

Barriers to efficient provision of healthcare facilities: An experience from a developing country

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Dear Editor, Pakistan has nearly 200 million people, of which almost 20 million people live in Karachi, which has 17 tertiary care hospitals, and it is no secret that they are overburdened.¹

Despite the healthcare workers' competency, several issues hinder administering proper care in a tertiary healthcare setup. Firstly, spatial distancing-spatial access to facilities within a hospital also proves a challenge for patients. Patients have little idea regarding specific departments in a large tertiary care hospital due to low literacy rates compounded with a lack of health literacy. At times many patients have reportedly circled the hospital twice and can still not find their desired specialist. A study conducted in Delhi that closely matches Karachi in demographics suggested that patients with one-time visits to secondary care facilities had lower follow-up rates than those who were more familiar with the system.² Patients may take time to acclimatize to healthcare setup when visiting as first-timers, and if found too challenging to adapt, they may not make an effort again. Unsurprisingly, this renders many facilities- the administration spends, sometimes a fortune, procuring- useless.

Patients recommended for MRIs, ultrasounds, or CT scans may need to seek these tests and have trouble reaching the desired hospital building. The cause for these misunderstandings can be partially construed as low health literacy. According to Vernon et al., the estimated cost of low health literacy to the healthcare system is between \$106 and \$238 billion annually. This low literacy rate has a significant impact on the healthcare system by being a communication barrier between patients and the healthcare system.³

One way to resolve the highlighted problems is to set up coloured signboards for the patients who cannot read. Putting up signboards in all the languages used and colour-coded images outside each building and department that guide the patients and help them reach

the respective department might also help combat confusions that arise amongst patients due to a lack of formal education. Along with that, we propose that a cross-sectional study on patient satisfaction should be conducted periodically. Administrators and government bodies must remain informed of the outcomes of healthcare policies and facilities. H Zhou developed 56 indicators to evaluate a nationwide programme's implementation to improve patient experience in public hospitals. To evaluate patient satisfaction in a healthcare setup in Pakistan, similar methods, with changes ensuring relevance to local establishments, can be employed.⁴ Once this is achieved, it is hoped we can begin work to improve patient experience and cover the gap in the literature as far as health literacy is concerned; single item literacy screener (SILS) developed by Morris et al. can be used to determine the health literacy level of patients visiting healthcare setups in lower-middle-income countries (LMICs) as was done by Saqlain et al. in PIMS Islamabad, Pakistan.⁵

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