Factors Impeding Patient-Centred Care: A Perspective of Health Care Professionals of Islamabad

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Abstract

This research aims to study how Health Care Professionals perceive Patient-Centered Care and to explore the challenges that prevent them from delivering high-quality care to the patients. Through a qualitative exploratory approach, the qualitative data collection tools will be utilized for data collection from the participants of the PAF Hospital Unit 2/ E-9 and Medicsi Hospital F-7. Semi-structured and In-depth interviews were conducted from a total sample size of 15 respondents that encompass the 3-tier of health care providers; 3 respondents from the leadership, 5 doctors, 3 Medical graduates and 4 nurses. The respondents gave their perspective of the challenges and problems they face if they adopt a patient-centred approach. Prior enlisting the difficulties, all the respondents gave an account of their own perception of PCC— factors and characteristics they think must be an integral part of the approach. The respondents explained the general health care issues in Pakistan and narrowed it down to be more specific and talked about the problems they face in their hospital. The major challenges included patient load and doctor's burnout, the cost of treatment and lack of education and resources for such services and that is what a hindrance becomes for them. The doctors gave their input on the social element of it as well —saying that patient centeredness is an equal responsibility of the patient as much as it is for the doctor. The patient him or herself should also take part in the prognosis, give his input and be open to communication and not leave everything on the doctor completely. It is a two-way process and the best results can be achieved if both work as a team. The comparative analysis of the developed world with a third world country like Pakistan gave us an insight into what we lack and where we go wrong. Lastly, they talk about the social dilemma of how the health industry has been commercialized and its effects on the care received by the patients.

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List of Abbreviations

PCC	**Patient-Centered Care**
HCP	**Health Care Professionals**
WCC	**Women-Centered Care**
PCMC	**Patient-Centered Maternity Care**
RCM	**Royal College of Midwives**
IOM	**Institute of Medicine**
BHU	**Basic Health Unit**
PIMS	**Pakistan Institute of Medical Sciences**
PAF	**Pakistan Air Force**
ED	**Executive Director**
PA	**Personal Assistant**

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Chapter 1
Introduction

1.1 Background

Margret Mead (Anthropologist) was asked about the first sign of human civilization in culture, people were curious to know what kind of arti-craft by the primitive humans was found, but mead answered "*A healed femur".* She explained that the first anthropological sign of human civilization was a thighbone of a man that had been broken and then healed. In the animal kingdom, a broken leg meant death— you could not run from danger or get to the river for water and scavenge for food. You would eventually become prey for the predators- meat for the beasts. No animal has survived with a broken leg long enough to be healed. A broken femur that has healed attests that someone has cared to stay, carried the person to a safe place, secured the wound, and tended the person through recovery. Helping someone else in distress and caring for others is where civilization starts.

The process of caring in civilizations has thus never ceased. It has evolved over centuries from ancient Egyptian and Chinese medicine to Greek and Roman medicine, influenced by religion and from there to the current modern medicine which is believed to be the most advance in science and health care quality.

Patient-centred care or patient-centredness is a comparatively new approach in the modern Health care systems. It concerns an individual's health care rights and holds it to be an integral part of quality health care delivery services, and has become a dogma in the discourse regarding patients health care. This conceptualization is transcending to become a global affair, regardless of the considerable economic differences between nations and between citizens within these nations, the discursive movement of Patient-Centered Care (PCC) has not confined itself to a particular state only. The person-centred care movement aims to change the position and power of care seekers in the current healthcare system. However, the definition of patient-centredness is still a subject of debate. The conceptually overlapping definitions have the same objective; The patient should be active and involved in all aspects of his or her own care, advocating the idea of "Nothing about

me without me" that reflects the need to include patients in all decisions about their care (Zelmer, 2019) to ensure their access to the kind of care that works best for them. The concept of patient-centred care is a multifaceted construct. Patient-centeredness is one of the six domains of quality by the Institute of Medicine (IOM, 2001). The "quality chasm report-2001" also includes safety, efficiency effectiveness, equity, and timeliness (Wakefield, 2008). While (Gerteis & Daley, 1993), in their publication, "Understanding and promoting patient-centred care — Through the patient's eyes," Suggests a set of 7 dimensions of patient-centred care, encompassing all aspects such as respect for patient's values and personal preferences, expressed needs, coordination, and integration of care; correct information, and effective communication, physical comfort, emotional support; involvement of family/friends and transition and continuity.

Health Quality and Patient-Centered Care

In terms of how drastically the world health care system has improved is phenomenal, health systems have now reached a crucial stage. Despite the unprecedented progress in modern medicine over the decades, people today are not necessarily healthier in mind and body. Neither are they more content with the health care they receive. Access to health care, patient safety, quality, and care responsiveness are essential human needs, but still a critical global issue (WHO, 2007). Health and well-being are directly linked in a nexus of physical, economic, social, cultural, and environmental factors, and it must be understood from a broader perspective with all stakeholders involved. The core value of health care, "Health for All" (Alma Declaration, 2004) articulates the need to acknowledge the patient as a person and entails a more holistic and person-centred approach to health care, where individual's seeking care is viewed and respected as a person with multidimensional needs. According to the International Alliance of Patients' Organizations, a research on the perceptions of health care quality revealed that more than half of the patients are not satisfied with current health provisions, suggesting a balance of the rights and needs of the stakeholders, which are progressively important for the patient's satisfaction. The World Health Report (2000) also addressed people's non-medical expectations such as respect, support, and confidentiality for the patients. These are crucial strands that are clearly at a distance from the biomedicinal approach, where factors such as psychosocial, cultural, and environmental determinants of health are ignored. Health systems and services have become excessively biomedical-oriented, disease-focused, technology-Driven, and doctor-dominated (WHO, 2007).

Therefore, there is a need to enhance the doctor-patient relationship. To establish this balance, it is necessary to adopt a Patient-centered approach, which propagates a higher patient satisfaction rate.

Health Care Services in Pakistan

Quality in healthcare has become a buzzword and a focal topic for debate around the world for decades with significant contributions by the developed nations. It has been recognized as one of the fundamentals of healthcare, while in developing countries such as Pakistan healthcare setups are still endeavouring to provide access to all, the contributions by the private hospitals in this struggle are convincing, but the public sector has some major shortcomings. Healthcare in Pakistan is based on the British system established in British India; it is comprised of primary level, secondary care, and tertiary care centers that have evolved over time. The network of multiple primary and secondary care centres is spread across the country in every region mainly under the public sector either as dispensaries, basic health units (BHUs), sub-health centres, maternity, and child health centres. But in the tertiary sector, both public and private health work in harmony catering to the patients in the urban parts of the country. As quoted by the Pakistan Social and Living standards Measurement (PSLM, 2018) survey, 67.4% of households consult private health consultants in Pakistan. The private health service providers in Pakistan comprise of paramedical staff, doctors, nurses, pharmacists, traditional healers, homoeopathic doctors, Hakeem or quacks (Faran Khalid & Ahmed Nadeem Abbasi, 2018). Currently, there are 114 Medical Colleges recognized by PMDC in Pakistan, 44 public and 70 private institutes which take 15,000 students every year, but the point of concern is, is the curriculum for these young doctors all-inclusive pertaining to both bio-medical and bio-psychosocial approaches that incorporate ethical values or behavioral sciences that help them to deal with patients in a more Patient-centered way.

1.2 Problem

Patient-centred care is still a very new concept for health care professionals in Pakistan. Due to a lack of consensus on one standard definition for PCC, the variations in patient-centred care models and approaches have contributed to ambiguity in how it is perceived and defined. This disorientation impedes the objective of providing quality health care to patients. When the HCP implements PCC (with their particular understanding of the concept), they are faced with

challenges that can be categorized as cultural, social, structural, and economical, which prove to be a hindrance in the delivery of quality health care, and prevents the patients from the satisfaction.

1.3 Statement of the Problem

The Patient-centered care initiative is globally being incorporated in almost all areas of health such as mental health, public health, chronic care, and maternity services. Health care services worldwide are integrating PCC in their service policies as it helps reach the goal of patient satisfaction. PCC is the right of every patient as it ensures his understanding of his own problem/condition and to be equally involved in the decision-making process per his values, needs, and preferences. This significant patient-doctor relation reduces referrals and thus the medical cost; improves patient satisfaction and the organization's reputation.

However, PCC exists more in theory and less in practice. Little is known about its procedures, methodology, and challenges in implementation, especially in developing countries like Pakistan. PCC has become the main aim for the nation's health system in the developed world, but Pakistan seems to be at a distance.

Patient-centred care can be achieved through small steps and efforts by the caregiving organizations and policymakers. Training sessions, education, and awareness regarding the subject must be given to the Health care professionals. The HCP should be frequently asked about their input and experience; the challenges that impede the practice of PCC and prevents patients from availing quality care, in order to overcome these hindrances.

1.4 Search Questions

- How do Health Care professionals perceive patient-centred care?
- How does the Implementation of PCC create challenges for Health care professionals?
- What the different types are of challenges (cultural, social, structural, technical, or economic) challenges for HCP in Patient-centered care?

1.5 Objectives of the Study

- To determine the perception of PCC among the HCP.
- To explore the different challenges that prevent the implementation of PCC.
- To document the recommendation from HCP for better implementation, improvement, and advancement of quality health care.

1.6 The Rationale of the Study

Patient-centred care is ubiquitous in the discourse of quality healthcare services, yet, the true understanding about how healthcare workers, charged with the practical implementation of the concept of patient-centered care conceptualize what they are executing. In addition, variations in patient-centered care models and approaches have contributed to ambiguity in how PCC is perceived and defined. This qualitative study will help the Health care providers to voice the challenges and difficulties they face during the process of providing quality care and adds insight to the existing health communication research on PCC.

Currently, there is a lack of research on hospital employee perceptions of PCC. Sensing a gap in the available literature, this study examines challenges for Health Care Providers in Patient-centered Care and examines the factors that impede its implementation. The purpose of this study is threefold: to assess the perception of PCC among the HCP working in the Hospitals, to determine different challenges that prove to be barriers to PCC, and to document the recommendation from HCP for better execution, improvement, and advancement of quality health care.

Since very few studies have made this attempt, this research will help the Public health department in policymaking, encourage the students of Public Health and Development, Medical Anthropology, and Social Sciences to further extend the research and fill in the gaps for future prospects. Hospitals can also be the beneficiaries of this study by being better positioned to assess what they currently lack and improve their services.

1.7 Research Methodology

The qualitative exploratory approach is utilized as a methodology to link the humanities and social sciences with the health sciences and conduct this research; the qualitative tools will be used for data collection and analysis. The thesis is conducted at two private (high-end) hospitals catering mostly to the upper class of the society who have the resource to afford quality care.

Following techniques were employed:

In-depth, semi-structured interviews and formal discussions with 15 Health care professionals were recorded. Responses were transcribed and translated and divided according to key themes. The Exploratory qualitative research methodology was used to probe and meet the aims of this study. The main methods used for data collection from the doctors and nurses were In-depth interviews (IDIs) and semi-structured interviews consisting of more open-ended questions that allowed discussion with the respondents rather than asking a set of structured questions. Formal discussions with the leaders were also an integral part of the research.

1.7.1 Key Informant

Key informants are expert individuals in their particular fields. In this study, two key informants, one from each hospital assisted me and introduced me to the relevant respondents. Dr. Usman, Manager of medical staff affairs at PAF Hospital and Ms. Yasmeen, Human Resource Manager at Medicsi Hospital, Islamabad. My key informants were briefed about the requirements before conducting the study so that they were well aware of the research objectives and helped accordingly. In addition, the key informant helped in building rapport with the research participants and respondents by introducing me and praising my efforts in the field of medical research.

