

Patient's Choices of Healthcare Providers in Anglophone Cameroon: An Understanding of Factors Directing Their Choice

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Abstract:

The purpose: The aim of this research was to understand the criteria used by patients in choosing which types of health centres they go for in Anglophone Cameroon. This study involved the use of a qualitative approach in research.

Methodology: Colaizzi 1978 phenomenological research method and in-depth interviews were conducted with patients to have a thick description of the reasons motivating their choice of hospitals.

Findings: Hospitality, negligence, professionalism, cost, affordability, sanitation of the hospitals influenced patients' choices. All respondents revealed not to have health insurance and therefore rely on various factors before making the choice to go for public or private health institutions.

Implications: This research article can be used by health care managers and providers to have a customer management level understanding of how patients take decisions in terms of health care providers and therefore establish benchmarks to enhance the branding of their institutions.

Keywords: Health Care, Patients, Case study, qualitative study, in-depth interview, factors.

Introduction

Health facilities are places that are equipped with resources that can provide for and meet the demands of different patients. The health facilities include clinics, hospitals, psychiatric centres, laboratories, et cetera. They are equipped with equipment that are necessary to diagnose and treat diseases. These facilities can be publicly or privately owned, Ahmadi-Javid (2017). In Cameroon, the health care system is controlled by the Ministry of Public Health since 1989 by decree N°89/011. The Ministry of Public Health stands to ensure security for the design and implementation of the health policy. As such, it elaborates implementation strategies of the health policy; ensures the organization, the development and the technical control of services of public and private health units, controls the exercise of professions of health professionals, ensures the supervision of corresponding professional bodies and that of public health organizations, elaborates and implements the training plan for staff serving in the Ministry of Public Health, contributes to the permanent training and recycling of personnel of the public health bodies, manages public health establishments, contributes to the promotion of the health cooperation, manages the careers of public agents serving in the Ministry of Public Health, prepares salaries as well as salary accessories of the aforementioned agents, ensures compliance with the national health system mapping and ensures it is up-to-date.

However, Cameroon's healthcare system, consists of several hospitals that include regional hospitals and district healthcare centres which are controlled by a Public Health Delegation. The two major general hospitals in the country are found in Yaoundé and Douala. You will also find obstetrics, paediatrics and gynaecology hospitals, a University Hospital Centre, nine regional hospitals and 143 district healthcare centres in total. The main sources of funding for healthcare are the government, public enterprises, foreign aid donors, private enterprises, households, religious missions, and Non-

Governmental Organizations (NGOs). Cameroon spends around 5.5% of its Gross Domestic Product (GDP) on healthcare, to improve the infrastructure and procure new medical equipment. Some nationals who work in these health care facilities in the cities received their training locally in Cameroon as well as others who did overseas. Sanitation levels in the medical amenities are low, and healthcare facilities outside Yaoundé and Douala, in the rural areas are almost non-existent. Doctors and medical facilities often demand immediate cash payment from patients for health services rendered- like the case of Monique Koumate (2016), and they may require family members or friends to purchase any medical supplies that the patient needs.

Recently, the Government has put in place a healthcare plan for its workers whereby the State pays a percentage of the healthcare cost for civil servants who fall ill. Equally, the Minister of public health Manaouda Malachie, urged medical personnel to make hospitals in Cameroon more caring and welcoming to patients (Journal du Cameroun, 2019). There is also adequate number of pharmacies in major towns. However, in other areas, many drugs are unavailable. The doctor-to-patient ratio in the country is about 1:12,500, which is one of the lowest ratios in the world according to the 2010 World Statistics.

In Private healthcare facilities in Cameroon, however, patients are expected to pay for all medical services used in private medical facilities, and the cost of treatment can be much higher than with equivalent procedures obtained through the public sector. As such, only people who can afford private healthcare are entitled to services from this sector. Generally, the patient and his family members are responsible for the cost of all medical treatments. This often leaves families with huge debts and to bear heavy financial burdens and the consequences can be very severe. The lack of medical professionals is a major problem in Cameroon healthcare.

