ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES

ASSESMENT OF PRIVATE WING PRACTICE IN ALL AFRICAN LEPROSY REHABILITATION CENTER

BY

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REVIEW OF PRIVATE WING PRACTICE IN ALERT HOSPITAL

By

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List of Abbreviations/Acronyms

BOFED - Bureau of Finance and Economic Development

CEO -Chief Executive Officer

EMOH - Ethiopian ministry of health

FMOH - Federal ministry of health

HSFR - Health system financial reform

OPD - Outpatient department

PW - Private wing

SPSS -Statistical Package for Social Science

TAG - Technical advisory group

USAID -United States Agency for International Development

WHO - World health organization

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Abstract

Private wings have been implemented on a small scale within Ethiopian public hospitals. These 'differentiated amenities' involve the provision of better services to patients who, under a fee-for-service reimbursement mechanisms, pay out-of-pocket or through medical insurance. The public sector objectives for these wings include retention of highly qualified health personnel, additional revenue generation as well as wider benefits to the public health system, leading to better access for middle income class population groups and development of new models of service delivery which will help to finance the health system.According to the status report of health care financing synthesis report in 2005 EC, Ethiopia has about 45 hospitals which have established private wings and out of these seven hospitals are in Addis; among these hospitals in Addis, four are administered by Addis Ababa city Administration. The study was conducted with the objective of investigating Private wing Practices and Challenges of ALERT Hospital and to identify the main challenging factors. In order to achieve this objective, primary data were collected from The Hospital CEO, one hundred fifty patients and ninety health professionals. Secondary data were collected from HSFR (Health Sector Financing Reform) guidelines, TAG (Technical Advisory Group) reports, and PW (Private Wing) performance reports. Results of the study indicate that conflict of interest, Existence of Contextual differences in the operation of private wing, Unfair revenue sharing and unequal service provision, Gaps in legal frame work, Demand for specialized and selective services, Unregulated fee levels for private wing services, Absence of systematized regulatory mechanisms is important and challenging factors that influence the private wing system.Finally, to enhance the existing functioning system of private wings, this study made recommendations Federal Ministry of Health and Hospital's management to deliberate considering the resources available for the sustainability and success of private wings.

***Key words**: Private wing, challenge, practice, prospect, health professionals and patients.*

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

As Dovlo (2003) notes," The African continent is facing a health crisis occasioned by very low funding of health services and deterioration of health service infrastructure." Ethiopia is also part of this health crisis exhibited by lower fund for health care services. This leads the public to lose access towards quality health care service, and poor health service infrastructure.

Ethiopia follows a revenue collection and budgeting system in which all public institutions that are collecting revenue are supposed to channel their revenue to the central treasury and receive their operational funding in the form of a government budget. Similarly, in the health sector, health facilities were channeling all revenue that they had been generating internally to the treasury. This caused a lack of sense of ownership by health facility staff and health facilities, and the amount of money health facilities had been collecting and channeling to the treasury was rather insignificant. On the other hand, health facilities faced a serious shortage of resources to cover their operational costs, and, in most cases, their non-salary operational budget was being depleted by the end of the first quarter causing inefficient use of scarce resources and poor quality of health care. In response to this problem, the health care financing strategy had been adopted and initiated to address overall infrastructural as well the general dysfunctional health care system of the country (Belayneh Bogale,2015).

After 1991 the Ethiopian government undertook a robust reform in different sectors. One of the reforms was health sector reform. After thorough study and assessment of the health situation the FMoH of Ethiopia developed a health care financing strategy in 1998 that was endor,sed by the Council of Ministers and became a very important policy document for introduction of health financing reforms. The government recognized that health cannot be financed only by government and underscored the importance of promoting cost sharing in provision of health services (FMoH, 1998).

Retention of the revenue generated by the public hospitals and use it for professional fee and the left to spend by the hospital as operational cost somehow create a sense of ownership for the staffs beside generating additional income for them and it paved the way for patients to have access to quality care with fair payment and they can also easily access their Doctor of choice since many specialists are engaged to work in the public hospitals (USAID,2016)

Many literatures define private wing as an outpatient and/or inpatient Service provided in a hospital/health center premises and acts like a private facility, with user fees higher than the regular ward but less than the private for- profit charges. This kind of set up is shown to improve the sustainability of services in the public hospitals. Well-functioning private wings have various benefits for the staff, the client and the public hospital as well.

Medical staff turnover is high in public hospitals in many African countries. A study discovered that the initiation of private wings in public hospitals contributed to motivation and retention of health professionals. Private wings help to retain health workers in a way that increase in earnings since they do extra job in their part-time they gain extra earning. In the other way job satisfaction is obtained as a result of providing better service for lower charges to customers and reduction of time wastage as PW is located in the premise of hospitals (Dolvo, 2003)

Clients are also advantageous from the Pw service which is increased client satisfaction due to extended hours of service, shorter waiting times, better quality, and lower cost as compared to private clinics. Patients also can get their choice of physician unlike in the public hospital regular service.The facility itself is advantageous from the private wing in a way that clients become satisfied from the quality service with the low cost and serving with more experienced medical staffs so that the client come again and again. The facility benefits from the private wing without investing for extra rooms since it uses the already available rooms. On the other hand in a case of contractual agreement for revenue sharing, revenue flows to the public hospital as well. (USAID, 2016 P.1-2)

> “Despite the value of a private wing/room, the conflict of interest among staff concerning work assignments and payment, Unfair revenue sharing and unequal service provision, Gaps in legal frame work, Demand for specialized and selective services, Unregulated fee levels. Hospitals need to implement private wings more transparently to avoid conflict of

interest among staff, and authorities need to make sure that private wings are not competing with regular wards and not compromising services in the regular ward."(HSFR, 2013).

Despite all its benefits, the private wing service is declining from time to time, prior researches and international experience suggests that this type of ward has much potential for promoting inequity within hospitals. The three key problems are the failure to generate sufficient revenue to sustain hospital-wide quality improvements, the likelihood of resource allocations within the hospital becoming biased towards the private wards and failure to meet their predetermined objective of reducing turnover and improving health care system.

1.2. Statement of the problem

In Ethiopia as these private wing establishments were created and started delivering services, it became clear that not much was being done to evaluate them and to understand their governance arrangements and the impact on healthcare services. To date, there have been a limited number of studies on private wing service provision in Ethiopia, and this potential important component of the health care system has received little policy attention.Knowledge gaps still exist regarding the appropriate role of private wing service provision for Ethiopia and policies for engaging the private sector to contribute to health policy objectives. Therefore, research is needed to assess the practices of private wing provision in Ethiopia. Therefore, whether public hospitals has gained benefit of retaining medical professionals as a result of setting up private wings and the role the establishments practically play is a critical knowledge gap that needs to be addressed. Thus, this study therefore will try to review and investigate the practices and challenges of private wing set up service in selected public hospital in order to see whether it is attaining in alleviating the existing problems as per the very objective of establishment of private wing service or not.

1.3. Research questions

1. Whether the selected public hospital meet the predetermined objectives of establishing the private wing. If not, what are the reasons?
2. Whether Private Wing contributes for the staff motivation, retention and client satisfaction in the selected hospital.
3. What are the contributions of Private Wing in resource mobilization and improve quality of health services in the selected public hospital?

1.4. Objectives of the study

1.4.1. General objective

To assess the practice of private wing service in selected public hospital in Addis Ababa.

1.4.2. Specific objectives

a) To assess the practice of private wing service in selected hospital.
b) To assess level of satisfaction among staffs and clients. .
c) To describe the challenges/constraints of private wings in reducing medical professionals' turnover.
d) To assess whether the selected private wings have attained their predetermined objectives or not.
e) Determine whether, and why, hospital resources are diverted from public to private wards, and whether this affects the quality of care offered in public wards;

1.5. Definition of terms

1.5.1. Conceptual definition

Private win: an official arrangement according to which medical services are provided, on a fee-for-service basis, to inpatients and/or outpatients in public hospitals and health Centers. (HSFR, 2013)

Public hospital:a health care institution owned by a federal, state, or local government.