1.7.2 Rapport Building

Rapport building is a crucial part of the research for more authentic and reliable research. Through rapport building, a connection and trust was built between me and the research participants. Due to this activity, the research participants are more open about their views and experience and were not hesitant, providing reliable data. The key informant played a vital role in building the

connection between us, as they were already aware of their staff and introduced me to the people who were the most relevant to my study.

1.7.3 Sampling

The purposive non-probability sampling technique was utilized to collect data for this research also known as selective or judgmental sampling. Purposive sampling is a non-random sampling technique where respondents are chosen by the researcher based on the purpose of the research. It is utilized when researchers need to access a specific set of people, as all participants who fit the criteria are selected for the survey. The criteria for inclusion in the research is: Health care professionals, this includes doctors, nurses, and leaders who are currently working at the particular hospital mentioned as locale of the study.

The sample size for this study was; 15 respondents that encompass the 3-tier of Health care providers, including doctors, nurses, and administrative leadership. 3 respondents from the leadership, 5 doctors, 2 Medical graduates and 4 nurses.

1.7.4 In-depth Interview guide

Extensive individual In-depth interviews were conducted from the required number of respondents to explore their perspectives on patient-centred care and its challenges. Three different Interview guides encompassing the topics and questions were for semi-structured and in-depth interviews for the three different strata of the study. The interview guide has been attached as an annexure for the study.

1.7.5 Audio - Methods

Interviews were audio-recorded with each participant’s consent for the safekeeping of data and as evidence. It is a common tool used by the researcher to avoid subjectivity.

1.7.6 Jotting and Dairy/notes

A designated notepad was carried by the researcher on the field from day one to jot down all the observations and important points for all the interviews as it is a crucial part of the research to remember the context and observation for analysis.

1.7.7 Ethical Considerations

The synopsis for the research was approved by the board at Bahria University and an approval was given to conduct this thesis.

Consent was obtained from all individual participants included in this research, the consent form has been attached in the document as an annexure. Pseudo names where used to hide the identity and maintain the confidentiality of the respondents.

1.7.8 Data Analysis

The interviews covered several topics around the topic, but two central questions guided the analysis of this study:
"What is your perception and understanding of PCC?" and "What are some of the different types of challenges you think you face in the implementation of PPC?" The interview guide was designed flexibly and was open to different opinions based on the individual participants' background and context.

1.8 Locale

The research will be conducted at two tertiary care hospitals of Islamabad, located in two different sectors, but catering to the same class of clients:

- PAF Hospital E-9, Islamabad
- Medicsi Hospital F-7, Islamabad

1.9 Limitations of the study

Some challenges that I encountered in the field visits made research difficult for me and eventually become the limitations of the study. Several visits to PIMS to get permission consumed most of my productive period, the research had to be done alongside the courses for the semesters which made it difficult to manage the time, I had to plan my interviews according to the schedule of my classes in order to avoid any clashes.

The research was conducted in fall of 2021, during the 4th wave of corona virus (Covid'19) that restricted extra movement especially in the hospitals, this situation delayed my interview's a couple of times. Lastly, the research was not funded and I had to make all the arrangements from my monthly allowance and that constrained my own daily expenses.

Chapter 2

Literature Review and Theoretical Framework

The literature review is arranged on two broader themes; the universal understanding of patient care and the challenges the health workers feel they face which make their task difficult for them. The themes incorporate different factors including social, political, and economical factors.

2.1 Review of Literature

The conceptualization of patient-centered care brought a revolution to the caregiving industry. It has shifted the perspective of patients and health care providers from an entirely dependent bio-medical model to a more patient-centered model which involves the patient in the healing process. The patient should be active and engaged in all aspects of his or her own care, advocating the idea of "Nothing about me without me" that reflects the need to include patients in all decisions about their care (Zelmer, 2019) to ensure that they get what works best for them. The Picker Institute, in its publications concerning patient-centered care, suggests a set of 7 dimensions of patient-centered care, encompassing all aspects such as respect for patient's values and personal preferences, expressed needs, coordinated and integrated care; correct information, and effective communication, physical comfort, emotional support; involvement of family/friends and transition, regularity and sustainability. This interactive-participative approach of treatment has become a predominant value in healthcare because it increases the social, cultural, and psychological sensitivities of human interaction for medical purposes (Hughes et al., 2008).

The discourse of Patient-centered Care has been divided into three main themes for this study: caring for patients, empowering patients, and being responsive.

Empowering the Patients

To empower the patient, the caregiver must facilitate, give sincere advice, and guide patients in decision-making — to actuate the will to take a stand and make the right decisions. To be responsive, accepting of their values, morals, and preferences in medical encounters, the communication techniques, and involvement in decision-making to share responsibilities and compliance all of these and encourage the patient to bring up his needs and expectations to the physician and communicate effectively, understanding the patient through psychosocial context;

reaching a shared understanding for a good diagnosis. The expected outcome for the patient feeling acquainted, respected, involved, engaged, and knowledgeable is often desirable as it may mitigate a patient's stress associated with illness and uncertainty. (Epstein & Street, 2011). Generally, patients are presumed to have a ''compromised physiological state'' and a ''threatened identity'' because they often feel a lack of control over themselves and what will happen to them to feel alienated. (Hobbs, 2009) For that reason, healthcare professionals need to reduce suffering and alleviate vulnerabilities through caring, empowering, and responsiveness.

Caring for Patients

Caring for the patient stresses the significance of validating the patient's experience of illness, which translates to healthcare workers encouraging patients to communicate their doubts, concerns, and feelings of loss and anguish. Acknowledgement of one's struggles with an illness often makes the patient feel ''relieved" (Hudon et al., 2012)**.** The concept that originated the idea of patient-centeredness explains it as a process of caring. Healthcare professionals are suggested to adopt the biopsychosocial model, which recommends understanding a person's medical condition is not only limited to the consideration of the biological factors but also the psychological and social factors. The healthcare professional must see patients as individuals within their unique social setting as (Tanenbaum, 2015) summarizes this idea of caring as something done for whole persons instead of their parts**.** Furthermore (Hudon et al., 2012) claims that understanding PCC involves comprehension of the patient's life in the context (e.g., family, work, religion, culture, and the available social support system their life history and development issues. In this context, the patient's perspective can be elicited by utilizing the ''FIFE-model presented by (Wayne Weston, 1989); for instance, healthcare professionals can know the patient's feelings about their problems, how they perceive the condition, the effect of the illness on functionality, and the anticipated treatment from the doctor. Describing the link between illness experience and social context (Stewart, 1995), said understanding a person's sickness experience and in his social context improves diagnosis and better treatment determination (Hudon et al., 2012). Patient-centeredness as ''caring for patients'' is thus often promoted by heavily censuring the biomedical model: it is argued that the exploratory perspective on illness needs to be extended to include psychosocial aspects (Bensing, 2000; Mead & Bower, 2000)**.** Patients are always on the 'recipients end of medical decisions and prescriptions by their doctor without their involvement in decision-

making, which is described as a ‘‘Compliance-Oriented Approach’ ’Therefore, healthcare professionals need to provide patients with relevant information that makes them able to conform to the healthcare professional’s decisions (Henwood et al., 2003).

Responsiveness

Responsiveness is considered as a crucial element in a conversation during a medical encounter, the patient’s preferences in terms of the communication methodology (e.g., a friendly discussion or a more straightforward approach), the degree of involvement of a patient in decision-making about how much charge he can deal with, implying that if a patient prefers the biomedical model over the biopsychosocial model, a medical encounter can still be considered patient-centered as a matter of personal preference (Bergman & Connaughton, 2013) argues that the healthcare professional’s compassion to communication preferences can be crucial to whether patients perceive an meeting as patient-centered or otherwise.

With social changes in medicine, the operational definition of patient-centered care is changing; confusion about what patient-centered care means in its actual sense leads to superficial and unconvincing efforts. Hospitals are often seen adopting models used by boutique hotels with the posh environments and the latest gadgetry and accredit themselves as patient-centered. Although such pleasantness might enhance the patient’s experience, they do not certainly achieve the PCC goals. Patient-centered care has often emphasized the implementation of infrastructural changes such as e-health records and advanced admittance scheduling or a real-time response to improve the operations and facilitate. Still, they should not be conflated with achieving patient-centered care.

Quality

Quality is accredited as the degree of excellence of something. It encompasses factors such as; safety —a fundamental quality of healthcare, effectiveness, and equity. In every step of providing healthcare, it must be ensured that it is harmless for the patient under any circumstances, providing a safe surroundings. In 2005, the World Health Organization’s (WHO) World Alliance for Patient Safety established the Patients for Patient Safety program to improve patient safety around the world in association with patient activists across the world. As a global initiative, 'Patients for

Patient Safety ‘believes that safety will be heightened if patients are placed at the center of care and included as full partners (WHO, 2007).

According to the Institute of Medicine (IOM), Person-Centered care is defined as the provision of quality are that is deferential and responsive to individual preferences, needs, and values; guaranteeing that their preference guides all clinical decisions. It requires a solid doctor-patient relationship that is built on the basis of communication. To understand the individual’s values and preferences, listen and respond to patients' views and reasons, and provide clear and straightforward information regarding care in return. Helping patients can be through the most advanced and widely accepted guidelines. Either in terms of clinical assistance, time or cost, it must be efficient and effective. And lastly, Equity: Discrimination on the basis of persons' characteristics such as caste, creed, gender, race, religion, geographic location, and socioeconomic status is unacceptable. In order to achieve sustainable quality in healthcare, it is imperative to work on all the dimensions mentioned above of quality; guidance can be acquired from international forums such as NICE guidelines, IHI (Faran Khalid & Ahmed Nadeem Abbasi, 2018), and others

The challenges faced by Health care providers in Patient-centered care

Patient-centered care is now ubiquitous in health services research, and healthcare systems are moving ahead with patient-centered care implementation. Yet, little is known about how healthcare employees charged with implementing patient-centered care conceptualize what they are executing. (Fix et al., 2018). The fundamental problem that arises to hamper PCC implementation is a lack of transparency —no one knows what patient-centered care really is because there is no common definition and standard. The other major issue is that patients do not necessarily understand the medical implication, thus cannot always be right; therefore, and respecting their autonomy does not mean the Healthcare providers must totally accept their behavior and actions.

Perceiving that healthcare-seeking behavior is restricted by a range of cultural and structural factors, particularly gender-related cultural norms and factors such as poor health-seeking behavior (Mumtaz et al., 2014).

Communication (language and cultural barrier)

Communication is the process through which humans interact in societies. Communication is an interactive process or an encounter involving two or more people that can occur in a verbal or non-verbal form. Effective communication is believed to happen when both parties successfully convey their intent in a message and reach a common understanding.(Fleischer et al., 2009), the terms communication and interaction are often used interchangeably in health care literature, and communication failures between doctors and patients are the primary cause of common errors and adversative events in health care. Communication is a momentous for patient satisfaction and criticisms about care. PCC includes four communication domains: the patient's perspective, the psychosocial context, shared understanding, and sharing power and responsibility (Epstein et al., 2005). According to (Fiscella & Epstein, 2008), it has been found that fewer diagnostic tests and referrals are required by patients who perceived their visit as patient-centered, the visits characterized as "patient-centered communication" also have the lowermost expenditures for diagnostic testing, these patient and physician factors may all contribute to a decreased need for further diagnostics and consultations making PCC very cost-effective.