Equally, what accounts for the insufficient number of health workers includes low salaries, unsatisfactory working conditions, heavy workload, insufficient training capacities, lack of career advancement and promotion and lack of adequate drugs and equipment, these factors have forced some doctors to relocate to other countries to work. Even in large cities, emergency care and hospitalization for major illnesses and surgery are restricted by the lack of trained medical specialists, outdated diagnostic equipment, and poor sanitation. Pacific prime explains that the quality of healthcare in Cameroon is much lower than the standards in most western nations. Moreover, the degree of corruption in Cameroon's public hospitals is severe.

Ecological Theory

The ecological theory is a model used to decipher the factors influencing health and well-being. It is a model that can assist in providing a complete perspective of the factors that affect specific health behaviours, including the social determinants of health.

Ecological models recognize multiple levels of influence on health behaviours, including:

1. Intrapersonal/individual factors, which influence behaviour such as knowledge, attitudes, beliefs, and personality.
2. Interpersonal factors, such as interactions with other people, which can provide social support or create barriers to interpersonal growth that promotes healthy behaviour.
3. Institutional and organizational factors, including the rules, regulations, policies, and informal structures that constrain or promote healthy behaviours.

4. Community factors, such as formal or informal social norms that exist among individuals, groups, or organizations, can limit, or enhance healthy behaviours.
5. Public policy factors, including local, state, and federal policies and laws that regulate or support health actions and practices for disease prevention including early detection, control, and management.

This theoretical framework is related to the present study at various levels. At the level of public policy that regulates the management, control, and detection of diseases. A patient's choice to go for private or public health providers is determined by the management style of the said institutions. Added to that, informal structures among the said health care providers equally have a role to play that is, the culture prevailing in each health institution has the potential to influence. Interpersonal factors can also help patients to make their choices of the type of health institution they are looking for. Patients seem to rely on word of mouth coming from relatives or opinions formers to know where they will go for health care.

Problem Statement

Both the public and private healthcare centres offer medical services to sick persons. However, today, most people tend to prefer one to the other while others still trust in them despite the negative attributes associated with either the public or private healthcare centres, without really giving a clarification for their reasons and motives as regards their preference and choice. We look at the recent case of sick persons, who blocked the entrance to the general hospital in Yaoundé, saying that they were tired of paying for dialysis and say it is supposed to be done for free. Adding that if the government and hospital wants to kill them, they should make it easier for them and not do it by asking a huge amount of money for dialysis treatment. Another is the case of 17-year-old Blieriot Tsanou (2019) a student whom "Journal du Cameroun" said was stabbed by a peer in GBHS Deido and when rushed to the hospital for immediate treatment, the nurses were more interested in taking pictures of him while he was in pain. This caught the attention of Public Health Boss, Manaouda Malachie who on Tuesday, April 2nd, 2019, gave a 3-month suspension to the nurses for demonstrating unprofessionalism in handling the case of the stabbed student at Government Bilingual High School Deido who was brought to the hospital and later died.

The case of Monique Koumate (2016) is one that cannot be omitted. On her, "Cameroon Postline" revealed that she was abandoned by health personnel at The Laquintinie hospital in Douala to die with her unborn twins because her younger sister, Agnes could not afford to pay for the services despite her pleading that her sister be operated upon to save the lives of her unborn babies, to no avail. In desperation, Agnes then splits her sister's womb to save the children, but one had already died, while the other came out alive but also soon passed away. This resulted to the arrest of some of the medical personnel that were on duty that day. Later that same day, we saw angry Cameroonians with placards, denouncing the way the medical personnel treated Agnes and her deceased sister with babies.

However, the access to vital services such as availability and affordability of drugs remains a critical issue. In Africa and Cameroon in particular, there is the absence of certain medical facilities which cause patients to travel out of the country for these facilities and, the right to health, like many other human rights, remain poorly implemented in Cameroon Greve (2008), as cited in Shu (2010).