1.5.2. Operational definition

The major parameters to measure health care improvement in relation with private wing service are staff motivation, retention and client satisfaction:

a) Staff motivation**:** individual's degree of willingness to exert and maintain an effort towards organizational goals.
b) Staff retention: the number of staff members in a facility that remain in employment
c) Client/ patient satisfaction**:** Patient's opinion of care received.
d) Private wing patients**:** patients on a fee-for-service basis
e) Regular patients : patients getting medical service at public hospital during regular working hours.
f) Other clinicians: laboratory technicians, pharmacists and radiologists participating in the private wing service

1.6. Significance of the study

The result of the study will be significant to the public hospitals in general to create awareness on the issue, challenges and remedies in order to achieve the private wing objective.It also will help to identify challenges, best practices and lessons learned for future practice. Moreover, the findings will be communicated and can be used for policy decision in establishing the system in the public hospitals. It also helps Development practitioners in terms of solving practical institutional problem. Result can be managerially applicable but still further research may be needed. The study will also have significance in regard to see areas for strengthening the private wing service or if it has drawbacks that should be addressed.

1.7. Scope and limitation of the study

The scope of this research is delimited to only ALERT public hospital where there is active private wing since there is easy access of information for the researcher in this site. As a result the conclusions derived from this study might not necessarily be the real reflection of the situation in the country's health institutions at large. The main limitation of this study was shortage of reference materials on the area of the research topics due to limited international as well as national experience with the study topic in addition to delayed and some incomplete responses especially for open ended questions.

1.8. Organization of the research report

The research is organized into five chapters. The first chapter is an introductory part of the study which presents background of the study, statement of the problem, basic research questions, objectives of the study, hypothesis (if any), definition of terms, significance of the study, and delimitation/scope of the study. Chapter two presents Literature review related to the topic; Chapter three describes the type and design of your research; the subjects/participant of the study; the sources of your data; the data collection tools/instruments employed; the procedures of data collection; and the methods of data analysis used. Chapter four summarizes the results/findings of the study, and interprets and/or discusses the findings. Chapter five forwards summary of findings, conclusions, limitations of the study and recommendations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Introduction

This chapter of the study gives a comprehensive review of the literature related to my study subject. Several topics are reviewed in this section. First, some points related to health care financing and private wing service as a component of health care financing are discussed, and the second part of the chapter focuses on reviewing the literature on issues raised by different authors regarding the practice of private wing service and related topics with particular focus related to the objective of private wing establishment practice as mentioned in the operational manual.

2.2. Review of Theoretical Literature

2.2.1. The concept of Health system financing reform

The right to the enjoyment of the highest attainable standard of physical and mental health is considered a fundamental human right. Internationally, the right to health was first articulated in the 1946 Constitution of the World Health Organization. To realize this right to health, countries are required to ensure availability; non discriminating physical, economic, and informational accessibility; cultural and ethical acceptability; and quality of health care. Generally, health services, goods, and facilities must be provided to all without any discrimination to guarantee that everyone's right to health is observed. The very important aspect of the right to health is to ensure quality and access to health care this fundamental human right cannot be observed in the absence of effective financial protection mechanisms for health care expenditures. (WHO, 2012)

According to the World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and policies; and well maintained facilities and logistics to deliver quality medicines and technologies (WHO, 2013).

Looking at the situation in Ethiopia, the health sector is generally underfinanced by both global and regional standards and is hugely dependent on donors and direct payment by households, contributing about 40% and 37% of the national health expenditure, respectively.

In an effort to reduce such limitations in the health care financing system, the Ethiopian government has been implementing different reforms. In 1998, the Federal Ministry of Health (FMOH) developed a health care financing strategy that became a very important policy document for the introduction of health financing reforms. Although a little slow, different regional states of the country started implementing reforms following this strategy. (FMOH, 2007)

Ethiopia was on the road to recovery from a prolonged civil war in the early 1990s. The health infrastructure had critically deteriorated, that resulted in incompetent, unbalanced and of poor quality health service delivery. The overall country budget was limited, resulted in insufficient financing for health care. Public health institutions were required to direct income to the central treasury and received operational funding in the form of a government budget due to this many health institutions faced a deficit in funds. The most important barriers to improved health care financing include:

- Low government spending on the health sector
- Strong reliance on out of pocket expenditure
- Inefficient and inequitable utilization of resources

The above mentioned problems left Households exposed to impoverishment from catastrophic health expenditures and slow progress towards health improvements by limiting access to essential health services among the poor.In order to solve these problems, the government initiated a pro-poor health policy and get on health care financing reform in 1998. The strategy recognized that health care should be financed through multiple financing mechanisms to ensure long-range sustainability of health services.

The major goals of Health Care Financing Reform were identifying and obtaining resources that can be dedicated to preventive, curative, and rehabilitative health services so as to increase efficiency in the use of available resources in addition to Promoting sustainability of health care financing and improving the quality of health care (Zelelew, 2012).

Establishment of private wings in public hospitals is one aspect of the Ethiopian government's health sector financial reform program which was launched in 2008. In the last four years or so, certain Ethiopian public hospitals have created private wards that function within their physical and organizational boundaries. According to FMoH (2010) the establishment of public hospital private wings has the potential to generate additional income and can increase the ownership of the hospital services by health professionals. The establishments provide services to those who can afford to pay more for those services. The setup is meant to improve the quality and timeliness of services. It also helps reduce the turnover of skilled manpower through additional compensation, and to motivate staff members to provide more and better service.

2.2.2. Health Sector Reforms in Ethiopia

Ethiopia as a developing country faces great challenges in meeting the health needs of its large and growing population. The challenges are not just a lack of resources, but also how to use existing resources more efficiently, more effectively, and more equitably. When the scope for increasing health expenditure is extremely limited, there is a need to search for ways of using existing budgets more efficiently and more effectively.Lack of adequate financing in public hospitals has been one of the most important limiting features to improved access and quality of the health care system accounting for growing attrition rate of health care professionals mostly noticed in urban areas (HSFR, 2013).

To alleviate this hindering issue the Federal Ministry of Health (FMOH) in collaboration with HSFR (USAID funded project) brought private wing/rooms into practice at public hospitals among similar reform attempts. The Federal Ministry of Health (FMOH) of Ethiopia developed a health care financing strategy in 1998 that was endorsed by the Council of Ministers and became a very important policy document for introduction of health financing reforms. The government recognized that health cannot be financed only by government and underscored the importance of promoting cost sharing in provision of health services.

The health care strategy that has been developed in 1998 allowed resources for the health sector to be mobilized from different sources and permits government to provide health services through its health facilities by means of a cost-sharing arrangement with users. In order to implement the strategy, FMOH drafted a prototype legal framework and operational manuals

that were adopted by regional governments. In line with the health care financing strategy and based on the approved legal frameworks, a wide range of health care financing reforms have been implemented (USAID, 2012).

2.2.3. Components of health care financing reform

The major components of health care financing reform are:

- Revenue retention and utilization at health facility level
- Systematizing a fee-waiver system
- Standardizing exemption services
- Outsourcing of non-clinical services of public hospitals
- Using and revising user fees
- Initiating health insurance schemes
- Establishing private wings in public hospitals
- Establishing health facility autonomy through the introduction of a governance system (zelelew, 2012).

Since the researcher's focus is on the private wing services in public hospitals (The seventh component of health care financing reform) let me directly go to define private wing service.

2.2.3.1. Definition of private wing service

As described by (EMOH), "private wing" commonly refers to an official arrangement according to which medical services are provided, on a fee-for-service basis, to inpatients and/ or outpatients in an acute -care public hospitals. The rationale for the implementation of private wing is to generate additional income for health professionals and health facilities (EMOH, 2009)

2.2.3.2. Overview of private wing service in other countries

Although small is found on literature about private wings in public hospitals, there are few practical experiences in different countries in the area.

