

# Comparative Study of Human Values in Private and Public Healthcare in India

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**Abstract**— Healthcare is one of the basic necessities of the human being. Traditionally, it has been attributed with high moral values and healthcare professionals have been a venerated figure in society, for their workmanship and dedication. Earlier healthcare was mostly government managed and social welfare maximization was the sole objective of running healthcare organizations. With increasing participation of corporate sector in healthcare, profit maximization also enters as one of the objective in consideration set of organization. The receding faith in privately run business is covered in details in news dailies. The study investigates the state of Human Values in Private and Public run hospitals in India. The values and sub-values taken in instrument are adapted from The International Charter for Human Values in Healthcare.

**Key words:** Human Values, Healthcare, Private Healthcare, Public Healthcare

## I. INTRODUCTION

The healthcare is the fastest growing industry in India and its value is estimated to be \$100 billion, which is slated to become \$280 billion by year 2020[1]. Historically, healthcare was being provided by Trusts in India, which were being operated for non-profit motive. Demand in the healthcare sector and profitability has attracted various private players in healthcare industry. Considering, 4% expenditure on healthcare of the total GDP in India, which is far lower than the healthcare spend in developed countries like USA, which spends 17% of GDP on Healthcare[2]. In India, healthcare infrastructure is still inadequate, and Government has less funds for allocation in this area. This situation makes role of Private players very important. We can't deny the contribution of players like Tatas, Apollo, Wockhardt, Escorts, Max India, Fortis, Piramal, Ispat, Duncan, and Escorts etc. in shaping the healthcare infrastructure in India [3]. But, advent of private players has certainly made profit maximization as one of the primary objectives in healthcare. Indian consumer is price sensitive and they are ready to wait for a doctor in public hospital compared to visiting, a similar kind of doctor in private setting. Piqued by rising cost in healthcare, patients become complaining. Recent times has seen a rising number of medical litigation in India. The Consumer Protection Act, 1986 has further empowered a patient, to raise his concern or complaints against the concerned healthcare provider [4]. An expert in his article in Forbes suggests that control in healthcare cost can itself bring the number of medical litigation down [5].

The healthcare industry includes hospitals, pharmaceuticals, diagnostics, medical equipment companies and insurance providers, out of which hospitals see maximum human interaction. Medical Ethics teaching and training on soft skills, especially of communication skills can go a long way in not only improving the quality of health care and satisfaction of patients but also in preventing medical negligence cases[6].

The human dimensions of healthcare—core values and skilled communication necessary for every healthcare interaction—are fundamental to compassionate, ethical, and safe relationship-centered care. International Charter for Human Values in Healthcare lists compassion, Integrity, commitment to excellence, respect for person and justice in healthcare as fundamental values [7].

There is lack of awareness about human dimension of healthcare in India. The studies accessing performance of healthcare providers on human values are not available. The study investigates the state of Human Values in Private and Public run hospitals in India.

## II. OBJECTIVE OF THE RESEARCH

Is there difference in mean values of the hospitals for differing ownership type (private or public) and different fundamental human values?

## III. METHODOLOGY

The respondent in the study were asked to rate the sub values of a service provider on scale as one to five.

- Very Poor =1
- Poor =2
- Average=3
- Good =4
- Very Good=5

The average score of sub values was taken as score of the service provider for the given value. The respondents were also told to categories the service provider in two categories namely private and public healthcare provider. The questionnaire was send to hundred participants out of which 46 responded and out of which 6 were discarded as data was incomplete. The method of the sampling was non-random judgment sampling. Advantages of judgment sampling include low costs and less

time needed to select perspective sampling group members compared to many other alternative methods [11]. The values and sub-values taken in instrument are adapted from The International Charter for Human Values in Healthcare which is listed in Table 1-5.

Fundamental value	Sub values
<b>Compassion:</b>  Compassion should be central to human relationships. Compassion means to understand the condition of others, and to commit oneself to the healing and caring necessary to enhance health and relieve suffering. These values underlie our efforts to be compassionate.	Capacity for caring
	Capacity for empathy
	Capacity for self-awareness
	Motivation to help, heal
	Capacity for kindness
	Capacity for genuineness
	Capacity for generosity
	Capacity for flexibility and adaptability in relationships
	Capacity for acceptance
	Capacity for curiosity
	Capacity for altruism
	Capacity for mindfulness

Table 1: Values & Sub Values of Compassion

Fundamental value	Sub values
<b>Commitment to Integrity and Ethical</b>  Practice The healing professions are built around integrity and ethical practice. These must underlie and permeate all actions in the health professions.	Commitment to honesty and trustworthiness
	Commitment to reliability
	Commitment to accountability and responsibility
	Commitment to the patient's well-being
	Commitment to doing no harm
	Capacity to acknowledge one's limits and seek guidance; awareness of own limitations
	Commitment to tolerance and non-judgmental care