Scholars like Paul R. Ward (2017), who had conducted a similar study in Australia, discovered that some patients tend to choose between the public and private healthcare centres in terms of "time". They explained that the waiting period for a specialist appointment or surgery in a public hospital

takes way longer time than waiting period in a private hospital. It may be because of reduced government funding in the public hospitals. Also, Sheikha Al-Balushi & Firdouse Rahman Khan (2017) revealed that there is a relationship between the selection of hospitals and services and the cost of the services offered in the hospital. Both found out that the cost of services incurred makes an impact in the selection of hospitals for medical treatment. The study also revealed that in private hospitals, patients could easily approach anyone including the reception staff who are all helpful. Private hospitals are equipped with modern equipment and doctors treat patients in a friendly manner. Equally, Lina-Kaisa Tynkkynen & Karsten Urangbæk (2018) presented that across Europe, public hospitals are most frequently reported as having the best economic performance compared to private hospitals in the sense that the public hospitals tend to treat patients who are slightly older and have a lower socioeconomic status, riskier lifestyle, and higher levels of complications than patients treated in private hospitals.

Methodology

This section presents the description of the research approach used in this study. It provides information concerning the research approach as well as the method that was used to undertake the study. Furthermore, it describes the various stages of the research, which includes the selection of participants, the data collection process, techniques, and the process of data analysis that will be examined to account for people's preference of a kind of healthcare centre and what their reasons are for going either to the private or public healthcare centre. This methodology was equally used to assist us in confirming either of our assumptions, which were- patients are not satisfied with either of the healthcare services delivered in public and private hospitals in Buea or patients are satisfied with either of the healthcare services delivered in the public and private hospitals in Buea.

According to Arianne Teherani (2015), qualitative research is the systematic inquiry into social phenomena in natural settings. That is, it is not limited to how people experience aspects of their lives, how individuals and or groups behave, how organizations function, and how interactions shape relationships, but equally on why events occur, what happens, and what those events mean to the participants studied. In this light, the approach has been chosen because the study has to do with a social phenomenon that is common in our society, yet no concrete reason has yet been given as to what conditions people's decision to go to either the public or private healthcare facilities. Equally, the study is not limited to people's experiences, but extends to why certain events occur, what happened, and what those events meant to them. Therefore, this approach will help us to understand patients' past encounters in either the public or private healthcare centre, what occurred, and to understand whether this past occurrence has something to do with their present choice of hospital.

Martyn Shuttleworth (2008) reveals that qualitative research is often more practicable when budgets are small and sample sizes are restricted. That is, if many participants cannot be secured for a quantitative study, the few available participants can be better studied with in-depth interviews. As is the case with our study, since as the limited budget does not permit travelling to all the hospitals or healthcare centres in Cameroon, the few ones in Buea will be used as our participants to give an in-depth explanation of their motives as regard to their choice for not going to either the private or public healthcare centre in preference for the other.

Joyce C. Thomas (2016) makes us to understand that qualitative research methods originated from various sciences like sociology, anthropology, and psychology and can deliver excellent results. The method is specifically designed to uncover a target audience's behaviour and its connection to a particular topic or issue. Its results are not predictive, but descriptive. This is the reason why qualitative research should be used for the study, in the sense that by observation, recording and

interpretation of non - verbal cues from the patient, explains an integral role during interviews and discussions since the researcher will be able to get the perceptions, views, opinions and ideas of people who are or have once been to either a public or private healthcare facility. This will help achieve the main objective of the researcher's work, which is to be able to document the reasons why patients go to either a public or private healthcare Centre for medical check-up and treatments.

The strength of the case study design lies in the fact that it allows for the careful in-depth examination of the phenomenon, using various kinds of evidence that will be obtained from the interview with patients at both public and private owned healthcare facilities in Buea, Yin (2003) explained. In addition, the case study method is being used because the study focuses more at describing and explaining people's reasons for going to the hospital, as well as what accounts for their preference of either type of healthcare facilities, rather than just predicting, and the variable studied is not easily unidentifiable or embedded in the phenomenon to be extracted for study, Merriam (1988). In addition, case study according to Yin (2002), allows for empirical inquiry of the phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clear. In the sense that, some people in Buea must have gone to some of the numerous healthcare facilities in the Buea Municipality and as such, they can better explain their reasons for and what consideration they made or underwent before deciding to go to a healthcare provider to remedy their imbalanced health status. Equally, Creswell (2007), sees case study as a qualitative approach in which the investigator explores a bounded case or multiple-bounded cases over time, through detailed, in-depth data collection involving multiple sources of information, and reports a case description and case-bound theme. This means a thorough collection of patient's description of the type of treatment they received from a healthcare centre and equally their main reasons for going there. We would see that the case study is a reliable design to use to determine or be able to account for some of the criteria people validate before deciding on their choice of a healthcare service provider.