In Malaysia, the problem of skilled health workers attrition had become more acute a few years before; and to discourage doctors from leaving the civil service, private wings in government hospitals had been opened to improve the incomes of doctors. However, the introduction of private wings in public hospitals was a very argumentative issue in Malaysia. One of the basic

issues of the argument was that the introduction of private wings will result in inequity in health recourse utilization. The poor may be neglected and resources may be diverted to the have. They are concerned when more and more of their local health resources are diverted to serving regional and national healthcare priorities as dictated by market demand, rather than on need basis (LohFoon, 2004).

However, this gap is bridged in Ethiopia by the introduction of fee waiver system. A fee waiver system is a right conferred to a household or an individual that entitles the household/the individual to obtain free health services in public health facilities without charge. One of the main purposes of the fee waiver system or scheme is to ensure equity in access to health services by increasing health services to the poor. The system's other major purpose is to increase the financial capacity of public health facilities to improve health service quality. The cost of service delivery is covered by the district or Woreda administration. This is clearly stipulated in the Health Service Delivery, Administration and Management /HSDAM/ proclamation, Regulation and Directives of all regional administrators.

In Kenya private wings are used to play a significant role since 1991 at the Kenyatta National Hospital and other district hospitals by reversing the existing deterioration of the quality of health care service and alarming loss of physicians especially to the private sector. The Private Wing of Kenyatta National Hospital was initiated in 1991 by joint consent of the Ministry of Health and KNH as a step toward to reverse the existing loss of physicians to the private sector and hence stop the deterioration of the quality of health care service delivery at KNH. The objective of the private wing was to offer better quality service for those who could afford to pay for it, retain highly qualified specialists and cross subsidize the general ward of the hospital. The private wing was first established in small space in KNH. Later on, with people realized that there was an alternative means of care within the public hospital, demand increased and the private wing occupied the entire upper floors of the hospital (FMoH, study tour report, 2008). Eventually, other district and provincial hospitals begin to establish private wings in their premises. More important in the commencement of the private wing in Kenya was the emergence of the National Health Insurance Fund of Kenya. It has created demand for the private wing. This is because the private wing was one of the best qualified health service providers to the NHIF. However, the Kenyan private wing scheme was not free of challenges.

The initial challenge of the private wing was inability to generate more revenue as expected. However, through time and expansion of the NHIF, the challenges were later solved.

Similarly, the Italian public hospitals some nine years before permitted their employed staff to have some private professional activities as a Human Resource Management /HRM/ tool. The

Italian National Health Service (NHS) allowed employed physicians to run private, patient funded activities ("private beds", surgical operations, hospital outpatient clinics, etc.). The basic regulation about service delivery was set at the national level. However, the regulation was greatly improved at the hospital level. The objective of the introduction of private practices in public hospitals was to enable hospitals to get leverage to improve the HRM with special attention to three matters: (1) professional evaluation, development, and training; (2) compensation policies; (3) competition for, and retention of, professionals in short supply.

With respect to health professionals' compensation, the result of the introduction of private activities in the public hospitals has clearly shown that private activities benefited physicians and they permitted compensation policies that are much more flexible than the ones set by national agreements or bargaining. "In general, this should be considered an advantage for hospitals, which can use this new leverage to improve HRM. One difficulty is the ability of hospitals to deal with their professionals. A second, broader question relates to the validity of compensation flexibility as an effective tool for motivation in public healthcare organizations" (Carlo De Pietro, 2005).

Similarly, regarding the role of private practices in motivating professionals, the results were positive and promising. Professionals enjoyed the additional income from private activities. However, there was a negative impact on those excluded physicians and other staff. Despite this little challenge, what was outweighing was stronger clinical autonomy enjoyed by professionals in private practice, in terms of choice of preferred patients, concentration of the case mix (which can help in research activities), etc. In the Ethiopian private wing initiative scheme, this gap – exclusion of some physicians and other staff from participating in the private wing - is bridged in such a way that any health professional who wants to participate in the private wing shall do so in a rotation basis.

In the same way, in Uganda private wings are playing important role in creating better access to clients through increase in the amount of resources dedicated to patients seeking health care, and supporting the salaries of doctors (Ogwang, P.2003). Some public interest groups complained that setting up private wings would overstretch the already limited resources in government hospitals and possibly jeopardize the health of poorer patients (Lohfoonfong, 2004).

However, the objectives of private wings in different countries are different. For example, in the Malaysian case, the objective was privatization of health care in public hospitals. That is a scheme to create commercial 'private wings' in major government hospitals. And thus the objective is different. This indeed will add to the burden of people who need public healthcare the most. In the Italian case, the main objective of initiating private wings was to manage and deal with human resource management. In the Kenyan and Ugandan case, the objective of the introduction of private wings in public hospitals was motivation and retention of staff.

2.2.3.3. Private wing service in Ethiopia

In Ethiopia, as in many developing countries, retention of health professionals is a critical problem. To alleviate this problem and also to provide alternative health care access to clients, a number of public hospitals have started establishing private wings in their compounds.The history of private wings in Ethiopia goes back to February 2008, when the *Bishoftu* hospital in Oromia region, launched the establishment of its private wing. Currently, the number of public hospitals with private wings has reached 50.Although the number of private wing establishments increase from year to year, a systematic documentation with regard to evidences and factors that make private wings work better has not been done adequately.Private wing service as one of the major component of health care financing reform is implemented in public hospitals to generate additional incomes to the health professionals and health facilities while providing better quality of service for those who can afford for it. According to the FMOH the private wing service is expected to be provided with a higher level of amenities and customer service, more comfortable and cleaner environment, more convenient opportunity times and personal choice of doctors (EMOH, 2009).

2.2.3.4. Establishment and practice of a private wing in public hospitals

To alleviate the several problems associated with health service access most countries allowed Doctors and other health professionals to practice in the private wing with in public hospital. Private practice in public hospitals is widely practicing in the developing as well as developed countries. This practice is adopted as a solution to several problems that are related with health care services in public hospitals. Some of these problems are: mismatch between demand and supply of health care services in public hospitals, small number of health professionals, law salaries by government for those health workers to meet the cost of living. In addition to the benefit it provided for the doctors together with other health professionals is to help with improving health workers' retention, providing alternatives and choices to private health service users, and generating additional income for health facilities as well.

According to the World Bank report there are two main methods by which private practice can be practiced by Doctors in a public hospital.The first method is to permit doctors to practice during off hours in private health sectors and the second method is to have private patients in the same public hospital premises where the Doctors used to work, but in a separate ward, but doctors attend to their private patients only during the off hours.

The second method has several advantages whereas, the former has several disadvantages. Advantages of the latter method are that the doctor concerned remains in the hospital premises which allow him to see public patients without any delay which is a great advantage for both the patent as well as the physician. This helps the doctor by saving a lot of time which otherwise he has to spend driving round the city from one place to another place. Beside this patients can be confident that the specialist doctors are not far away from them even during the off hours. This is in addition to the extra income generated for the government, which could be diverted for the non-paying patients (World Bank, 2009).

Despite all its benefits, prior researches and international experience suggests that this type of ward has much potential for promoting inequity within hospitals. The three key problems are the failure to generate sufficient revenue to sustain hospital-wide quality improvements, the likelihood of resource allocations within the hospital becoming biased towards the private wards

and failure to meet their predetermined objective of reducing turnover (Birn*et al*., 2000; Suwandono*et. al*, 2001).

Another major advantage of having private wing in public institutions is that other categories of staff including junior doctors, nurses, attendants, medical laboratory technicians etc. are also benefited. In addition to the medical staff other administrative staffs are also benefited from the income generated by the private wing.

2.2.4. The Objectives of Establishing PW in Public Health Facilities

The primary objective of the private wing is to promote the retention and inspiration of health workers in public hospitals, in this manner reducing the high attrition rate of qualified health professionals from the federal hospital to private sector practice. Though this objective relates to all health professionals, specialists and general practitioners Doctors are its primary targets due to their high attrition to and concentration in the private sector.

