of benefits, PPP has been shown to yield an efficient system of running hospital services when diligently executed.³⁴

Enhance service efficiency

This has to do more with shortening the waiting period for the patients on consultation, investigations and treatment; reducing the length of time for the supply of unavailable or used consumables; staff's early reporting to the workplace and timely closure after work; and provision of all the working materials at the right place and time. The efficiency in public hospitals in developing countries is likely to be lower compared with a standard private setting, though this could not be guaranteed depending on the locations and settings. A study to measure the efficiency of healthcare service included appropriate levels of funding, effective administration, and the cost-effectiveness of interventions as the key factors and determinants of enhancing service efficiency [35]. It is needful for government to make the necessary provision since this is the sole responsibility of government in ensuring safety and wellbeing of citizens.

Supply of the needed equipment and infrastructure improvement

Supplies of up-to-date and relevant equipment enable the health workers to deliver the most effective services needed and encourage patients to patronise the health facility better and report a high service satisfaction rate. Prompt recruitment of new staff for low manpower and unavailable staff who run scarce-skill services drives patients to seek more public healthcare services.³⁶ Infrastructural challenges could be a source of discouragement to healthcare seekers and the healthcare

staff. Addressing them through various government and non-governmental interventional reforms can contribute to delivering quality healthcare services and discourage low patronage and unnecessary referrals.³⁷ If all supplies and equipment needed for patient care are available and affordable, patronage of public hospitals will improve. This may however require huge capital because of involvement of major projects and sophisticated equipment which make it challenging in resource limited countries. The funding mechanism is usually from the government allocated budget which may be insufficient or not fully implemented in the long-run.

Incentives for staff

Research evidence suggests that globally, healthcare staffs in public hospitals are working under appalling conditions.³⁸ There should be equitable pay and benefits for all the staff irrespective of the setting to avoid or lessen the workplace COI. The incentive given to the staff is not limited to financial reward; rather it should include the provision of necessary equipment and a more suitable working atmosphere to mitigate distraction and enhance job performance. Other important areas of staff motivation include regular staff training and knowledge updates, fair and non-exhausting work schedules, housing loans and a good retirement package.

Intra-Mural practice

Aside from patients' referrals for expertise management and for services that are not available at the primary health institution where patients sought consultation, other reasons for a referral include patients' diversion to a private facility with the aim of material or monetary gains. With the introduction of intramural practice such unethical acts are likely to be avoided because intramural practice aims to enhance effective hospital service delivery through a semi-private practice within the public hospital domain in such a way that staff offer private service within the public hospital with equal or near equal benefits derived from practising in a private setting.³⁹ Many hospitals in African countries including South Africa, Egypt, Nigeria, Kenya, Ghana, and Tanzania have benefited from this practice through PPP following a shortage in government hospital funding for better sustainability.^{40, 41, 42} The increased cost for the patients and some breaches of public hospital privacy in this type of practice may not have more negative impact

than purely offering public services because of the efficiency, transparency and financial expectation ascribed to it.

Upholding Health Ethical Practice

This emphasises more on patient-centred care encourages appropriate behaviour and promotes a culture of good ethical conduct among healthcare professionals working in public hospitals. It has been proposed in a study that cautioned health professionals and policymakers to avoid partnering with industries and companies that are harmful to health institutions of their workplace. To avoid COI, the recommendations were the implementation of effective policies and procedures for governing public-private joint ventures with those industries.⁴³ Strict surveillance by the hospital clinical department committee can provide use of clear guidelines on private practice by public hospital employees and prevent unnecessary referrals to avoid abuse. The health institution must strengthen the local policies on COI for the staff or face the consequences of external regulation with a potentially heavy financial burden on both the institution and the patients.

Training and retraining of staff

The human resource department of the hospital is charged with conducting regular and updated training and retraining of the hospital staff on maintaining good work ethics abiding by the rules guiding their employment and ensuring patients and hospital interest comes first before anything.⁴⁴ Sticking to this could bring a lot of changes in how patients are managed and guided against patronising other hospital settings unless when necessary or under voluntary and professional referrals. Additionally, staff should be informed of any changes in the civil service rules to have those rules at their fingertips to promote better service delivery in public hospitals.

Law modification guiding practice on the 2 settings

The existing law regulating private practice among public hospital employees has been well enforced in every country and is effectively working. In settings where there is a scarcity in healthcare personnel, a health worker can work in both places to meet the healthcare needs of the people.²⁷ Although there may be some compromise and COI along the line, this method of working in two settings at different times of the day or week has served well for most locations and has partially

addressed the scarcity of human resources for health in developing countries.⁴⁵ In countries where the medical law only permits a healthcare staff to work only in either of the two settings, COI in patients' diversion is at the minimum but at the expense of increasing needs of medical personnel in both healthcare settings [28]. An appropriate regulation of private hospital services is required to deter patients from unprofessional treatments, high costs and potential harm from unnecessary exploitation.

Study limitation

Although this is a review article that sourced relevant data and information from different related researches, reporting this study with primary data from a well-established health institution concerning COI among healthcare workers in relation to patients' diversion to private hospital would have been stronger and valid in terms of research hierarchy level.

Conclusion

Conflict of Interest (COI) from the healthcare staff is a source of concern in any healthcare setting due to the consequences it has on delivering efficient services with eventual low performance of the affected hospital. Every health institution deserves public trust and needs to have well-defined institutional COI policies to curb its unwanted effects on service delivery.

The target has been to ensure a fair playground for the hospitals, patients, and hospital staff. For the hospitals, this ensures the maximum number of patients requiring the hospital is made available and are offered the necessary and the best services. For the patients, the aim is to make sure they get the best out of cost-effective public hospital services where it is more accessible and affordable. For the hospital staff, their integrity is protected, and medical ethic is strictly observed because the hospital staffs are prone to utilise the patients for possible financial gain.

The focus for future research should be on the outcomes of implementation of these strategies on resolving COI at the work place after a reasonable period of time with inclusion of clinical, economic and patients' satisfaction outcomes.

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