For this study, in-depth interviews were used to collect the data. An in-depth interview, also known as an intensive interview, is the preferred method of data collection used by qualitative researchers. This method of data collection is important because participants are placed at the centre of the study and therefore the research process starts with them. It implies that only the informants can give us an objective understanding of the subjective reality of the social world in which they live. This process is rendered possible by verbal communication taking place between the researcher and the informants. It is a conversational approach engaging both the researcher and the interviewee and which is characterized by an active listening skill. Both actors are therefore providing for a complementary relationship where they are now act as collaborators.

Backed up by Creswell (2013), he states that a sample size that falls between the range of 5 to 25 participants or exceeds this limit, is regarded as a valid study, and is encouraged to move forward to analyse the data collected from the field. Following this, 17 informants were selected and interviewed in both the private and public healthcare facilities in the Buea municipality: The Buea Regional Hospital, Mount Mary Hospital, Chuwanga Clinic, 7th Day Adventist Hospital, Solidarity Clinic, Access Care, Health unit /PMT in Buea, and the Bokwango Health centre. Informants included breast feeding mothers, patients suffering from accidents and those suffering from chronic diseases like malaria, typhoid etc...

Colaizzi's (1978) distinctive seven-step process provided a rigorous analysis, with each step staying close to the data. It was used to do a thematic analysis of the data collected.

Ethical considerations

Before the data collection process started, an authorization letter was obtained from the directors of the various health organizations. After that, the researcher had a discussion with each informant before conducting the interview. The discussion was to inform the informants about the purpose of the study and assure them their confidentiality and anonymity will be kept. After that doing the interview, a copy of the transcribed interview was sent to each informant as a measure to ensure that what was collected was exactly what they shared. This technic is considered as member checking where participants' views of the credibility of the findings and interpretation is solicited (Creswell, 2007). Furthermore, the researchers did not share any personal experiences with the participants during the focus group discussions. This sharing would have minimized the "bracketing" that is essential to construct the meaning of participants in the study (Creswell, 2007).

Data Analysis

Several common themes emerged from the transcripts with similarities and differences in the answers we received from informants. They include (1) hospitality, (2) trust, (3) Cost (4) Negligence, (5) professionalism

Hospitality

Interactions with patients were able to inform the study that patients' decision to go for a private or public health centre was functional of various factors. One of the first factor was hospitality. Hospitality is the act of receiving, welcoming and taking good care of someone, and as such the patients explains how staff at the Chuwanga Clinic treatment her with a lot of care by arranging, fixing her bed, and equally assisting her to move, which makes her to prefer them to other hospitals because of the attention and care that is showered on her in this healthcare facility.

I1 "I have gone to public hospital and what they did was just to carry a wheelchair to take me into the hospital and no care was given to me because they know whether they do or not, it does not affect their salary. But here at Chuwanga, they give my drugs in time and treat me like family."

Other patients justify their choices of private health care providers by the fact that according to them, nurses are too distant from the patients, and they do not relate well with patients and treat them as on would treat a virus." **I2** "They need to improve on the care for patients especially in a government hospital. The nurses they have to care for the patients. You know they are the ones that make a hospital, not the doctors." **I5** "I have been coming only to a private hospital for as long as I can remember, and I have noticed no bad thing about their hospitals. While on the good things, nurses, and doctors at the Mount Mary Hospital (private hospital) show and treat me with a lot of concern and are very caring. While for a public hospital, I cannot tell because I have never been to one before, and don't have intentions of going there".

I12 "In private hospitals like the one I'm in, they are caring, loving and have concern towards me but if it were in a general or public hospital, for me, some of the doctors and nurses don't like to attend to patients."

I9 "Yes, because of the experience that I have experienced. Because they are caring while I just like the public hospital because there is one problem with the nurses of the general hospital, they ignore people, they do not have time for their patients. Like I have been here since 12:30 and I have not been allowed to enter and even when I call them to ask where to consult, they just pass and ignore you."