The other objectives of the private wing include building the capacity of the public hospitals and improving the quality of health care services by using the income generated by the private wing to satisfy the needs of clients who pay for care provided to them by a doctor of their choice. As it is mentioned in the operational manual the major objectives of PW service are:

i. Increase motivation and reduce attrition rate of health workers,
ii. Improve the quality of health services, Page 21
iii. Mobilize additional resources and subsidize the general ward,
iv. Provide alternative care access for clients and
v. Help hospitals be self-sustaining in the long run and carry out the basic health service and disease prevention policy of the government.

2.2.5. Set-up

A PW shall be set up in the compound of the health facility.

2.2.6. Source of Initial Capital

The health facility can mobilize funds from the following sources to establish PW:

i. Donor finance
ii. Credit from the retained health facility revenue without any interest.
iii. Support from government budget.

iv. Other source

When deciding to open private wings, hospitals should conduct assessment of the regular ward clients and assess clients in the private clinics. They should also conduct a study tour to learn the success of other hospitals before opening private wings. In addition, all hospitals have should create public awareness programs regarding private wing and the services provided both prior to and during their operations. The most important methods used to create public awareness on the services provided in the private wings are posters, brochures and public media.

2.2.7. Service Integration/Segregation

As long as the PW does not affect the services given in the general ward, it can use at no cost the facility infrastructure, registration and recording formats, request and prescription papers & equipment. The PW should pay at cost for consumables that it uses. Page 22

2.2.8. Key Considerations in the Establishment of PW

i. The establishment of the PW shall not negatively affect the services given in the general ward.

ii. There should be no difference in quality of care between the PW and the general ward.

iii. The establishment of PW must not compromise the drive to reduce waiting times in the general wards.

The PW is designed in a way to help the general ward regarding service delivery in a way to reduce waiting time in the general wards without affecting the quality delivered in the general ward. There should not be fundamental differences between care provided to public and private patients. A key explanatory factor seems to be the private ward model. The model does not allow public sector doctors and specialists to perform private practice in the hospital so doctors treat private patients as part of their normal hospital duties. This removes incentives to deliver more services to private patients that could result from the fee-for-service reimbursement system. In addition, given the limited number of private wards and beds relative to the rest of the hospital and the workload in the rest of the hospital, very little incentive exists to divert resources towards the somewhat limited private ward set-up.

2.2.9. Conditions to be fulfilled to establish a PW

i. The health facility should set up a PW to provide those services that the facility has established a good reputation for or has a comparative advantage providing, when compared to other facilities.

ii. The health facilities should make sure they have the necessary heath and support staff available, and will not negatively affect the services given in the general ward.

iii. The health facilities should make sure that the space of the PW is sufficient and convenient to clients and should not crowd out the general ward.

iv. The establishment of the PW must be approved by the facility governing board or by the legally responsible body.

There should not be any difference in the quality of care between the private wing and general ward. Neither are there services in the private wing that are not provided in the regular ward. This is clearly stipulated in the ratified regional and federal regulations. Services to be provided in the Pw are selected by comparing the services that have good reputation as compared to other facilities. The facility also has a responsibility to assign the required medical as well as support staff in order to deliver the selected service in the Pw.

2.2.10. Benefits of PW service

2.2.10.1. Benefits for patients

i. A higher level of amenities and customer service

ii. A cleaner, more comfortable and secure environment

iii. More convenient appointment times

iv. Personal choice of doctor

Clients are advantageous from the Pw service which is increased client satisfaction due to extended hours of service which includes weekend; shorter waiting times as compared to the regular service in the facility, and lower cost as compared to private clinics. Patients also can get their choice of physician unlike in the public hospital regular service so that they can get the quality service they refer to. Investigation/examination and diagnosis is quick. So clients may go home finishing examination and the necessary diagnostics quickly.

2.2.10.2. Benefits for the staff

i. A better work environment

ii. Caring for people with an increased level of patient satisfaction

iii. For eligible employees, a potential to increase earnings

Intrinsic staff motivation, as opposed to extrinsic motivation, is believed to come from the satisfaction that health professionals attain from the facilities they are working in.

Health workers participating in the PW are expected to be more satisfied due to an increase in earnings since they do extra job in their part-time they gain extra earning. In the other way job satisfaction is obtained as a result of providing better service for lower charges to customers and reduction of time wastage as PW is located in the premise of hospitals. The major benefits accrued to health workers participating in PW are increase in earnings, satisfaction obtained as a result of providing better service for lower charges to customers and reduction of time wastage as PW is located in the premise of hospitals.

2.2.10.3. Benefits for the health facility

i. Help retain qualified facility staff

ii. Increase revenue for institutional improvement – upgraded equipment, computer systems, new Clinical services, additional investment in staff training, etc.

iii. Establish and role model a higher standard of non-clinical services throughout the facility

iv. Improve quality health services, thereby improving patient satisfaction.

v. Reduce waiting time in the general ward for non-Private Wing patients.

vi. Improve reputation of the health facility

vii. Act as an informal regulator of market pricing

The facility itself is advantageous from the private wing in a way that clients become satisfied from the quality service with the low cost and serving with more experienced medical staffs so that the client come again and again. It is generally accepted that when patients are satisfied with the quality of care they have received, they are more likely to return for necessary follow-up. Since service provision time of private wings is off working hours during week days and weekends, Saturdays, Sundays and holidays it is more convenient for clients. The facility benefits from the private wing without investing for extra rooms since it uses the already available rooms. On the other hand in a case of contractual agreement for revenue sharing, revenue flows to the public hospital as well.

2.2.11. Service Delivery Options

There is not only one approach or option for providing PW service. The Technical Advisory Group (TAG) defines what constitutes the PW Program for health facility planning. The day-to-day operation of a PW is done by each individual health facility with the cooperation, oversight and approval of the appropriate Regional/zonal/ Woreda Health Bureau. The decision to choose a suitable PW service delivery mode is left to the regional/zonal/ Woreda health bureaus and/or the health facility governing board.

2.2.12. The Health Facility Service Delivery modes/ options

i. The PW is a separate in-patient unit where PW patients are admitted for care.

ii. The PW is an outpatient service that utilizes existing ambulatory car, radiology equipment and laboratory equipment during non-peak operating hours.

iii. The PW is both an in-patient and outpatient service program. After selecting the appropriate option, the TAG determines what the clinical focus service area should be of the private wing.

Both the federal and regional regulations clearly state that hospitals should focus on those services (both inpatient and outpatient, first starting with OPD) that the health facility has good reputation or have a comparative advantage as compared to other facilities.

2.2.13. Formation of the Technical Advisory Group (TAG)

The first step towards implementing a private wing initiative is forming a Technical Advisory Group /TAG/. TAG (usually named as private wing committee) is a team of experts formed from different sections of the facility to implement the private wing initiative. The head of the Health Facility names a chairperson and selects members based on experience and competence with project planning, time available for the project, and credibility among the stakeholders. The head of the Health Facility consults with the Technical Advisory Group on how the initiatives of developing a PW may be coordinated in the general ward to achieve the facility's objectives.

2.2.13.1 Roles and responsibilities of TAG

i. Conduct the SWOT analysis and make a realistic assessment as to whether or not the PW has the potential for success.

ii. Develop the business plan, facility plan and operational plan for the private wing.

iii. Define the constituents of the PW program for health facility planning Practices and Challenges of Private wing in Addis Ababa Hospitals 2016

iv. Assist health facilities in selecting appropriate PW option or approach and clinical focus.

v. Develop criteria for assignment of staff in the private wing.

vi. Provide recommendations on revenue sharing criteria for doctors and other health staff members participating in the private wing.

vii. Develop the detailed working procedures of the private wing.

viii. Develop a comprehensive list of factors and assumptions identified during the market analysis, personnel planning, operations planning and financial planning that pose significant risks to meeting goals.

ix. Identify the types of service supports that departments are capable of providing at a higher level of quality and service to the Private wing.

x. Propose expedient patient registration mechanisms that enhance customer service.

xi. Develop service expectations and protocols in collaboration with facility administration and departments.