Patient-centered care is demarcated as care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient's value guides all clinical decisions. However, suppose the communication process between the doctor and the patient is hindered due to communication barriers such as language, education levels, openness, and acceptability. In that case, it impedes the goal of providing quality care, leaving the patients disappointed. The patients' self-awareness about their own roles and responsibilities, such as actively seeking information and asking questions to increase their understanding of their illnesses, can lead to their high satisfaction levels (Azizam & Shamsuddin, 2015). The disparity between high patient satisfaction with care and poor understanding and participation in care is greatest for those with low literacy, poor fluency in the language of communication, cognitive impairment, and the socially disadvantaged. Healthcare organizations that are patient-centered engage patients as partners and hold human interactions as pillars of their service. Ongoing sharing of useful information in an ongoing manner, and supports and encourages the participation of patients and their families. (ACSQHC, 2011). The effect of communication on health outcomes most often will be indirect. It is important to understand which of these proximal outcomes of patient-centered care—feeling understood,

trust, or motivation for change might contribute most strongly to improved adherence and self-care. (Epstein & Street, 2011).

Patient Sex

Patient and physician gender can affect the process of medical care and its outcomes (Bertakis & Azari, 2007). Patient sex also affects the doctor-patient medical encounter, as has been illustrated in several studies. Female patients have a higher probability to ask questions, get more information satisfying their concerns, and receive more guidance and to take preventive measures and services, and visit the doctor more frequently than male patients. Findings suggested that women who have interactions are characterized by more outstanding patient-centered communication with medical care service utilization and make more medical visits as compared to male patients (Bertakis, 2009).

Technical

The increasing patient load makes immaculate record keeping a difficult task, lack of technical assistance such as computerized health records, up-to-date machinery, or technological glitches impediments the objectives of quality and efficiency.

Limited Capacities and Resources

Low staffing levels increase the pressure on inexperienced staff to lead some newly recruited staff to feel unsupported, stressed, and disappointed, leading to staff retention problems. Insufficient numbers of experienced HCP means the new staff lack support. (Smith & Dixon,.) There is a lack of supervision for trainees and inadequate senior support. Low staffing levels in hospitals can have a threatening effect in the community as midwives are pulled in to cover the labor ward. Staff shortages mean the provision of quality care is more difficult, especially for high-risk women in labor.

Inadequate Training and Education

Lack of highly trained nurses' means newly qualified, and trainees are less likely to recognize abnormal situations. And often, changes in medical training and practices mean junior doctors have less experience (Smith & Dixon.) . Continuous reminder through training helps to keep the staff in line with the objective of patient care.

Time

The average consultation in general practice lasts 7–8 minutes. In a hospital, it is often not much longer. According to Gask and Usherwood (Gask & Usherwood 2002**),** the main tasks in a medical consultation are building a relationship, collecting data, and agreeing on a management plan (Dunn, 2003)**.** The most significant barrier in PCC is the time-limited approach. The doctor has to do it all in a specific period in order to cater to the demand of all the patients that are visiting. He/she does not have the liberty to spend enough time with a patient to fulfil the PCC criteria of understanding the patient's problem in his/her context. Every doctor wishes to assist the patients in the best possible manner as it accords with underlying motives for becoming an altruist doctor. However, the pressures of work may make the paternalistic approach seem more attractive at times.

Cost

Health care organizations are being challenged to provide quality medical care while managing costs. A patient-centered approach is increasingly being considered a paradigm for high-quality inter-personal care. There is still a lack of consistent research evidence linking patient-centered care to improved patient outcomes, but it has been demonstrated that a practice style emphasizing patient care is associated with significantly lower primary care charges and lower annual medical charges due to improved referral. (Fiscella & Epstein, 2008) .

2.2 Theoretical Framework

The theory applied in this research is given by Author Kleinman, a renowned American psychiatrist and psychiatric anthropologist. Kleinman's Explanatory model (Hodsdon, 2021) of illness came to light in the field of medical anthropology in the early 1970s, which advocates that care providers ask their patients questions and gain insight into the patient's perception. Exploring what is most important to clients can help build a trusting relationship between clients and caregivers. Explanatory Model of illness through a set of targeted questions, used as tools to facilitate cross-cultural communication, ensuring patient understanding, and identifying areas of conflict that will need to be negotiated. This principle of understanding people's illness as they understand themselves, keeping their cultural, social context, and spirituality, and personal perceptions in mind. It gives the physician knowledge of the beliefs regarding his illness, the

emotional and social meaning he attaches to his problem, his expectations about what will happen to him and what the doctor will do, and his own therapeutic goals. In a study (Mead & Bower, 2000) has worked further on this concept and has described Patient-centered care as encompassing five conceptual dimensions: the biopsychosocial perspective; sharing power, patient-as-person, and responsibility; therapeutic alliance, and doctor-as-person. Institute of Medicine (IOM, 2001). In its "Quality chasm report-2001" includes patient-centered care as one of the six domains of quality along with safety, efficiency effectiveness, equity, and timeliness. While (Gerteis & Daley, 1993) Suggests a set of 7 dimensions of patient-centered care, encompassing all aspects such as respect for patient's values and personal preferences, expressed needs, coordination, and integration of care; correct information, and effective communication, physical comfort, emotional support; involvement of family/friends and transition and continuity.

This model was mainly selected because of its significance in patient-centered care. In the context of the relationship between the caregiver and the patient, the challenges for health caregivers, affecting the participants' care due to the questions and information garnered. The relevance of this theory will be tested among the Health care professionals, including the doctors, nurses, and administrative leadership, through interview questions.

2.3 Operationalization of the Theory

The concept of patient-centered care is a multifaceted construct, as many scholars have defined it from different perspectives. However, Kleinman's exploratory model of illness is entirely relevant in this study of Patient-centered care (PCC) to understand the doctor-patient relationship in order to achieve the highest quality care. The model will assist us in eliciting the doctor's perception of PCC and how it challenges them in giving quality care. The hospital's conceptualizations of PCC will be divided into three broad categories in relation to (Mead & Bower, 2000) model.

- Alignment: if the concept is mapped onto one of Mead and Bowers' five domains (mentioned above)
- Extended: the concept is highly congruent with Mead and Bower, growing it into the organizations.
- Unaligned: if the concept is vague or does not promote PCC transformation.

Chapter 3

Area profile

This chapter confines detailed information regarding the area where the research was conducted. The Maps, details and relevant pictures will help in painting a picture of a day in Islamabad's Private hospitals.

3.1 Pakistan

Pakistan is a South Asian country neighboring some of the world's biggest populations on the eastern and north-eastern borders. With a total of 220.9 million people (World Bank, 2020), Pakistan comes 5th on the list. Having achieved its independence from British colonialism in 1947, Pakistan has come a long way on the road to development. However, it's still "Developing".

Being a 3rd world country has already characterized Pakistan in a particular category of countries according to their economic statuses, political set-ups and social and health care systems.
Pakistan has inherited its Healthcare system from British India that comprises primary level, secondary care, and tertiary care centres. The system has evolved over time, but the bases are still the same. A network of multiple primary and secondary care centres is spread across the country in every region mainly under the public sector either as dispensaries, basic health units (BHUs), sub-health centres, maternity, and child health centres. But in the tertiary sector, both public and private health work in harmony catering to the patients in the urban parts of the country.
Although improvement can be seen in the health conditions of Pakistan, a large part of the population still does not have access to modern medical care. The number of medical staff attending the patients at these health centres does not match the ratio, especially in rural areas. This imbalance creates problems for the patients as well as the health care providers. This is mainly due to a lack of sufficient resources and funds.

However, the Ministry of National Health Services Regulation and Coordination in the current year's PSDP 2021-2022 has allocated PKR 21.7 billion for 40 new and ongoing schemes. This is a 50 percent increase from the budget allocated to the Ministry last year. All to improve the health services in Pakistan (PSDP, 2021).

The health expenditure was predominantly done by the people out-of-pockets until now. However, a new initiative of Sehat Sahulat Card seems to be the first step towards universal health coverage. Social health insurance in Pakistan started out in the province of Khaybar Pukhtoonkhuwa, by protecting the poor through a prepaid arrangement and ensuring that the under-privileged citizens across the country have access to their entitled medical health care in a swift and dignified manner without any financial obligations. The insurance limit of the federal and Punjab programmes is up to Rs 720,000 per family per year while that of the KP programme is up to Rs1m. With more than 500 private and public hospitals across the country being enlisted for insurance benefits, the programme has become a major public-private partnership. However, the programme is fully funded through public money. A total of more than a million hospitalized patients have benefited and the general feedback of the patients and their families has been recorded as satisfactory (Mirza, 2021)**.**

Map 3.1- Map of Pakistan

Source: www.Geology.com

3.2 Islamabad

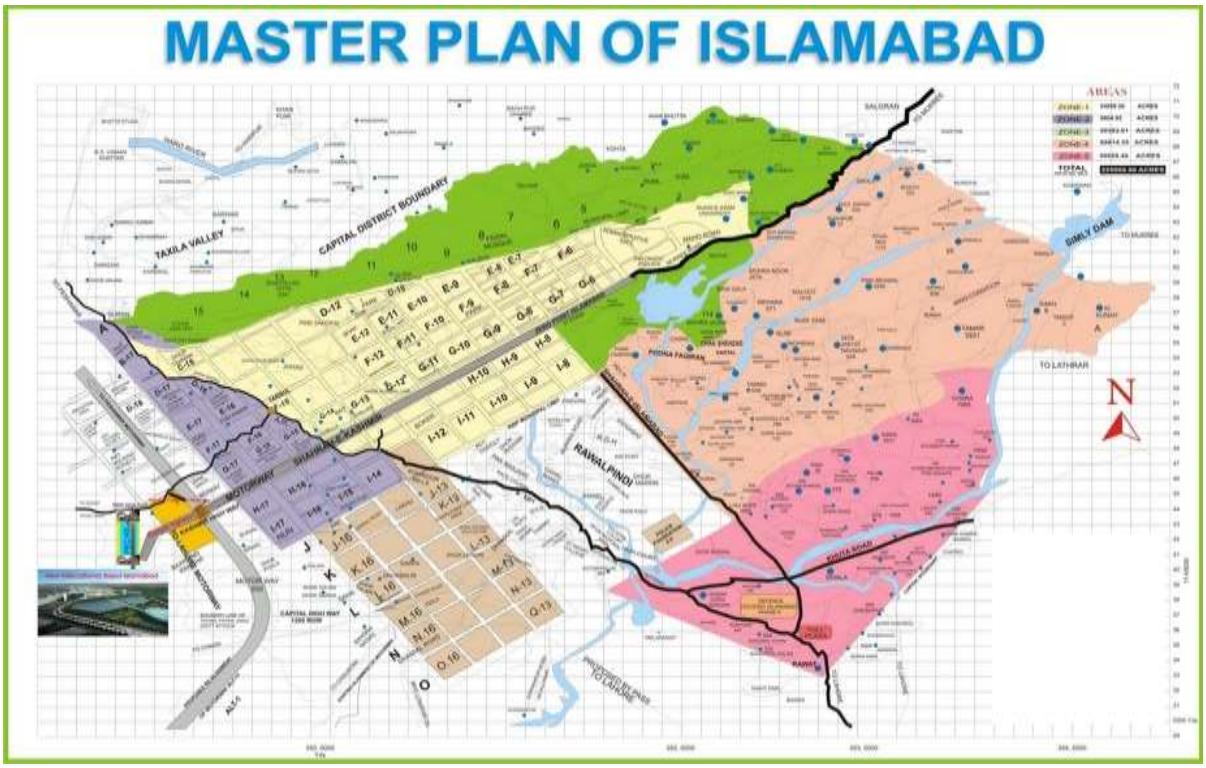
Islamabad has now been included in the cities of health city program by the WHO (World Health Organization) It is among the 26 cities of the world that have got this prestigious inclusion. The list includes all those cities that are working towards the continuous development and improvement of the health infrastructure.