Table 2: Values & Sub Values of Commitment to Integrity & Ethical

Fundamental value	Sub values
<b>Commitment to Excellence</b>  We must dedicate ourselves to achieving excellence in all aspects of Healthcare. Without excellence, no matter how well intentioned, our efforts to heal will fall short.	Commitment to providing the best, most effective care (scientifically and psychosocially)
	Commitment to communication excellence
	Commitment to relational excellence
	Commitment to self-awareness and reflective practice
	Commitment to life-long learning, expertise, and professional development
	Commitment to serve the patient's best interest

Table 3: Values & Sub Values of Commitment to Excellence

Fundamental value	Sub values
<b>Respect for Persons</b>  Respect should form the basis of all of our relationships.	Respect for patients and their significant others, viewpoints, opinions, wishes, beliefs
	Respect for cultural, social, gender, class, spiritual, and linguistic differences
	Respect for autonomy
	Respect for privacy and confidentiality
	Respect for all colleagues of the inter-professional team
	Humility

Table 4: Values & Sub Values of Respect for Person

Fundamental value	Sub values
<b>Justice in Healthcare</b>  We believe that healthcare professionals should embrace the values of justice in healthcare, and commit themselves to advocating for and putting these values into action	Right to healthcare (information, access, quality)
	Right to equality
	Commitment to advocating for the patient
	Absence of discrimination and prejudice
	Attention to social factors, constraints, and barriers to care
	Commitment to social justice

Table 5: Values & Sub Values of Justice in Healthcare

When we have a continuous outcome and two categorical explanatory variables such as 2 different hospital ownership types and 5 different fundamental human values, the two-way ANOVA for analyzing the relationships is recommended [8, 9, 10].

Hypotheses for the research question are as below:

- H0: There is no difference in mean human values for different ownership of the hospital and for various sub values
- H1: There is difference in mean human values for different ownership of the hospital and for various sub values

**IV. RESULTS & DISCUSSIONS**

The IBM SPSS 20 software was used to analyze the data collected. The ANOVA table is listed as Table - 6 below. The variable hospital type (Public or Private) was found significant with  $p=0.04$  at confidence level 95%, while the Category (sub values) and interaction of the two were found insignificant at 95% confidence level.

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3.205 <sup>a</sup>	9	.356	2.852	.015
Intercept	623.359	1	623.359	4993.311	.000
Hospital	.577	1	.577	4.619	.040
Category	.735	4	.184	1.471	.236
Hospital * Category	1.083	4	.271	2.169	.097
Error	3.745	30	.125		
Total	678.530	40			
Corrected Total	6.950	39			

Table 6(a): R Squared = .461 (Adjusted R Squared = .299) Table 6(b): Computed using alpha = .05

Table 6: Anova Table for the Study

The graph below shows the estimated mean score for the four categories. The HSP=1 represent the public player while HSP=2 depicts the private player. The score of public sector is high in all categories except CAT 2.

- CAT 1=Compassion
- CAT 2: Respect for Person
- CAT 3: Commitment to Integrity and Ethical
- CAT 4: Commitment to Excellence
- CAT 5: Justice in Healthcare

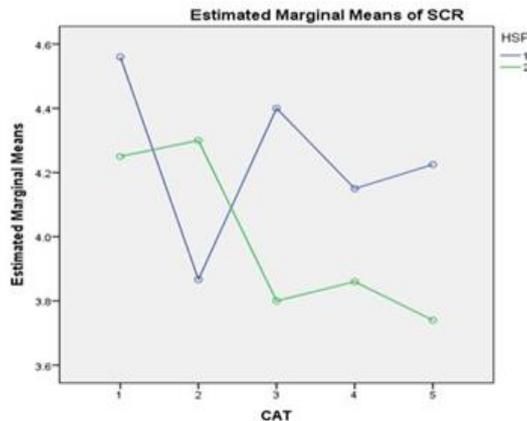


Fig. 1: Estimated Marginal Means of SCR (Mean Score)

**V. CONCLUSION**

There is significant difference in average Human values reported by the consumers for private and public players. The mean values of human value are higher for the public sector hospitals. Thus we can conclude that either public hospital is good at human values or customers report them higher because they value their service for being cost effective. We were not able to find any significant difference across all categories for two categories i.e. public and private. The private players perform better for the category

Respect for Personl, thus we can infer that private players are good at secretarial & communication skills. We didn't find difference between two categories of hospitals for various sub values significant at given confidence interval.

**VI. LIMITATIONS**

The sampling used in the study is non random sampling and findings can't be generalized for the larger population, but this study can work as an exploratory study in the area. The study with random sampling and with larger sample size can give more reliable results.

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