TAG (usually named as private wing committee) is a team of experts formed from different sections of the facility to implement the private wing initiative. This working group carries out the business, facility and operational planning for the private wing.

2.2.14. Staff Deployment in the PW

i. Health personnel with good knowledge, skills and ethics will be deployed in the PW on a rotation basis.

ii. The criteria for selecting facility staff to be assigned in the PW shall be set by the facility management. In general, the selection criteria should be based up on: - Good reputation and performance, Proven ability to work with a team & Willingness to work in the private wing,

iii. Whenever necessary to recruit manpower to a PW from among employees of a health facility, the health facility management shall set criteria for the recruitment. Health workers assigned to work in the PW shall work on a rotation basis. Page 25

iv. The PW unit may use services such as security, housekeeping, general services, procurement, transport, and store from the general ward as long as the unit does not negatively affect the general ward services.

As we know Human resources are critical to delivering health care services. There are two methods on the criteria of staff deployment. In some cases the assignment of staff in the private wing is open to all staff members. That means that all employees are allowed to take part in the private wing service. However, in other cases clinical competence and proven ability to work with the team conducted by hospital management through regular staff evaluations are used as criteria to assign workers in the private wings.

2.2.15. Service Delivery Modalities, Service provision Time and quality of Care

According to the federal and regional regulations public hospitals should focus on those services (both inpatient and outpatient, first starting with OPD) that the health facility has good reputation or have a comparative advantage as compared to other facilities. For example, some hospitals may take the advantage of working on ophthalmology others on urology and so on thus; neither the hospital management nor the hospital board had the right to change the modalities. However, as to the types of services to be provided in the private wings, it is determined by the private wing committee, the hospital management and the governing board of the hospital.

Regarding the service provision time the regular service of private wing i during off working hours, during week days and weekends, Saturdays, Sundays and holidays. Addis Ababa city administration health bureau has approved inpatient service modality in private wings even though most hospitals in Addis Ababa started the inpatient service.

Concerning the quality of care in the private wing there is no any difference in the quality of care between the private wing and general ward. Neither are there services in the private wing that are not provided in the regular ward. This is clearly stipulated in the ratified regional and federal regulations. The only difference between the private wing and regular ward are: - the availability of higher level of amenities and customer service (during inpatient service), a cleaner, more comfortable and secure environment (during inpatient service), more convenient appointment times and personal choice of doctors in the private wing.

2.2.16. Financial Management

i. The PW unit will collect its revenue either using the receipt purchased from the Finance and Economic Development Bureau or designing its own revenue collection receipt and having it published.

ii. The revenue of the PW will be collected daily by cash collectors and should be kept in a safe box until the revenue is finally deposited in the bank.

iii. Revenue collected from the PW should be deposited in a separate account, opened in the name of the private wing.

iv. The money deposited in the bank account of the PW can only be withdrawn by joint signature of two or three of the following:- Health Facility Head, PW Coordinator, - Finance Officer assigned to the private wing.

v. The PW should keep separate financial statements, bank accounts, and financial recording and receipt vouchers.

vi. Any income or payment out of the accounts of the PW will be received or made using receipts or vouchers from the private wing.

vii. Each and every receipt must be recorded in the account books in a timely fashion.

viii. The account books will record revenue and expenditure accurately.

ix. The book keeping shall be done in accordance with generally accepted standards of book keeping / accounting and shall be ready for audit at all times.

x. The account/s of the PW will be audited at least once a year by the auditor of the health facility and auditors from the Government or by an independent auditor hired for the service.

xi. The audit of a PW shall be conducted in accordance with Government rules and regulations and shall cover the all the assets of the private wing.

The money generated from the private wing set up should not be used for anything that does not contribute for and related with health service quality. In order to make sure money generated by the Pw is used for activities related with health service quality there should be well organized book keeping and auditing within the facility.

2.2.17 Reporting

The activity report of a PW will be prepared by the PW Coordinator monthly, quarterly, and annually and submitted to the Facility Head and other concerned bodies. The Health Facility

Head, together with facility management, critically reviews and submits the activity reports to the governing body.

2.2.18. Monitoring and Evaluation

According to Winnie (2000), in his review of design of monitoring and evaluation system the purpose of monitoring is described as to keep track of daily activities on a continuous basis in order to indicate as early as possible any shortcomings with regard to delivery of inputs and the execution of activities or production of outputs, in order that corrective measures can be undertaken in time. Thus, monitoring is primarily a device for improving program management. And evaluation as a structured process of assessing the success of a project in meeting its goals and to reflect on the lessons learned. (Owen& Rogers, 1999)

The PW Coordinator, together with the Facility Head, regularly and systematically monitors the performance of the PW in relation to set facility objectives and activity plans. The coordinator is also responsible for evaluating performance at the scheduled evaluation time. Such evidence will help the facility management and board strengthen quality of care and make corrective measures when performance is not up to the expected level or not generating the intended results.

Consequently, PW Coordinators should send periodic activity and financial reports to the Facility Head. The Facility Head, in turn, critically considers the report of the PW and submits it to the governing board. Supportive supervision is periodically conducted by the health facility and should be supported by feedback.

2.2.19. Revenue Collection and Apportionment

The source of revenue collection voucher can be from three different sources: the regional health bureau, Bureau of Finance and Economic Development and/ or internally printed revenue collection. The Regional Health Bureaus/Regional Finance Bureaus prints private wing revenue collection vouchers on behalf of hospitals. The revenue of the private wing should be collected by daily cash collectors (of the regular ward) and should be kept in a safe box until the revenue is finally deposited in the bank.

2.2.20 Apportionment of private wing revenue

According to the recently revised private wing directive by the FMoH, the sharing ratio of 14%for hospital, 14% for the admin staff, 69% for the health professionals, and 3%, for pooled fund for future private wing investment following the deduction of operational expenses.

2.3. Factors influencing patients' choice of Hospitals

In today's competitive health care industry, healthcare providers strive to determine how important service attributes are to potential customers and how those attributes influence customer choice of a healthcare provider.

Al-Doghaither*et al* (2003) stated the ability to provide accessible and cost-effective health services to patients depends on a thorough understanding of the factors associated with the choice and use of services, especially those factors which can be manipulated to improve the provision of healthcare services. Hence, in order to understand why patients choose one hospital over another, it is important to look at the major factors that patients consider.

Andaleeb (2000) pointed out that whatever the arguments for or against public and private hospitals, a time-honored test of hospital efficacy lies in the view and preference patterns of those who select, use and evaluate them.

Al-Doghaither*et al* (2003) indicated the set of determinant variables for the utilization of health services seems to be more complex in traditional societies of the developing world when compared with the developed countries. Additional factors are involved in the selection process due to: cultural differences, which include differences in the way illness concepts and health behavior, are viewed, and the different socio-demographic conditions. In his study involving 303 respondents from randomly selected health care centers in Riyadh, Saudi Arabia, stepwise discriminant analysis revealed that the main factors associated with choosing a hospital were medical services, accessibility, age, sex and education. Little importance was given to income and occupation.

Hamid *et al*, (2005) pointed out that in a typical healthcare system where providers are heterogeneous in terms of qualification, efficiency and other dimensions, the choice of provider by the customer depends on a number of factors like service fee, quality of care, access to care, perception of the providers, flexibility of payment system, type of illness, severity of illness and socioeconomic and demographic conditions of the consumers. In his studies based on data collected from advanced and non-advanced villages in Upazilla, Bangladesh, he found out that 52% of the people in the selected area received healthcare treatment from informal providers. He also found out that those patients with low household educational level preferred informal providers because of cheap treatment, easy access, and availability whenever needed.