The capital of the country has relatively always been better than the rest of the periphery in terms of equipment and resources. The city has a number of government and private medical centres providing 24/7 medical assistance to patients. These hospitals are well-equipped and well-prepared to tackle acute and chronic health issues in the region.

The city is located at the northern edge of the Potwar Plateau at an elevation of 540 m (1,770 ft), south of a range of Himalayan foothills known as the Margalla Hills covering a total area of 906.5 km² and a population of 1.015 million according to the 2017 consensus (World Population Review, 2021). The city is home to people from different background and ethnicities making a diverse population, over the years the population has shown a liner growth. Islamabad lies within the small Islamabad Capital Territory which borders the Pakistani provinces of Punjab and Khyber Pakhtunkhwa and the city of Rawalpindi and Taxila

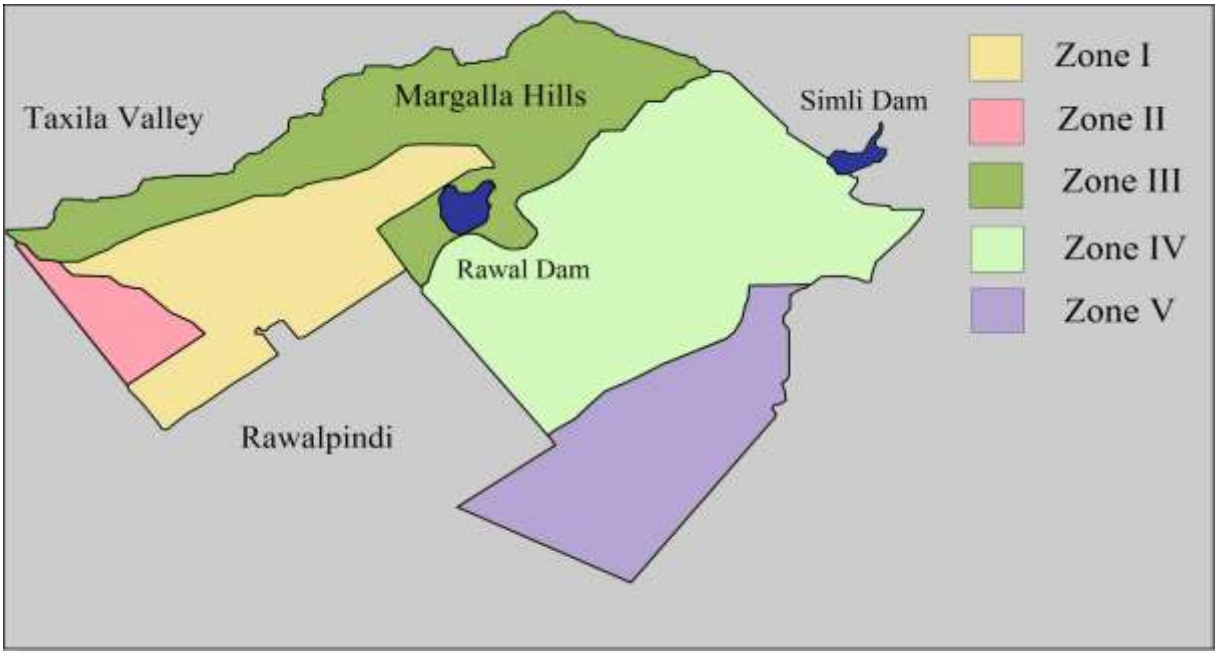
The city is divided into five major zones: Zone I, Zone II, Zone III, Zone IV, & Zone V**.** Where Zone I is the largest developed residential area. Each residential sector is identified by an alphabet and a number, each sector roughly covers an area of 2x2 km. starting from the F and E sector on the foothills of Margalla and stretches in distance from the hills in alphabetical order i.e. sector G, H, and I and the rest still developing or will be developed in future.

Map 3.2- Master plan of Islamabad



Source: www.Geology.com

Map 3.3- Zone Division Maps of Islamabad



Source: www.Geology.com

3.3 Medicsi Hospital F-7

Medicsi is a private hospital located in Blue Area Islamabad and is known for its top-rate medical expertise. The hospital has resources and capabilities to serve patients with medical complications.

The hospital focuses in obstetrics, gynaecology, surgery, medicine, paediatrics, and related sub-specialties. Also, the renowned hospital is known for its gynaecology department. It is equipped with the state-of-the-art technology used in test-tube babies, cervical screening, antenatal screening, and menopausal advice.

Besides treatments, the hospital also provides consultancy and counselling services to its patients.

Location: First floor, Low Rise, Saudi Pak Towers, 61-A Jinnah Avenue, Blue Area، F 7/4, Islamabad Capital Territory 44000.

Figure 3.1 Saudi Pak Tower-Medicsi Hospital Front View F-7

Source: www.worldorg.com

3.4 PAF Hospital E-9

An exceptional hospital in Islamabad is PAF hospital, Islamabad. It is owned and operated by Pakistan Air Force. Although this hospital is made for the officers of the Pakistan Air Force but the general public can also get their medical check-ups done from here. The up-to-date facility and services are known to be one of the best in the city. The hospital is equipped with medical labs, pharmacies, in-patient units, surgical units, and emergency departments.

Location: Main Margalla Rd, E-9/1 E-9, Islamabad Capital Territory.

Figure 3.2 PAF Hospital

Source: PAF Hospital Official website

Chapter 4

Patient-centred care: Frame of Reference

This chapter outlines the perspective of the health care workers (Leadership, doctors and nurses and paramedics) regarding patient centered care. They have openly discussed the perceptions and the concept's practicality in our society by bringing up their experiences and factual arguments.

4.1 A leadership perspective of Patient-centred care

I made my fifth visit to the Pakistan institute of medical sciences (PIMS), one of the biggest hospitals in Pakistan. I finally got the chance to meet the head of department as she was stepping out of her office and pacing towards the wards. I managed to have a word with her as we hastily climbed up the ramp when she politely refused to allow me permission to conduct a research on the premises. "The ethical board has decided not to allow the outsiders," she said. Her Excuse left no room for further negotiation so I thanked her for her valuable time and told her that I completely understand and respect the hospital's policy. I struggled to make my way back to the car as a mob of patients with their kins waited for their turn at the reception, outside the building, along the pavements and on the green belt. The weather was hot and the air was suffocating.

PIMS is a very busy hospital, and that is one of the reasons it took me several visits to have a minute with the head of the department. I first visited PIMS in September, with a file in my hand that contained all the letters and forms arranged in an order. I had particularly managed to get a letter from all the relevant authorities; the District health office of Islamabad, a letter from my university department, one from my professor and an application requesting permission to conduct my research. However, the lady who seemed to be someone from the administration did not care to listen to what I had to say and just shut the door to my face, exclaiming *"Nahi ho sakta nahi hosakta, abhi jao!" It's not possible. Go away! Go away!*" For the next couple of visits, I decided to change my timing to avoid any interaction with the lady, but unfortunately, I still could not manage a meeting with the Head of Department.

Eventually, the refusal to grant me permission from Islamabad's biggest government hospital became the biggest limitation for the thesis, the objective to analyse the perception of patient-

centred care and its challenges for health care workers among the different public and private health care facilities- catering to different levels of social classes was halted.

However, I was fortunate to have met Dr. Nimra before going to PIMS, she is an alumnus of the Federal Medical & Dental College (FMDC) a government institute for medical studies and has worked in PIMS for a couple of years before she joined the District Health Office of Islamabad for an administrative position. Dr. Nimra was helpful and kind enough to have a cup of tea with me in her office to discuss her perceptions of patient-centred care:

> *"I believe patient-centred care is the act of caring for patients, being responsible and careful about their needs, and working according to the international guidelines to treat the patients. Particularly, to have the patient's consent and compliance for his or her treatment, whether the patient wants this treatment as it is being provided or not, but this is only in the case of a stable patient in OPD and wards. Their expectations and requirements must be met under all circumstances. Side by side keeping in mind that this is good for the patients, but in case of an emergency we breach this."*

The concept of Patient-centered care was new for Dr. Nimra, she confessed that she had never come across this term during her academic period and even in her years of experience as a doctor in the public sector.

> *"The concept of PCC is completely alien to the public hospitals of Pakistan. The priority is to only provide access to the basic health facilities where life can be saved, involving the patient's personal needs and preferences is a utopian concept. The doctors here have a never-ending challenge of managing their time to treat every patient that comes to the hospital in distress and waits patiently for his turn so that none has to go back without a check-up or treatment."*

Patient load is a major challenge the health care providers face. The ratio of doctors to patients is impractical in most parts of the country including the capital territory of Islamabad. According to reports, the doctor to patient ratio is in Pakistan 1:1300, nurse to patient ratio is 1:20 whereas, doctor to nurse ratio is 1:2.7. However, according to WHO, it is recommended that the doctor to patient ratio should be 1:1000, whereas, the appropriate doctor to nurse ratio is 1:4 (Khan, 2019)**.**

Dr. Amir, Laughed out loud at my question about Patient-centered care in Pakistan, then apologizing for his cackling, he asked me to explain my question. I repeated my question giving him a context of what I was talking about. I told him about PCC becoming the buzzword all around the world for quality care and how the hospitals in the developed part of the world are shifting towards this approach. Dr. Amir, the Executive Director of PAF Hospital listened to me carefully, nodding and then replied:

> *"I had understood your question the first time, I cracked up at the irony of our situation. Where I come from, the doctors would go up to checking 350-400 patients in a day. I was just wondering how there could be anything Patient-centered in such a situation. Let me put it this way, we doctors have a Green Book for guidance which says a doctor looks up to 10 to 15 patients in a day to give his best, and here we lose count of the number by the end of the day."*
>
> *"Pakistan is a 3rd world country, and here we have different priorities, having a doctor in proximity to save a life or the timely availability of that one life-saving Dr.ug is on top of that list, while patient-centeredness is not even on that list. However, this is a general statement about the whole country including the rural and urban areas. But here in the PAF Hospital, we try to give the top-notch service and work hard to satisfy our patients, because we have a hybrid system, although it is a military hospital for the people of Pakistan Air Force, but it caters to the general public, including the current military, ex-military and as well as the civilians."*

I was able to meet the ED *Saab*, after a month of submitting my application, and a couple of follow-up visits to HR. Mufasarh, Assistant Operation Manager was helpful and asked for all the relevant documents she required to process my application to conduct the interviews so that I wouldn't have to come again and again. She managed to give me all the information amidst the ringing phone on her desk, typing on her computer and answering the queries of the clerical staff. Hence, upon the submission of my application, I made sure to thank her and admire her skill of multitasking to which she sighed and then laughed. I left the hospital satisfied, the positive

response by the hospital staff motivated me, I had been sceptical and nervous due to my previous experience at PIMS.

About 15 days later, Mufasra called me after having my application approved and signed by the relevant department and referred me to the Personal Assistant to The E.D, Mr. Naseem, who was a true gentleman dressed in an immaculate Blue Air Force uniform, he greeted me with a smile. Not knowing it was Mr. Naseem himself, I requested to see P.A to E.D— with all efficiency and great enthusiasm, he said "ma'am please have a seat, I will take you inside as soon as the guests leave" I nodded and sat on the chair opposite to him. He carried on with his work as I waited. After about 15 to 20 minutes of me looking around, I asked "can you please check if P.A Mr. Naseem is free now? I can come later if it is taking long". Mr. Naseem with a confused look on his face replied "wait a minute! ma'am, you are here to see the E.D or the P.A to the E.D" I said I'm here for Mr. Naseem P.A to the E.D to which he laughed out loud, placing his arm on the chest in a bowing manner and giggled "*aray woh tu mein he hon- (Oh that's me!)*" we both had a good laugh over this miscommunication that caused us to sit face to face for a good long time while we waited for each other.