Service Cost /Affordability

Patients confirm that one of the main factors leading their decision concerning the choice of the hospitals where they will be is the cost of the services. They felt that private health care providers were more expensive and therefore was only affordable to a given type of patients.

I7” Well the major difference between a public and private hospital is that it differs in the fee since, it is a public hospital it is cheaper than a private hospital to me. When it’s a private hospital it’s like it’s an individual who owns it so it’s more expensive than a public hospital.” **I3** “private hospitals are awfully expensive. To carry out tests in a private hospital and others requires a lot of money but for the public hospital they make it affordable for each patient, even drugs, if you want to get drugs in a private hospital the charges are really high and if you can’t afford it that’s what makes it a problem but in public hospitals it’s at least affordable for everybody.”

Clean Physical Environment

The cleanliness of the hospital and its surrounding also plays a vital role in influencing patients’ choices. Consequently, they feel more comfortable receiving their treatment in private health centres.

I12” Equally, the general hospital is too dirty, which will irritate me not to take my drugs. But here, it is like I am in my house because the place is clean. I have had no positive experience in a general hospital.” **I8**” The private hospital is much cleaner than a public hospital. I do not know which controls its staff more. All receive the same training, but some have their own ways to deal with people.” **I10**” While in terms of cleanliness, the general hospital is much cleaner than a private hospital. That is, here you first sanitise your hands and wash them before coming into the hospital and putting on your face mask. And the general hospital controls its staff more than how private hospitals do with their own. While in term of staff, general has more because I have experienced it.” **I7**” Yes, the private hospital is cleaner than the public hospital. In the public hospital, people throw dirt anyhow and even the workers there don’t work well”.

Negligence

Another important theme emerging from the significant statements made by patients was that the personnel of the public health institution were negligent towards patients. According to them health personnel of private health institutions did everything for their patients to feel comfortable within their premises.

I4 “Because if I had gone to a general hospital, they wouldn't take care of me as they did here just the first day, I came in. That is, they are the ones who arranged and dressed my bed for me and took me from the down to upstairs. Because if I had gone to a general hospital, Heaven bears me witness, I would have died.” The informant **I4** continued by saying that” I have gone to public hospital once and what they did was just to carry a wheelchair and took me into the hospital and no care was given to me because they know it would not affect their salary”. **I12** “For the public hospital I cannot really say because for a public hospital like the General Hospital Buea, it’s different because actually the nurses there don’t really care about their patients. Some of the nurses there neglect their patients that is why you see there was a period where the patients that were admitted in the General Hospital kept on dying like in a week you will hear that four persons have died because of negligence and because the doctors are not there at times to check on their patience.”

Professionalism

According to patients, the personnel in public health institutions are not professional. They do not treat patient with the required care they need.

I7“In public institution, the people are first so many, they attend to so many people a day, so they are not really welcoming, they are very rude, when you ask a question they just shout, or they start yelling everywhere. The doctors, there is no time, there is not really time, even when it's an emergency, like you really need an assistance at that moment cause you are really not fine, they will just tell you to go and sit somewhere and wait for the doctors to come or there are no doctors, at times they even go on break even despite the fact that patients are there, they are very uncomfortable, they will really tell them that they have to go on break and there is nothing they can do about it, that kind of thing for me is something I noticed and it was not a good experience.” I3 “ I will take the person to a private hospital because I know they will treat him instantly, that is they will immediately attend to that person, they will even leave another person whose case is not really not urgent but for the public they will say this person came before you, so you will wait, when you will even try to complain that this elder is dying, they will say there is nothing they can do, he has to wait like others, sometimes they will even tell you he should not come and die here, those kinds of words. ”

Conclusion

The questions that directed this study was to find out what accounts for people's preference for a public or private-owned facility in our healthcare centre. The researcher's aim was to capture the perceptions of patients in relation to their choice of private and public healthcare facilities. That is patient's preference of either of the healthcare centres and the reasons why they go either to public or private healthcare centres. These findings turn to reflect the Ecological Theory which suggested that patient choice for private or public health institutions is based a composition of many factors. And this is manifested in the study where patient's tendency to choose either a public or private healthcare facilities depends on a series of interpersonal, intrapersonal, institutional, and public policy factors.

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