Studies conducted in Africa, pointed to financial factors and quality of healthcare as the main determinants in the selection of healthcare providers by the customers.Amaghionyeodiwe (2008), investigated the determinants of households' choice of a health care provider in Nigeria using individual and household based questionnaires and involving a multifunctional logic model. Results revealed that both distance and cost of treatment are significant factors in discouraging individuals from seeking modern health care services. However, cost of treatment was less important as a determinant of the choice of health care provider. Results showed that cost of treatment was a major reason why many low income households opted for the self-care option. Furthermore, the study showed that older people tend to patronize both public and private hospitals.

2.4. Review of Empirical studies

Many researchers have studied private wing service from different perspective and in different environments. The following ones were very useful for our research. Agumasetal with a view to find the empirical evidence about the impact PW will have on patient satisfaction and associated factors. They have studied the issue at BahirdarFelegeHiwot Referral Hospital, North West Ethiopia. Patient satisfaction was measured based on four domains of care: Communications and relationship, Diagnosis and medications, Physical environment, and Convenience. They used binary regression analysis model to determine patient satisfaction.

This study showed that overall satisfaction of private wing patients with services obtained from the private wing at BahirdarFelegeHiwot Referral Hospital was lower as contrasting with foreign studies done at public hospitals. These variations may be due to the socio-cultural and economic status of the patients' in the particular areas of respective countries. Besides, the source of difference may also be methodological variation.

In contrasting with studies in Ethiopia: the overall satisfaction of this study is greater as compared with some public hospitals satisfaction studies. The variations might be due to better services in the private wing as a result of patients' opportunity to choose their health personnel, particularly doctors; may also due to methodological variations. In some studies patient characteristics are found to be determinant factors of patient satisfaction.

Zewdie (2015) wrote a journal with the purpose of evaluating the role of Private Wing set up plays in Public Hospitals in reducing medical Professionals' Turnover in the case of Public Hospitals under Addis Ababa Health Bureau, Ethiopia. The study finding revealed that the establishment of private wings had contribution to motivate and improve the income of medical professionals; however there is still a considerable level of intent to quit among medical professionals.

Tirunesh(2013) worked on the effects of health care financing reform on quality of health service in a case of Private Wing service in Addis Ababa Public Hospitals. In her research She tries to evaluate the effect HCFR will have on the quality of health care in Addis Ababa public hospitals focusing on the PW component of HCFR.

According to the result of her study, although the quality of the private wing service is not provided at the required level and according to its policy statement, it has contributed some initiations of better health service in public hospitals.

BMAU Briefing Paper (13/16) (June, 2016) examined the challenges of private wings in public hospitals in Ugandan context. The study indicated that inadequate human resource is the major challenge in PW service that emanate from use of the same staff in both private and public wings stretches the already inadequate human resource in public facilities. The other challenge exhibited was Lack of operational guidelines For instance, there are pricing disparities between hospitals. Moreover, Diversion of medical supplies For instance public medicines and other supplies were diverted to the private wings to generate more money for the doctors and administrators at the expense of the other patients in non-paying wards.

Wadee and Gilson (2007) worked on the policy and governance implications of private wards in public hospitals in china context. The finding revealed that the PW will generate revenue from private wards Even though it is not covering the costs of private ward activity. Governance arrangements for the China private wards are very different from experience elsewhere in low- and middle-income countries. The private wards were a relatively small-scale operation with revenue generation not linked directly to retention arrangements at the facility. Revenue generation was linked to the budget cycle and negotiations with the provincial health department. From a provision perspective, there are no incentives that translate into a private ward bias.

The limited international experience of private wing arrangements in public hospitals suggests that there is a strong potential for these wards to promote inequity. Two key problems are the failure to generate sufficient revenue to sustain hospital-wide quality improvements, and the resource allocations towards private wards. These problems are driven by a series of policy design and governance weaknesses.

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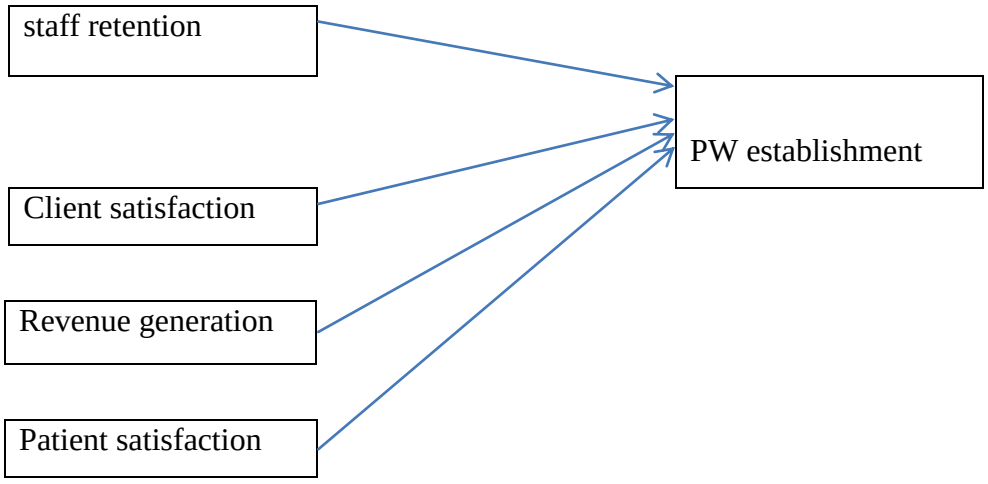
2.5Conceptual framework



(Source: own design, Dec. 2018)

CHAPTER THREE

RESEARCH METHOGOLOGY

3.1. Introduction

This chapter is a review of the various approaches to data collection and analysis adopted in conducting this research; it explains the type of research strategy adopted the mode of data collection and the methodology used in carrying out this research. It includes the research design, sample size and sampling technique, data source and collection method, procedure of data collection, method of data analysis and questionnaire reliability test was presented.

3.2. Research Design

"A research design is a procedure or process that guides the researcher in providing answers to research questions and meeting desired objectives" (Fakile, 2011).The applied descriptive type of research design using the survey method has the purpose of describing and assessing the practices of the selected hospital in respect to the study variables rather than employing cases and controls to make any kind of comparison or make any sort of intervention to see changes. Therefore this study applied descriptive design.

3.3 Data Sources and Instruments of Data Collection

The data collection method included both primary and secondary data sources. Primary data was collected through questionnaire and interview to supplement the secondary data for the analysis of the study while secondary data was collected via detailed review of related literature i.e. books, articles, journals and many other relevant written publications to provide the descriptive analysis of the research questions. The decision to select the two instruments was arrived after carefully considering their advantages and disadvantages and the sample size for each category. As the research was intended to assess the practice and challenges of private wing service a set of questionnaireswere distributed to management staff and medical professionals in the selected hospitals.

Under questionnaires the medical staff awareness and attitude towards the private wing service were assessed on the other hand under interviews patient's satisfaction and awareness towards private wing service will be addressed.The data collection instruments were designed in such a

way that it captures qualitative data from relevant staff and sampled patients. In designing the data collection instruments, close-ended and open ended questions were used to allow easy summary and reporting of results.

The main survey instruments developed and used for the assessment were structured questionnaires. Three types of questionnaires were employed in this research; one was constructed for the medical staffs,one for the CEO and one for sampled patients.

Questionnaires are usually viewed as a more objective research tool that can produce generalizable results because of large sample sizes; results can be threatened by many factors such as faulty questionnaire design, sampling and non-response errors, biased questionnaire design and wording, respondent unreliability, ignorance, misunderstanding, reticence or bias, errors in coding, processing and statistical analysis and faulty interpretation of results (Oppenheim, 1992).

According to Zikmund (2003), determining the format of a questionnaire and the list of questions to be inserted is an important phase of a survey research design. In this study, the questionnaire was a mixture of both open-ended and closed-ended questions. For this type of research, the benefits of closed-ended questions are to get a higher rate of response, so most of the questions appearing in the questionnaire have been formulated to be closed-ended. However, in closed-ended questions, the researcher provides the respondent with predetermined answers to choose from; its design is more expensive and time-consuming. The questionnaire used for this study was relevant and accurate. A questionnaire is relevant only when it collects the data that is needed and considered accurate when it has an acceptable level of reliability and validity.