By the time the guests left the E.D office Mr. Naseem and I chatted, I told him about my thesis and my subjects in university. He was curious to know why I was studying the patients and doctors when I am not a doctor myself. Mr. Naseem then escorted me to the E.D office which was on the first floor. The office of ED had a picturesque view of the Capital Park (the biggest park of the city) across the road, the morning rays struck in through the large window and flickered on the palms adorned. The room was spacious but minimalistic, making it seem immaculate and professional. The scene and the warmth of the room had surprisingly calmed my social anxiety which I had felt at the thought of meeting the Head of a hospital. Mr. Naseem introduced me to the ED, Dr. Amir, who in contrast to my expectation was extraordinarily pleasant, friendly and welcoming. He greeted me with *"aray ao ao Beta, betho".* I introduced myself again and told him the purpose of my visit while he seemed to be looking around the files on his desk as I spoke, and then looked up to me saying, "*I tore up your application and threw it away*" I froze for a second not knowing how to respond. He then laughed and said "*I'm just kidding I have it right here",* he waved his hand *"Please sit, take a deep breath and relax -sub ho jai ga! (All will be done)"*

Dr. Amir was very generous with his time, we had a formal discussion over Patient-centered care and its practicality in Pakistan, he shared his understanding and perception and why he thought it was still impractical here in our country, he backed his arguments with his experience and facts. Later we enjoyed the anecdotes he shared from his life and the time when he was a medical student. ED *Saab* gave me a different perspective to ponder upon. He said:

> *Beta, we see in the west or the developed countries when a patient comes into the hospital the staff greets them with a smile they make them feel welcomed, they look up his file, ask questions about his wellbeing, check his vitals and assure him that he is now in safe hands and must not worry about anything. But when a patient enters a hospital here, he is greeted with "what is wrong?" with a grimace, frustration and displeasure, making one think why did I even come here? He is made to feel like a burden, like he has disturbed these people in the middle of something important and it would be a favour upon him if they assisted him at all. No matter how many times we train the staff and warn them they still keep this attitude because it has become a culture here. Not just in the hospital, but everywhere, nobody wants to talk to you unless they have some business with you. People have generally become very rude and hostile towards each other, the generation is losing all manners.*
>
> *Beta, I really want you to discuss this aspect in your thesis, this is a social problem and you are a social scientist, you must see what went wrong with your generation. When I was in medical school, I considered myself extremely lucky to be a part of a prestigious institute, I made my studies my top priority. First, because I had gotten the opportunity to be a doctor, secondly, because it was a noble profession. Just the other day I went down to the emergency ward for my routine round. A young man who had met with an accident was brought in a critical situation and unfortunately couldn't be saved, it was a heart-wrenching sight to see his family mourning the loss when I turned to leave I saw these girls who have joined us recently as medical officers laughing and playing with their phones in the corner, beta I swear nothing had me so furious in a long time like they did. Now you tell me how do I tell grown women, who are apparently doctors, to have the basic sense*

and not laugh in front of a family who has just lost their son. Of course, it wouldn't matter to you, he was not your son or brother, but please have some empathy for people. It's so rare nowadays, anyways, sorry I got a little emotional, but I think it's good to have some emotions rather than being completely apathetic.

Are there any courses incorporated in the medical curriculum that teach the students about how to care for the patients and involve them in their treatment. Do you think some special training for the professionals including the doctors, nurses and the paramedic staff would help the health care workers be more aware of the rights of the patients? And make their approach more patient-centred?

Definitely! Sometimes we get so busy with our work that we forget the very basics, pieces of training would definitely be a help. One more thing I want you to talk about in your research is the mushroom growth of these medical colleges in the past few decades. In our times we had a few reputed medical colleges who were known for their quality and merit, but ever since these private medical colleges have come up the standard of doctors has fallen greatly. The only criteria for admission in these colleges are money, if you have the money you'll be a doctor, you don't need merit or a good academic record for it. You see what happens next is only business, these colleges don't want to displease their customers, there are no rules, no code just selling degrees. I'm sorry for saying this but it is true. One of my colleagues has now started his own medical college, he invited me to his college the other day and you'll be shocked to know that the entire college is comprised of 3 stores/rooms on the first floor of a commercial plaza in Rawalpindi.

I'm sure you must have come across the new doctors on your way here. Do they even look like doctors? These kids wearing ripped jeans and hoodies to the hospital chewing gums, would you trust them with your life? Beta Ji, this is something we were taught at our homes first and then in school/ colleges, how to dress and be presentable, you must look like a person with authority and power to gain the trust of your patient. Here I see the fresh graduates roaming around in conspicuous red joggers with undone hair thinking they look very cool. Oh! And God forbid if you

ever scold them or ask them to dress decently, they look at you like you have asked them for their kidneys. And act like I'm the Halagu Khan here.

The ED laughed at what he had just said and shook his head in dismay. Our conversation was interrupted by his PA Mr. Naseem when he came in to remind him that it was time for his routine round to the hospital. I knew I had taken a lot of time, so I decided to request my leave, as soon as I got up Dr. Amir asked me to join him on his round to the hospital "why don't you come along as an observer of what goes around the hospital" he said. It was an opportunity I wouldn't miss so I happily agreed and hurriedly swung my bag to my shoulder to join them for the tour.

The ED received endless greetings and salutes as we marched downstairs. Dr. Amir decided to go to the emergency ward first. " *Come I'll show you what the emergency of our hospital looks like " as* we entered the hallway a couple of doctors came up to talk to the ED with some complaints and problems to which he listened and asked them to visit him in the office. At every step, someone new would come up to him with their problems. Emergency Ward 1 was mostly vacant, but about six-seven medical officers (MO) were gathered around one girl who was supposedly showing something on her phone screen. As we entered the hall they dispersed within seconds. He summoned them back and soon everybody gathered around us in a circle. Mr. ED introduced me to the group and said, "*This young lady is here to ask a few things about Patient-centered care, anyone who would like to answer her questions?" A* long silence followed his statement. After a moment of anticipation, Mr. E.D broke the Silence himself "anyone? No one?" he turned towards me and frowned. One of the doctors from the group cleared his throat and said "from my understanding of the word I think it's about caring for the patient." "Okay! In what ways? " "to give him the right treatment, to cure the disease," said the doctor. Dr. Amir turned towards me "is that right?" " This is one part of PCC and it's right, but there is much more to it" I then explained to these doctors how Meads and Bows and Institutes of Medicine had defined and what it encompasses. I told them it was a relatively new concept and encouraged them to look it up. I asked the young doctors if they had any course that had guided them about the patient's rights, they said they were only given lectures once or twice on how to deal with a loss of a patient and generally how to respect the patient, but the courses were completely academic that dealt with biology and medicine.

During our discussion Dr. Amir took the chance and pointed at one of the MO for his dressing, he was wearing a red hoodie instead of the lab coat all doctors are supposed to wear. "*Aren't you ashamed of calling yourself a doctor? Do you think if someone would think of you as a doctor if they walked in right now? Would they trust you to treat them?* On our left stood a tall man of about 6-feet, dressed in a black suit, polished shoes that almost sparkled holding his hands together in obedience waiting for the ED to finish, DR. Amir caught a glimpse of him from the corner of his eye and turned towards him immediately. Look at this gentleman, I have never seen him dressed shabbily, he looks so presentable that it makes you want to talk to him. He looks like a man with power and authority. Shafiq looked down at his shoes as he blushed on the ED's compliments for him. He was here from the administration Department and took this chance to discuss his matters with Dr. Amir as soon as they greeted him. Dr. Amir was now in conversation, and from the looks of it, it seemed to be something important. Here the ED and I parted ways, he further referred me to Dr. Usman, who is the manager for medical staff affairs and strode out the ward with Mr. Shafiq.

On the fifth floor, the room opposite the private rooms was the office of Dr. Usman. He was a kind and polite man. I greeted him and told him that ED had referred me to him. He listened to my story carefully and then said:

> "*This is exactly the goal and mission of our Hospital. I believe our hospital is very patient- centered, of course, I cannot say completely, but here we wish and work according to the principles to facilitate the patient. Our patients are our top priority, their satisfaction, contentment and feelings are what matters to us the most. I am sure there must be some shortfalls, but our vision and mission are to achieve this in the coming years.*

I asked Dr. Usman if there was a written policy of the hospital for Patient-centered care he said:

> *We don't really have a policy for patient-centred care in specific but we do have a policy for the doctors and staff to follow. It consists of how to treat a patient, to get their test before a diagnosis of anything to build a relationship with the patient etc.*

It was in their decorum to give each patient ample time to discuss his disease/condition until he is satisfied, to ask the patient if they had any questions or inquiries, something they don't understand —the doctors are always helpful in making them understand their problem. On average a doctor

spends around 10-15 minutes on each patient in the OPD while checking them up, the laboratory facility in the basement assists the patients and helps them get done with most of their work under one roof. They do not have to rush to different hospitals and laboratories to get their tests done. I asked Dr. Usman about how many patients visit the Hospital OPD on average, but he excused from answering my question saying it was confidential information as it involved the revenues as well.

Dr. Usman had become my key informant and was supposed to connect me to the relevant staff whom I could interview for my research. He requested a time of a couple of days so he could figure out who would be available and most relevant for my discourse.

4.2 The Discernment of Doctors and Nurses

On the 3rd of November, Dr. Usman called me to the hospital. I had to be there by 01:00 pm, I managed to finish my classes earlier that day and rushed to the hospital. I wanted to be there on time. I realise that every minute of these doctors and nurses is crucial, and cannot be wasted on anything that is not equivalent to helping a patient. Now that I had become familiar with the Hospital, I passed the security check on the gate and headed directly to the elevator at the end of the hall. The elevator boy greeted me with a smile as I entered. The lift stops at every floor as a number of people go in and out at every stop. I patiently waited and finally got dropped off on the fifth floor which was the last in the building. Mr. Usman anticipated my arrival and was strolling wall to wall as I approached him. After greetings, he asked me to follow him to the private rooms' reception and introduced me to Dr. Shanza who stood behind the table with one hand on the telephone and the other sliding over the notepad. She asked me to sit and directed me towards the small door behind the desk which opened into the coffee area. The compound was a beautiful sanctuary in the middle of the floor, open-air covered with green Astra truff (artificial grass) and huge planters in the corner. There were about 2-3 round tables surrounded by a couple of chairs. The fresh air free of disinfectant smell comforted my nausea as I sat there and prepared to take my first interview of the day.

4.2.1 Patient-Centered care - In-patients

It's Dr. Shazia's 3rd year now in the PAF hospital, she did her MBBS from Islamabad Medical and Dental College in 2017. She is currently on duty on the fifth floor of private rooms as a Medical Officer. She talked about her perception of patient centered care in the context of the patients in private rooms:

> *I can talk about the perspective in the context of patients who are admitted here in the private rooms on the fifth floor. Here we have private rooms and semi-private rooms of the hospital so obviously, we have to pay a little more attention here, especially the private rooms with single beds which are only 10 in number. Patients with the high protocol are often admitted to these rooms. The staff as you have seen are so busy and alert all the time, the first shift starts at 09:00 am the staff takes the first round and checks each and every room for their medications. The thing is the staff here needs to be very trained as compared to the rest not just because the patients here are high profile, but because here patients from all departments like Gyne, Ortho, Nephro or whatsoever come here and we have to deal with them all regardless of their department. Like in the gyne ward the staff is trained only for gyne /obstetric care, but here the staff must be trained to check neuro, Nephro, cardiology and even surgery. The staff here is trained to take orders from the physicians, of course, the patient is treated by their own relevant doctors and the staff only assists. If the doctor has advised some tests, the staff here is super-efficient to take the samples and getting them tested. I cannot speak for the whole hospital, but this floor and these rooms are highly patient-centred because it is the demand of this area.*

4.2.2 Gyne/Obstetric Care Ward

Maternity and gyne are an integral part of the hospitals, the care directly effects the maternal/child health and the infant mortality rate.