The questions in the questionnaire used for this study were written in a short, clear and concise way to avoid ambiguity, vagueness, leading and threatening. The recommended guidelines by Joseph et al. (2007) regarding designing of questionnaires were considered in this study to eliminate any bias from the researcher side and to increase the rate of response. These questionnaire guidelines are as such: familiar to the respondents, and the use of jargon or technical terms has been avoided, unless necessary; the questions have been made as short as possible and to the point; in order to avoid ambiguity and vagueness; the questions have been

written in a clear and concise way; in order to avoid biased responses; the questions were not asked in a leading form which encourages respondents to give a particular response that the researcher seeks. The questions were set in logical order (from general to specific). The form of questions and the order in which they appear in a questionnaire influence the response rate.

As this study is a descriptive type, and the researcher assessed the opinion of the health professionals and patients, hadtried to put as much effort as possible to make sure that questions were directed towards assessing the practice the private wing at ALERT.

On the other hand data was collected at a point in time within 1 week period of time. This helped to avoid the effect of time –related changes that may introduce biases on the response of the study subjects. Therefore this study was cross –sectional in type. Descriptive research included surveys and fact-finding enquiries of different kinds. The major purpose of descriptive research is description of the state of affairs as it exists at present.

3.4. Sample and Sampling Techniques

3.4.1. Target Population

Determining sample size is very important because sample that are too large may waste time and resource in addition to the difficulty in handling and analyzing the huge data, while sample that are too small may lead to inaccurate results due to the samples do not represent the population under study. The population size for this research is seven hospitals which are implementing PW and are in Addis Ababa. From the seven hospitals namely: RasDestaDamtew Memorial, Yekatit 12 , Menilik II, Empress Zewditu Memorial, ALRET, Emanuel and St. Paul Hospitals, there are four hospitals under Addis Ababa city Administration with a professional employees of more than 160. The current numbers of hospitals applying private wings found in Addis Ababa region are seven. Due to time constraint to cover all the seven hospitals by using only one hospital is selected which is accessible and proximate have been selected for the purpose of the study. Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest. theresearcher use purposive sampling so that one can gather a range of perspectives from healthcare providers involved in the PW services. In purposive sampling units identified as having particularly high quality of information are sampled. Accordingly 92 health professionals

working in ALERT Hospital private wing will be included in this study. This helped to get the maximum information from these subjects. The CEO of the PW will be interviewed in addition to the questionnaire.

3.4.2. Sampling Techniques

Sampling techniques that had been used to select sample elements from target population were purposive sampling technique and simple random sampling.

There are Twenty five specialist Doctors together with other medical professionals like nurses, laboratory technicians, x ray technicians etc. participating in private wing which are known to be 101 in number working in ALERT hospital private wing, meaning one hundred in number. From them only Ninety two health professionals has been selected based on Taro Yamane (1967) sampling formula, which is appropriate for small size population has been employed.

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{120}{1 + 120(0.05)^2} = 92$$

Where: n = required sample size; N = the population size; and e = the level of precision (0.05) at 95% confidence level and p = 0.5 (the estimated proportion of an attribute that is present in the population).

For administering an interview, 150 patients were selected purposively.

The Patient flow trend in ALERT hospital private wing practice is that all subspecialists working in the hospital participate in the private wing at least once in a week. And for technical reasons patients get their follow up booking in week(s) time unless for special reasons. Therefore to get the opinion of patients treated by all subspecialists, a weeklong data collection was necessary. Necessary measures were taken to avoid those patients who come to the hospital twice in the data collection week. Based on their registration, every third patient was picked for the study. On average 150 patients visit ALERT hospital every day. Thirty questionnaires weredistributed to the patients every day of the randomly selected consecutive five days. A total of one hundred fifty questionnaires had been distributed for patients.

3.5. Sources and Tools of Data Collection

Data were collected in the evening of working days and in the weekends during which the private wing service is provided. The collected data were assessed based on the required measurements and variables of study.

3.6. Methods of Data Analysis

The data that were collected through key informant interviews, Questionnaire and review of documents were analyzed qualitatively. According to Zikmund (2003) Qualitative researchis research that addresses objectives through techniques that allow the researcher to provide elaborate interpretations of phenomena without depending on numerical measurement. Its focus is on discovering true inner meanings and new insights. Qualitative research is very widely applied in practice.

The results have been displayed with tables, charts and narrations. In addition, interview data has been analyzed to reveal issues that emerged from the discussion.

The gathered raw data have been coded and tabulated, then analyzed by using different analysis techniques. According to Kaewsonth and Harding (1992), "the process of data analysis involved several stages such as completed questionnaires have been edited for completeness and consistency". In this study, the data obtained had coded and checked for any errors and omissions. The data generated through the questionnaire analysed tables, charts and narrations.

3.7. Ethical Considerations

Ethical consideration in social science research involves application of principles of informed consent, confidentiality and anonymity and publication access (Somekh&Lewin, 2005, p. 56). Any researcher should hence, follow these frequently sets principles drawn up to guide research actions in the field as well as protect the rights of participants in research. In this study, each data collection activity was conducted after study respondents were informed and convinced about the purpose, significance and values of the research. Every participant, in all process of data collection, were genuinely requested to give consents before actual data is collected and data collection was implemented as the researcher gets the good will of respondents. Alongside, respondents were assured as to their responses in the study will be kept confidential and only be used for academic purposes. In doing this, the study respected the right of respondents and maintains informed consent, confidentiality, and anonymity.

CHAPTER FOUR
RESULTS AND ANALYSIS

4.1 Introduction

In this chapter, the researcher presents the major results of the questionnaire and interview administered on sample respondents and the analysis of the results, using the IBM SPSS Software and the literatures written by different scholars.

In Ethiopia, a private wing refers to an official arrangement according to which medical services are provided, on a fee-for-service basis, to inpatients and/or outpatients in public hospitals and health Centers. The private wing is part of the health facility where the staff members practice during their part-time: off-work hours and holidays. The prototype private wing manual indicates that a public hospital should establish a private wing in those services that it has strengths and is of greater public demand. Currently, Forty five public hospitals have established private wings in their premises.

4.1.1. Setting up Process

Initiation: When the CEO of the hospital was asked what initiated them to start private wings, he stated that it is initiated by FMOH and the experience sharing visits to other hospitals have contributed to initiate private wings. They conducted a study tour to learn the potential success of other hospitals before opening private wing in their premise. They also undertake assessment of clients in private clinics.

After this they prepared proposals before establishing private wings. The proposal contains list of health professionals willing to work in the private wing, members and duties of private wing committees, list of medical equipment and service delivery rooms, and management and distribution of revenues.

PW service was started in ALERT eight years back and after the commencement of private wings they use only informal promotion was used to create public awareness public regarding private wing and the services provided both prior to and during their operations, the principal

methods used to create public awareness on the services provided in the private wings were posters, brochures and announcement in public gatherings within Hospital premise.

4.1.2 Source of initial Capital

The CEO of the facility stated that credit from government budget was the source of seed money for the facility PW.

4.1.3 Service Delivery Options

As it is clearly stipulated in the ratified regional regulations and directives both inpatient and outpatient, first starting with OPD) services are delivered in the Hospital. Eventhough both services are delivered outpatient service dominates. Only Plastic surgery is delivered as an inpatient service, even it is delivered with limited number of beds (18 beds). It is also stated in the directive for a Hospital to deliver services in the PW which it has a good reputation compared to other hospitals. Accordingly ALERT Hospital is found to have a good reputation or comparative advantage on Ophthalmology and Dermatology as compared to other Health facilities especially dermatology. Neither the hospital management nor the hospital board had the right to change the modalities. However, as to the types of services to be provided in the private wings, it is found to be determined by the private wing committee, the hospital management and the governing board of the hospital most importantly by the private wing committee. The researcher also learned from the survey that the regular service provision time of private wings is off working hours during week day off working hours (Monday to Friday,5-9 pm) from Monday to Saturday.