> *"A patient centered approach should be empathetic all towards the patients favor, safety, and total benefit. I believe this hospital has that protocol and policy and has a strict check and balance system so the people have to follow it. I can say this*

because i compare it to the public sector hospitals i have worked in, here in Islamabad and in Kashmir as well, but this hospital is nothing like those this is partly due to reason that it is administrate by private or semi-private administration and because they abide to the protocol and the staff is answerable to the administration at the end the day."

Dr. Noor General Practitioner Medicine who was at that time on duty in the gyne ward on the 3rd floor shared her views while she was on her way back. It was now her second year in this hospital.

4.2.3 General Female Ward

Dr. Qurat was on duty in the general ward, she shared her view of patient-centeredness when I requested her for a moment from her time.

"*What I understand from your question is that our hospitals are not patient-centred, I feel like if a patient comes in the whole facility should be built in a manner that facilitates the patients be it the medical care the infrastructure the payment system but in reality, it's not like that, the patient has to face problems in every step. So what I perceive it to be or how it should be is that when a patient goes back satisfied not only with their disease but also emotionally and mentally*."

4.2.4 Patient-centred care and OPD

The doctors' rooms in the OPD are spacious, clean and warm. The doctor's chair leaning against the wall while the two chairs for the visitors face it. Between them a sleek desk and a small stool. A single bed that looked more like a stretcher from the glimpse of it hid behind the curtain of the left. Dr. Raza was not seeing any patients at that moment so I was able to have a few minutes with him.

"Patient-centred care in my opinion means making the patient a priority in the entire treatment process and tailoring the management plan in such a way that it is inclusive of the patient's own will and decision and his individual circumstances"

4.3 Patient centeredness in Maternity Care (Medicsi Hospital)

Dr. Fatima Ashraf is a renowned gynaecologist in Islamabad, she has been working in England before she joined Medicsi Hospital. Her education is from Islamabad Medical and Dental College after which she went abroad for her specialization. She was very encouraging and admired my efforts. She said she was very excited to be a part of my research as she had experienced both the first world and the third world idea of patient-centred care and thought her first-hand experience would help me gain perspective.

> "*Every treatment must be patient-focused, the needs and beliefs of the patient shall be the focus in every doctor-patient setting and everything else should be working around it. Here in Medicsi, we have a policy of compassion, respect and dignity. So in the whole course of treatment, we must keep the patient involved in her treatment. We train our staff how to deal with each patient, how you can effectively involve the patient in the course of treatment, ask about their consent and brief them about the good and bad consequences of a procedure. We encourage plain facts and let the patients decide for themselves."*

4.4 Doctor-Patient Relationship

The doctor patient relation is one of the most significant factors in PCC

> *"Some of the characteristics of patient-centred care in my understanding is having a good doctor-patient relationship, gaining the patient's confidence, listening to the patient, learning what he knows about his medical condition, and then educating him further and also including him in the entire decision making process. factors that can contribute to patient-centred care in my opinion is number one, giving adequate time to each patient, having a receptive, non-judgmental approach towards the patient, showing empathy kindness, also including the patient's family and relatives in the process of devising a management plan, because in our setup,*

patients are generally reliant upon their family members, so it is also a means of gaining their confidence."

Dr. Raza said as he continued to talk about his perception.

4.5 Freedom of choice

The patients are free to choose if they want a specific treatment or not, they come to the hospital to consult the doctor but if they do not agree with the doctor's advice there is no obligation to abide by it. You are free to choose. Dr. Shazna recalled a recent incident:

"A lady from a couple of days ago, she was admitted here in one of the private rooms for a diabetic foot, she would fight and would not let us change her dressing every day, so we respected her call and didn't force her to do it, maybe it was her age factor or whatever, but the point of saying this is we don't force things on the patients even if we know it's good for her because we want to do whatever they are comfortable with. As our responsibility, we let them know of the consequences and decide for themselves."

Dr. Qurat-ul-Ain explained her understanding of freedom of patients as:

"We should be of the attitude that the patient is also right! If the patient is saying he/she didn't get what he needed then he is right there is no debate on it. And if he wants something in a certain way then it should be catered to him in that particular manner.

Our patients have the right to second opinions, this happens often. Our team comes up with the best possible treatment for a diagnosis that can help the patient in tremendous ways, but the patient is skeptical so they decide not to go for it and wish to take second opinions. We give them space and encourage them to do so. At the end of the day they should be satisfied, this is the goal."

Said Dr. Fatima, talking about patients' freedom.

4.6 Safety First

Safety is the top priority for every health care facility, all decision, management and treatment plan should circle around the safety measure in order to ensure quality.

> *"If you ask me what patient-centred care is in my perception— I think it's all about a good management plan and its possible outcomes. If you deal with a patient effectively it becomes patient-centred. Any mismanagement in the process, God Forbid cost a life- a misdiagnosis, carelessness and irresponsibility from us can be catastrophic so an apt plan can help us avoid all of the above and ensure the patient's safety. The patient safety, without saying will always be our priority - Dr. Usman*

> *"When the patient load become too much to deal with the doctors become a little careless, I don't know if that's the right word but I have seen this more in the public hospitals as people who come to the private facilities are paying in sums and are much aware of their rights, but the poor people are helpless and only have the option to go to these government hospitals. I have seen the doctors making such stupid mistakes that ruin people's lives. Unfortunately, there is no accountability and the doctors don't care."* Said Dr. Nimra recollecting her memories from the time she worked in a government hospital.

4.7 Caring for the patient

Caring for the patient is basis of health delivery. When a patient comes in he is already in a compromised state, caring for the patient, making him the priority giving attention to all his needs and requirements and validating his experience is what makes a patient comfortable. Listening to what he has to say and including his advice in his treatment can ease the health care professionals' duty as well.

> *"Patient-centred care is a relationship between the doctor and patient, a doctor should not just only be concerned with his illness, but also his overall conditions,*

about his needs, stresses either physical or mental. To say it in simple words it's not about knowing the diseases but knowing the patient."

Abida is the head nurse of the 5th-floor private room's ward. She has been working for the past five years but joined PAF hospital a year ago. She shared her everyday experience of caring for patients every day:

"When patients come in they are usually in a compromised state due to their disease or lethargy, mostly they are unable to do much on their own and depend on us completely for even the smallest of things. We understand that when a person is in this condition they can get frustrated and angry and often they take it all out on us, but its okay. We are here to help them after all. We as nurses here take complete care of their medication, meals, bedding and everything that requires our assistance, but the good thing is here in this hospital we have a helper who does the bedding and cleaning with us. That makes our work much easier for us. I was in Quaid e Azam International hospital before coming here and there we had to do it all on our own and it was very tough. But here we can deal with the patient in a much better way because the extra load of cleaning is off our shoulders. I still assist the patients with changing clothes, but another cleaning is done by the helpers."

4.8 Patient Empowerment

As mentioned in the literature review, Patient empowerment is one of the pillars of patient centered care and the bases of quality for many scholars.

"Whenever I go in the room to give the patients their medicine, either orally or through IVY, we are strictly instructed to first introduce ourselves and then tell the patient what you are giving them and only with their consent can we give them the treatment medication. Sometimes the patients don't even bother to know, but we fulfil our responsibility regardless. We even have to label the antibiotics and their dosage before we take them to the patients."

4.9 Psychological, Emotional and Social Support

Dr. Nimra believes that the beauty of the building and the use of hi-tech machinery and technology can benefit the patient, but what's more important is the time and emotional support for the patient. Why we sometimes oversee is that no matter what the illness is it makes the patient doubtful and weak in his choices and will. If the doctor consoles him and takes a personal interest in his situation or motivates him with just a couple of kind words it boosts the mood of the patient instantly, and mostly the doctors are so busy that they cannot even spare a minute to do this little act of kindness.

4.10 Effective Communication

> *"We get penalized if we don't effectively communicate with our patients. Here in Medicsi communication is given the utmost importance. You can say the centre of our jobs here is effective communication. We have an order to make our patients understand the procedure as many times as it takes for them to understand."*

Medicsi is a hospital that specializes in premium medical care in Obstetrics and Gynaecology, Surgery, Medicine, Paediatrics, and related sub-specialties. The OB/GYNAE department also deals it the latest technology in test-tube babies, cervical screening, antenatal screening and menopausal advice. The nature of these treatments is extremely sensitive and thus requires a lot of care from the doctors as well as the patients.

> *"We have to give them enough time to think it through, they can take a couple of visits to decide and sometimes they agree to go forward with it but cancel it at the last moment when everything was prepared and scheduled on their reserved slot, but we still don't pressure them in any way."*

The doctors and administrative staff seemed to be aware of patient-centeredness, but due to circumstances are unable to provide the services in its complete sense yet. There is no one definition that would bring them all to the same page. But the general perception of all was somewhat the same that circled around facilitating the patient and giving the best service in terms of physical, mental health and social support.

Chapter 5

Factors that impede Patient-centered care

This chapter discusses in detail the challenges health care workers have to face at work that prevents a patient-centred approach. The identified barriers will help us navigate the course of action in order to achieve high-quality care.

5.1 Health care Issues in Pakistan

The public health sector in Pakistan comprises public and private sectors where public health is jointly administered by the federal and provincial governments. Service delivery is usually done through preventive, promotive, curative and rehabilitative services. The curative and rehabilitative services are being provided mainly at the secondary and tertiary care facilities. Preventive and promotive services, in contrast, are mainly provided through various national programs and community health workers. An improvement is seen in the healthcare industry over the years, but still, Pakistan lacks a lot of basic health facilities that become a problem in public health.

5.1.1 Patient Load

Patient load is undoubtedly the major problem for health care system of Pakistan, Dr. Nimra talked about it as she continued with the in-depth Interview:

> *"The Major Barrier in patient care or generally in healthcare provision in Pakistan is patient load. This is mostly true if we talk about the government setup. The wards are just loaded with patients and it won't be wrong to say that we can't satisfy or give importance to every patient. It's basic math, if a doctor has to see 10 patients in 2 hours he can perform much better than when he has to see a hundred at the same time."*

> *"Indeed, patients sometimes suffer a lot at the hands of doctors in such situations, they get misdiagnosed and mishandled and end up suffering more."*

Dr. Nimra shared her experience from the times she worked in a Public Hospital. Dr. Raza's experience is also similar to Dr. Nimra and he had his consensus on the fact that patient load might be the biggest problem.

> *"Major barriers that impede patient-centred care, in my opinion, in the public setup is number one; especially lack of time, and lack of resources. Because the patient to Doctor-Ratio is so high in our setup, it is entirely impossible for a doctor to pay a lot of attention or a lot of time to one patient because that means the other patients are deprived of his time."*

Dr. Amna is doing her house job, she has completed eight months and has four more to go, she talked about patient load and burnout for the staff:

> *"The patient load is insane, you sort of lose our gentle touch with time, you can say; if I go tomorrow at 08:00 am I'll be in a good mood by tomorrow night I'll be okay, but the day after I'll be very cranky so maybe 5-10 years down the road if it goes like this it's going to come out on patients, I hope not though."*

5.1.2 Burnout in Health Care Professionals

Talking about burnout and exhaustion at work Dr. Shazia said:

> "*Here in the private ward we have to cater to all of these patients, the variation in patients who are admitted for different reasons burdens us the most, and like I said we have high profile patients here either civilian or from the military who demand a lot of attention and protocol. The military people do it more as they use influence through hierarchy and have the attitude that this hospital is made for us.*

The hospital provides meals thrice a day but if the patient orders something that is not available here, we have to get it from anywhere and provide it on time. Such activities make work even harder at times."

"The hospital policy is very strict with the shift timing and that is a good thing but sometimes if the staff is on leave the rest of them have to suffer from burnout."

Head Nurse Abida added to Dr. Shazia had said:

"First the burden was too much, we couldn't manage the time and patients would complain about it a lot, so the hospital was quick to act on it and now we have helpers with us. They help us out in doing all the side work and it speeds up our process, we have more efficiency and patients don't complain about delays anymore."

"Obviously, implementation of a patient-centred approach increases the responsibility and efforts of a doctor because then he has to give more time to each patient and he has to invest more in the patient in educating him about his medical condition and about the treatment process and offering him alternative options. That increases the efforts. It would mean that you will have to invest more time than the regular hours. But as I said, in a public setup, it is nearly impossible because the Doctor is already saturated beyond his abilities. So it is not possible for him under the current circumstances to invest more time than he already is. Technical Assistance can improve patient-centred care because obviously, the doctor will be able to remain in communication with his patient even after he has left the clinic. And also it will take off some of the burdens from the doctor so that he can offer more time to the patient."

5.1.3 Cost of Health Care

The cost of health care is another major issue for the patients, the private hospitals have become out of reach for the general public and only a specific class is now able to afford it. It would not be wrong to say that private health care has become a form of luxury.

> "*I don't think the amount of money paid by the patients is worth what they are getting in return. I have seen people pay 2-3lacs for their stay of 4-5 days. The service is so expensive yet not up to the mark and it prevents so many people who are in critical need of medical help from coming in. Hospitals are fundamentally made to help people regardless of what class they belong to. And this is something in total contrast to patient-centeredness."*

5.1.4 Lack of Resources

Discussing the matter of the resources available to the health sector and doctors, Dr. Nimra gave her opinion:

> *"What would really help the healthcare workers to tackle the patient load is proper investment in building the infrastructure. The private hospitals are doing well in terms of the facility because of infrastructure, a proper efficient system functions smoothly. Secondly, the patient load is comparatively less and even if there are many patients they are handled efficiently through the use of technology, they have centralized data systems that save a lot of time for the administrative staff and the doctors, they don't have to do that work manually and waste time writing things and organizing them."*

Said Dr. Nimra, but contrary to her belief Dr. Momina says:

> *"Technical assistance will obviously play a very important role in patient-centred care, but I don't think that healthcare professionals have the adequate resources to implement patient-centred care because the way I have seen in our hospital setups, I think that they are already working to their maximum most of the doctors and*

they're trying to give enough attention to the patients under the circumstances but because they have limited time they have limited resources. They can only provide a management plan which they think is best for their patient without including the patient in the treatment plan. There they can only do what they think is best for them"

5.2 A Comparison of the Two-Worlds

Patient-centred comes from the western developed 1st world countries and is a very new concept here in Pakistan. Dr. Fatima discussed her first-hand experience as she had worked abroad in England in a very patient-centred hospital facility and is now working in Pakistan trying to implement the same approach.

"Our health system has very different in terms of design, if you talk about patient-centred care in England it comprises so much more than what service we provide here. In Pakistan, all the pressure is on the doctors and after them the nurses. The patients completely give them the responsibility for doing everything, from the diagnosis to taking decisions and then treating them. But there we have a whole team who in a combined effort treats a single patient. Let me give you an example if an old lady comes in with joint pain and we have to treat her with a procedure, we will have a complete patient centred approach towards her. From involving her in her condition to teaching her, learning about her life and bringing out a solution. If she a lady living alone in an apartment building and has stairs to climb we have to see how she is going to manage after the procedure, but all of this is not done alone by the doctor, there is a whole team who looks into it; a doctor a trained nurse, physiotherapists, therapists, helpers and rehabilitation specialists, emotional social and spiritual support givers. They all work together to understand the holistic individual needs and then provide them with the best quality care."

"I think it is a communication barrier because the only time that patients get to communicate with their doctor is when they go and visit him in person. Whereas if we see in the Western countries there, the patients keep in touch with their doctors or the doctors can keep checking up on their patients, and they can keep asking

about the prognosis of their disease and how the management plan is working for them through technology as well, which is completely lacking in our setup."

5.3 Education, Training and Awareness

During my research, I interviewed some of the young doctors who had either recently graduated and were now doing house jobs or had just started their careers as residents and medical officers. The idea was to take a sample who had graduated within the past 3 years to know what the recent MBBS curriculum contains regarding patient care. I wanted to know whether the medical degree incorporates courses based on the biopsychosocial model of health and disease or a complete biomedical model. The biopsychosocial model is a general model positing that biological, psychological (which includes thoughts, emotions, and behaviours), and social (e.g., socio-economic, socio-environmental, and cultural) factors, all play a significant role in health and disease. The respondents were from Fazaia Medical College, Rawalpindi Medical College, and Army medical college.

Dr. Amna, now doing her house job at the PAF hospital shared her college experience:

"The Mbbs curriculum that we are taught from the very start inculcates in the students how important the patient is in the entire treatment procedure because the prognosis of any disease actually depends upon the patient's compliance and his will to adhere to the management plan. And with specific subjects like behavioural sciences and Community Medicine, the emphasis is laid on shifting from a patronizing doctor-patient relationship to one which is more inclusive of the patient at all stages of the treatment, but we don't have a subject entirely about patient care.

Mbbs doesn't really have subjects that cater to patient care directly or exactly. We study theory medicine surgery and everything else related to how to treat a disease but patient care specifically was not part of our course. Our professor d counsels us through their own experiences but there is no course on ethics in general. We do have classes on how to break bad news to patients or how to deal with difficult families of patients who have lost their families. I do not find the course adequate

for patient centred care because whatever we studied in MBBS regarding patient-centred care or about dealing with patients or otherwise, the theory, the medicine, and the subject nothing is helping in practical life. When I started the house job I felt I was at zero, maybe it's my own shortcoming but I feel like I'm learning everything now. Even if I know the bookish knowledge when it happens in real life you are clueless, at least this is what is happening with me and I'm learning everything now through my experience and observing my professors and doctors here."

Dr. Habib who graduated in 2020 from Fazaia Medical College was asked about education and awareness of PCC:

"I don't think we are given that education nor are we made to practice it and I think it is the major reason why we don't implement this model here in Pakistan.

There is no doubt that if proper education, training or any kind of assistance is provided then definitely patient-centred care will be implemented in our system as well, but right now we are not even aware of the term."

Dr. Fatima gave an insight about the pieces of training at Medicsi:

"Our staff is very aware of how to take care of a patient, our hospital is all about giving the highest quality of care, the staff here is specially trained on how to talk and communicate with the patients, how to deal with someone who is suffering from loss. We encourage our staff to have a very friendly attitude towards the people as it is absolutely necessary for the two to have a good relationship for a good prognosis, if the staff is not friendly the patient will be on guard and won't open up

that can prevent him from sharing things which might be important in the treatment, to build the rapport it is crucial for the staff to make the patient feel at home."

5.4 A Social Dilemma

During the interviews and formal discussion with the doctors and then leadership, the research gained another perspective; Dr. Amir the E.D of PAF hospital and Dr. Fatima from Medicsi Hospital raised some social issues that affect patient care and our society in general as she said:

"*Patient centered care is a two way process, it can not only come from the caregiver, it must be reciprocated. These are the basics of the things we learn as children, but somehow as we grow up we lose them in the process. When I first joined Medicsi, I was consciously nice and sweet to my patients as I was new, but unfortunately I would never receive what I was giving. Of course it did not directly affect my work, but I do believe the relationship with the patient would be a lot stronger if they had shown interest and given me the importance. I'm not talking about doctor-patient relations only. This is human, if you start a conversation with a new person and they show the same energy the bond becomes stronger. People here think if they are paying the doctor they can treat them whatever way they wish to; they don't take the doctor as a human- another person who is there to help."*

5.4.1 Individuality and Co-dependency

One of the fundamentals of patient centered care is the involvement of the patient in his or her prognosis, to understand their perception and then educate them about the disease. This is the basis on which the concept is structured.

"If i talk about my Medicsi Hospital which mostly deals with maternity care, gyne and obstetric care. We are bound to involve the patient due to the sensitivity of the

matter. But what becomes a major barrier is when the patient does not cooperate. They don't have any individuality, personality, perception or judgment to decide for themselves."

Pakistan is a patriarchal society where the family and communal systems are strong, the decisions are usually taken by the elders of the house and that too by the male members. This practice is so deeply embedded in our system that it makes the female member less capable of making decisions on their own even if it's something related to her own health.

Body autonomy and awareness of self and individual rights is what most women lack in the society, this encourages co-dependency over other family members.

"When I talk to my patients they are unable to make any decisions and sometimes it becomes difficult and frustrating for us. In my experience mostly the husbands make the decisions or in the absence of him the in-laws make the decisions. And the patient herself sits clueless. However, now I see a change in people, recently our hospital came under a controversy as a patient's family filed a lawsuit for mismanagement. People are becoming aware of their rights, but not responsible. Either they completely depend on giving him all the authority to decide, trusting him with everything without giving any input, and if something goes wrong they put all the blame on the doctor. File a case against him calling him a fraud."

"Because Medicisi is predominantly related to gyne and obstetrics, sometime patients come with the demands of abortion. In this practice we have to abide with the law and often refuse to provide the facility and that's what causes a Drift.

You see, in the first trimester, it is legal to go with abortion if there is some complication or health hazards, but after that in the second and third trimester the fetus is a living human with a heartbeat and is growing fastly, now it's not just the mother but the baby too. And both of them have their rights. In this regard, we

follow the Pakistani law and the shariah law and do not permit or perform an abortion after the second trimester and many of our patients fight us for that."

5.4.2 Marketing or Counselling?.

Dr. Fatima bought into the spotlight a very important factor which might have never been pondered upon:

"When we counsel our patients, give them all the available options. We talk only about facts, give them the choice to choose. The good the bad all consequences, side effects and benefits are put forward and nothing is sugar-coated. When we do this people become skeptical and believe that it will go wrong ignoring all the benefits I had listed. They think if we are sharing the truth about the side effects it's likely that it will go wrong, whereas our intention is just to let them be aware of it. This practice sometimes compels me in minor cases where I know for sure that nothing would happen or the side effects will be minimal. Then we prefer to hide the negatives from the patient in order to proceed with the procedure. Although it's wrong, their limiting beliefs and understanding make these petty things difficult for us. The example of epidural is a common one, we tell the patients about its pro's and con's before its use, but most of them don't opt for it because of the myths they have heard from people and choose to believe in them and we try to convince them that it's for their own benefit we are labelled as sellers who are marketing the treatment and playing with people's life."

5.4.3 Commercialization of Health and Hospitals

As discussed earlier in chapter 4 the commercialization of health and hospitals is seen as a point to be concerned for.

"The commercialization of hospitals is only caring for the people who can afford and the care they are receiving is not up to the mark. The treatment and medicine is almost the same everywhere, it's all bookish knowledge, right? But what sets you apart as a good hospital is the kind of behavior they have towards their patients

and how much they facilitate and care for their comfort. And I think it's the most important characteristic of patient centred care."

"We have all the resources, but when a professional change its priority from serving the patient to serving himself then things go wrong. They are not bothered with what the patient has to go through; they just try to get the best from him. Make him have unnecessary visits and ask for extra tests just to fill up their own pockets. Then in this care, no matter how many facilities and resources you have nothing can be patient centred then."

Both Dr. Habib and Dr. Qurat are of the belief that patient-centred care cannot be achieved in its true form if health and care are monetized.

"There are some doctors obviously there's black sheep everywhere. So some doctors have their motives of serving themselves instead of serving the patients. So they want to see more and more patience and a limited amount of time, which is why they deprive patients of the time that they should be given"

Serving the people is a very Nobel cause, you help the people in some of the most desperate times, when the person is vulnerable and compromised state. He feels that a sincere advice and care is not provided he might lose all hope and trust on the doctor.

Conclusion

Patient-centred care is a comparatively new approach in the modern Health care systems. It concerns an individual's health care rights and holds it to be an integral part of quality health care delivery services. This conceptualization is transcending to become a global affair, regardless of the considerable economic differences between nations and between citizens within these nations, the discursive movement of Patient-Centered Care (PCC) has not confined itself to a particular state only. The conceptually overlapping definitions have the same objective; The patient should be active and involved in all aspects of his or her own care, advocating the idea of "Nothing about me without me" that reflects the need to include patients in all decisions about their care to ensure their access to the kind of care that works best for them.

"Understanding and promoting patient-centred care — Through the patient's eyes," Suggests a set of 7 dimensions of patient-centred care, encompassing all aspects such as respect for patient's values and personal preferences, expressed needs, coordination, and integration of care; correct information, and effective communication, physical comfort, emotional support; involvement of family/friends and transition and continuity. Despite the unprecedented progress in modern medicine over the last century, people today are not necessarily healthier in mind and body. Neither are they more content with the health care they receive. Access to health care, patient safety, quality, and care responsiveness are essential human needs, but still a critical global issue. According to the International Alliance of Patients' Organizations, a cross-country study of the perceptions of health care quality revealed that overall about half of the patients are dissatisfied with current health care, suggesting a balance of the rights and needs of the stakeholders, which are progressively important for the patient's satisfaction. The World Health Report (2000) also addressed people's non-medical expectations such as respect, support, and confidentiality for the patients. These are crucial strands that are clearly at a distance from the biomedicinal approach, where factors such as psychosocial, cultural, and environmental determinants of health are ignored. Health systems and services have become excessively biomedical-oriented, disease-focused, technology-driven, and doctor-dominated. Therefore, there is a need to enhance the doctor-patient

relationship. To establish this balance, it is necessary to adopt a Patient-centered approach, which propagates a higher patient satisfaction rate.

In Pakistan, the network of multiple primary and secondary care centres is spread across the country in every region mainly under the public sector either as dispensaries, basic health units (BHUs), sub-health centres, maternity, and child health centres. But in the tertiary sector, both public and private health work in harmony catering to the patients in the urban parts of the country. But the problem arises when the HCP implements PCC (with their particular understanding of the concept), they are faced with challenges that can be categorized as cultural, social, structural, and economical, which prove to be a hindrance in the delivery of quality health care, and prevents the patients from the satisfaction. The objective of the study is to determine the perception of PCC among the HCP. To explore the different challenges that prevent the implementation of PCC. To document the recommendation from HCP for better implementation, improvement, and advancement of quality health care. The qualitative exploratory approach is utilized to conduct this research; the qualitative tools will be used for data collection and analysis. Thesis is conducted at two private (high-end) hospitals catering to the upper class of the society who have the resource to afford quality care. The methodology adopted was the purposive non-probability sampling technique was utilized to collect data for this research also known as selective or judgmental sampling. In-depth and semi-structured interviews with 15 Health care professionals were recorded. Responses are transcribed and translated and divided according to key themes. The Exploratory qualitative research methodology was used to probe and meet the aims of this study. The main methods used for data collection were: In-depth interviews (IDIs) and semi-structured interviews consisting of more open-ended questions that allowed discussion with the respondents rather than asking a set of structured questions. Formal discussions with the Health care providers were also an integral part of the research. The interviews covered a range of topics, but two central questions guided the analysis of this study:

“What is your perception and understanding of PCC?” and “What are some of the different types of challenges you think you face in the implementation of PPC?” Our interview guide was designed flexibly and was open to different opinions depending on the participants’ unique background and course of the conversation. In this study, two key informants, one from each hospital assisted me and introduced me to the relevant respondents. Dr. Usman, Manager of

medical staff affairs at PAF Hospital and Ms. Yasmeen, Human Resource Manager at Medicsi Hospital, Islamabad. The key informants assisted me to get in touch with the right respondents for my research and semi-structured in-depth interviews were conducted, the sample size for this study was; 15 respondents that encompass the 3-tier of Health care providers, including doctors, nurses, and administrative leadership. 3 respondents from the leadership, 5 doctors, 2 Medical graduates and 4 nurses. The respondents gave their perspective of the challenges and problems they face if they adopt a patient-centred approach. The challenges included different types from social, emotional, psychological and economic, but first, all the respondents explained how they perceive the concept what is their idea of PCC and what are factors and characteristics they think must be an integral part of the approach. The respondents explained the general health care issues in Pakistan and bring the topic to be more specific talked about the problems they face in their hospital. The major challenges included patient load and doctor's burnout, the cost of treatment and lack of resources to do so. They lack the education for such services, what resources are made available and what become hindrances for them. The doctors gave their input on the social element of it as well saying that patient centeredness is an equal responsibility of the patient as much as it is for the doctor they patient him or herself should also take part in the procedure and treatment give his input and be open to communication and not leave everything on the doctor completely. It is a two-way process and the best results can be achieved if both work as a team. The comparative analysis of the developed world with a third world country like Pakistan gave us an insight into what we lack and where we go wrong. Lastly, they talk about the social dilemma of how the health industry has been commercialized and its effects on the care received by the patients.

Thus, it can be said that both the private Hospitals i.e. PAF Hospital and Medicsi Hospital conceptualizations of PCC falls into the second category of "EXTENDED" among the three broad categories in relation to (Mead & Bower, 2000) model.

- Alignment: if the concept is mapped onto one of Mead and Bowers' five domains. (mentioned above)
- Extended: the concept is highly congruent with Mead and Bower, growing it into the organizations.
- Unaligned: if the concept is vague or does not promote PCC transformation.

That means (Mead & Bower, 2000) has work on this concept of describing Patient-centered care as encompassing five conceptual dimensions: the biopsychosocial perspective; sharing power, patient-as-person, and responsibility; therapeutic alliance, and doctor-as-person is congruent to the hospitals approach towards patient centered care.

Recommendations

Unanimously all the professionals agreed on the fact that awareness, training and education is fundamental for all kinds of improvement including the implementation of patient centered care. The ED of PAF hospital emphasised on the education of the doctors and recommended that colleges should incorporate such lessons in the course to teach the upcoming generation of doctors and groom them to be more empathic and patient centered. Apart from the doctors, nurses and paramedics should also be educated so they are aware of how to go about things making it more effective. Currently, all professionals including the doctors and nurses are deprived of any education or awareness about patient centered care, as everything is based on the biomedical model.

Dr. Fatima recommended education and participation of the patients as well, she also believes it to be a two way process, a patient must be aware of his rights and must take up the responsibility of making a decision for his or her own betterment.

In the private hospitals like PAF and Medicsi all required resources are available at disposal the only piece missing is the knowledge of most effective way of care giving. Awareness in both the patient and the doctor is the missing puzzle which would dramatically improve the health delivery service and the health seeking behaviour.

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ANNEXURE -I

Interview guide for Health Care Professionals (Doctor/Nurse/Paramedics)

Name:
Gender:
Age:
Experience:

1. How do you perceive Patient-centered care?
2. What are some of the characteristics of patient-centered care in your understanding?
3. What are the significant factors that may contribute to patient-centered care, in your opinion?
4. Is PCC in maternity care any different?
5. What are the major barriers that impede achieving patient-centered care?
6. Does the implementation of a patient-centered approach increase the job duty/responsibility?
7. Does PCC require the HCP to invest more time than their regular hours?
8. How many patients do you see in a day (on average)?
9. How much time does a visit take (on average)?
10. Is cultural bias a hindrance in creating effective doctor-patient relationships?
11. Is communication and understanding the major challenge in PCC?
12. Can technical assistance improve patient care?
13. Can training and education help in achieving PCC?
14. Do you feel you have the resources to implement PCC effectively?
15. Can you share any of the success stories that will exemplify what it takes to achieve patient-

centered care?

16. Are there any significant lessons or success stories that can be applied on a structural level for improvements?
17. What is it going to take to achieve an all-inclusive implementation of patient-centered care in your understanding?
18. Are you satisfied with the current Doctor -Patient set up in this hospital?
19. Do you feel the need to have PCC as a policy? Or are you satisfied with the way things already are?

ANNEXURE-II

Interview Guide for Leadership/Administration

Name:
Gender:
Age:

1. How do you perceive Patient-centered care?
2. What are some of the characteristics of patient-centered care in your understanding?
3. What are the significant factors that may contribute to patient-centered care, in your opinion?
4. What are some of the different sets of approaches for PCC in maternity care?
5. What are the major barriers that impede achieving patient-centered care?
6. What role does technology have for better health care services?
7. What are the major barriers that impede achieving patient-centered care in your opinion?
8. Does the implementation of a patient-centered approach increase the job duty/responsibility/efforts?
9. Does PCC require the HCP to invest more time than their regular hours?
10. Can technical assistance improve patient care?
11. Can training and education help in achieving PCC?
12. Do you feel you have the resources to implement PCC effectively?
13. Can you share any of the success stories that will exemplify what it takes to achieve patient-centered care?
14. Are there any significant lessons or success stories that can be applied on a structural level for improvements?
15. What is it going to take to achieve an all-inclusive implementation of patient-centered care

in your understanding?

16. Are you satisfied with the current Health care delivery system?

17. Do you feel the need to have PCC as a policy? Or are you satisfied with the way things already are

ANNEXURE-III

Interview guide for Graduates/House Job/Interns

Name:
Gender:
Age:

1. How do you perceive Patient-centered care?
2. Does the MBBS curriculum incorporate subjects related to Patient-centered care?
3. (If any) Do you find the course adequate for your knowledge in Patient-centered care?
4. What are some of the characteristics of patient-centered care in your understanding?
5. What are the significant factors that may contribute to patient-centered care, in your opinion?
6. What are the major barriers that impede achieving patient-centered care in your opinion?
7. Does the implementation of a patient-centered approach increase the job duty/responsibility/efforts?
8. Does PCC require the HCP to invest more time than their regular hours?
9. Can technical assistance improve patient care?
10. Can training and education help in achieving PCC?
11. Do you feel Health Care Professionals have the resources to implement PCC effectively?
12. What resources do you feel are essential to implement PCC?
13. What is it going to take to achieve an all-inclusive implementation of patient-centered care in your understanding?
14. Are you satisfied with the current Doctor-Patient set up in this hospital?
15. Do you feel the need to have PCC as a policy? Or are you satisfied with the way things already are?

ANNEXURE- IV

Interview Consent Form

In partial fulfilment for our requirements for a Bachelor's degree in Development Studies, I, Aruba Irfan, senior student of Bahria University will have to conduct a research study entitled "Factors impeding patient centered care: A perspective of Islamabad's health care professionals."

In this connection, my assignment is to interview someone who is a health care professional serving in a hospital. Therefore, I am requesting your permission to observe interview and take pictures. Rest assured the information will be strictly used for academic purpose only.

Interviewee Signature