Table 1: Outpatient and inpatient services in private wings

S.No.	Outpatient services	Inpatient services	Diagnostic services
1.	Ophtalmology	Plastic surgery	X-ray
2.	Dermatology		Laboratory
3.	Physiotherapy		
4.	Dental Therapy		
5.	GynecologyandObsterics		
6.	Paediatrics		

(Source: own survey, Dec, 2018)

4.1.4 Technical Advisory Group (TAG)

Immediately after the approval of private wing service delivery by the management committee, the hospital board next step was formation of TAG.This working group carries out the business, facility and operational planning for the private wing. Technical Advisory Group members bring to the effort a variety of skills and expertise from Financial Services, Medical Services and Facility Management. Accordingly The TAG in ALERT Hospital contains different professionals which are Medical Director, General Manager, CEO, Finance head, and human resource Head are members of the TAG. Private wing committee should be able to create a shared team vision to face challenges and achieve results with regard to private wing service provision. Also they need to provide equal weight to the management of private wing service provision like any other major facility tasks.

It is found that private wing committee does not report to the CEO rather the private wing coordinator directly reported to the CEO. The reporting is done four times per year. The hospital management committee assigns coordinators for medical doctors and nurses participating in the private wing. The TAG was first formed to set up private wings; then it hands over the management of private wings to the hospital management. Its specific actions or responsibilities are listed out above in the literature review. According to key informants those TAG members involved in senior management members are found to be strong in private wing decision while those that devolve duty and responsibility to low level management (in contrary to the ratified directives/regulations) are not as strong as they should be. In addition the TAG members have the responsibility to oversee PW services and take corrective actions if rules and guidelines are violated.According to the CEO report the TAG members are found to be Medical director, General manager, Pharmacy head, Finance head, Laboratory head and Nursing head(Matron).

4.1.5 Staff Deployment in the PW

While conducting the survey it is found that assignment of Health professionals in the private wing is based on clinical competence and proven ability to work with the team conducted by hospital management through regular staff evaluations in addition to a recognized attitude of customer service. Even though the CEO said so it is found all health professionals in departments

delivering PW service are involved in PW which seems there is no criteria for staff deployment rather it is open to all professionals in the department.

Table 2: Number of professionals in PW services

	Dep. In which PW service is delivered	Total no. of health professionals	No.of professionals involved PW	Professionals involved PW per day
1.	Plastic surgery	20	20	8
2.	Gynecology/obs	13	13	4
3.	Pediatrics	10	10	4
4.	Laboratory	26	22	6
5.	Ophthalmology	28	28	8
6.	Physiotherapy	6	6	2
7.	Dental	7	7	2
8.	X-ray	5	5	2
9.	Dermatology	20	20	7

(Source: own survey, Dec,2018)

4.1.6 Service provision Time and Quality of Care

Regarding the quality of care delivered in the PW the survey indicates that there was neither higher level of amenities and customer services nor a cleaner, more comfortable and secure environment to private wings clients. The key informant stated that quality is compromised since hospitals are using the already available regular ward and staff.Regarding the service delivery both the PW patients and the regular patients use the same card from the hospital, the only difference is the medical record number which is to be given by the registrar of the facility.

4.1.7 Revenue Collection and Apportionment

From the survey it is learned that the source of revenue collection voucher is by internally printed revenue collection voucher which is then approved by BOFED. The revenue collected is deposited in a separate bank account opened for private wing. The revenue of the private wing is collected by daily cash collectors (of the regular ward) and kept in a safe box until the revenue is finally deposited in the bank. The Hospital has separate bank account to put private wing

revenues and they have a separate accounting record for private wing transactions. However, they don't have a separate finance staff hired for the purpose of private wing. It is the same personnel that work on private wings during off working hours.

4.1.8 Auditing

With respect to auditing, private wing revenue in ALERT hospital has been audited by internal and external Auditors as well. This may lead the service to have transparency and accountability which helps the hospital meeting the objective of establishment of PW.

4.1.9 Apportionment of private wing

There are two broad categories of private wing revenue sharing: first between hospital and staff and secondly among hospital staff. The study shows that the share of the hospital from the private wings is 15% of net of revenue. The remaining 85% is the share of the staff whereby support staff earns 15% and health professionals earn 70%. However, according to the recently revised private wing directive by the FMoH, the sharing ratio of 15%, 15% and 70% has been revised as 14%, 14%, 69%, and 3% for hospital, admin staff, health professionals, and pooled fund for future private wing investment following the deduction of operational expenses. The percentage share of revenue for the hospital is already determined by the federal/regional directives and private wing manuals. However, the share among the staff was determined after discussions made with staff of the hospital in consultation with the management.

The above issues are analyzed based on the information gathered by questioner administered to ALERT hospital CEO. The issues to be analyzed in the next pages are based on information gathered from Health professionals working in PW and patients or clients exiting from Pw respectively.

4.1.10 Background Information of the Respondents (Health Professionals)

In table 4.2 the amount of respondent's experience in their profession and service years in the PW of the hospital where they are working is indicated. Accordingly, majority of the respondents experience in their profession are found in the range of 5 to 10 years (71.1%) followed by < 5 years (12.2%), and 10 to 15 years (10%) and six respondents (6.7%) have a work experience of more than 15 years. This indicates that a large proportion of respondents have a work experience of 5 to 10 years of experience relevant to their profession at the time of data collection.

During the same table health professional's service year for that specific hospital PW is shown. Accordingly most of the health professionals (81.1%) worked for that hospital more than five years. The remaining 19.1 % of the respondents are worked less than 5 Years in PW.The result indicates that since the start of PW service in ALERT Hospitalalmost all health professionals working in PW continue to work for the hospital as well as the PW until the data collection date which is a little indicator for staff retention by PW establishment.

Table 3: Respondents (health professionals) work experience

Measurement Items			Frequency	Percent	Cumulative Percent	Median
1.	Year of experience relevant to their profession	< 5Years	11	12.2	12.2	2
		5-10 Years	64	71.1	83.3	
		10-15years	9	10	93.3	
		>15 Years	6	6.7	100	
		Total	90	100		
2.	Year of experience in PW	< 5 Years	17	18.9	18.9	2
		5-10 Years	73	81.1	100	
		10-15years	-	-	-	
		>15 Years	-	-	-	
		Total	90	100		

(Source: own survey, Dec.2018)

Health professionals attitude regarding decision by the government side to start private wing services has been rated on the likhert scale and most of the respondents (43.5 %) responded that they are strongly agreed with the proposition. While 40.2 % of the respondents agree with the proposition and 14.1 % of the health professionals kept neutral position regarding the decision by the government side to start private wing. It is indicated in the below table.

Table 4: Health professionals' satisfaction/ Agreeableness on different parameters.

Measurement Items		Stat tools	SA(5)	A(4)	N(3)	DA(2)	D(1)	Total
`1.	Health professional's attitude regarding decision by the government side to start private wing services	**Frequecy**	**40**	**37**	**13**	**-**	**-**	**90**
		Percentage	**44.4**	**41.1**	**14.4**			
		Median						**4**
		St.dev.						**0.710**
		Mean						**4.3**
2.	Health professional's agreeableness to private wing contribution to staff retention	**Frequency**	**11**	**45**	**11**	**18**	**5**	**90**
		Percentage	**12.2**	**50**	**12.2**	**20**	**5.6**	**100**
		Median						**3**
		St.dev.						**1.11**
		Mean						**2**
3.	Health professional's ability to meet their financial demands after participating in the PW service	**Frequency**	**8**	**24**	**21**	**25**	**12**	**90**
		Percentage	**8.9**	**26.7**	**23.3**	**27.8**	**13.3**	**100**
		Median						**3**
		St.dev.						**1.2**
		Mean						**2.9**
4.	Health professional's feel happiness that they render equitable service in the private wing service	Frequency	36	54	-	-	-	90
		Percentage	60	40	-	-	-	100
		Median						4.4
		St.dev.						4.93
		Mean						2

(Source own survey, Dec.,2018)

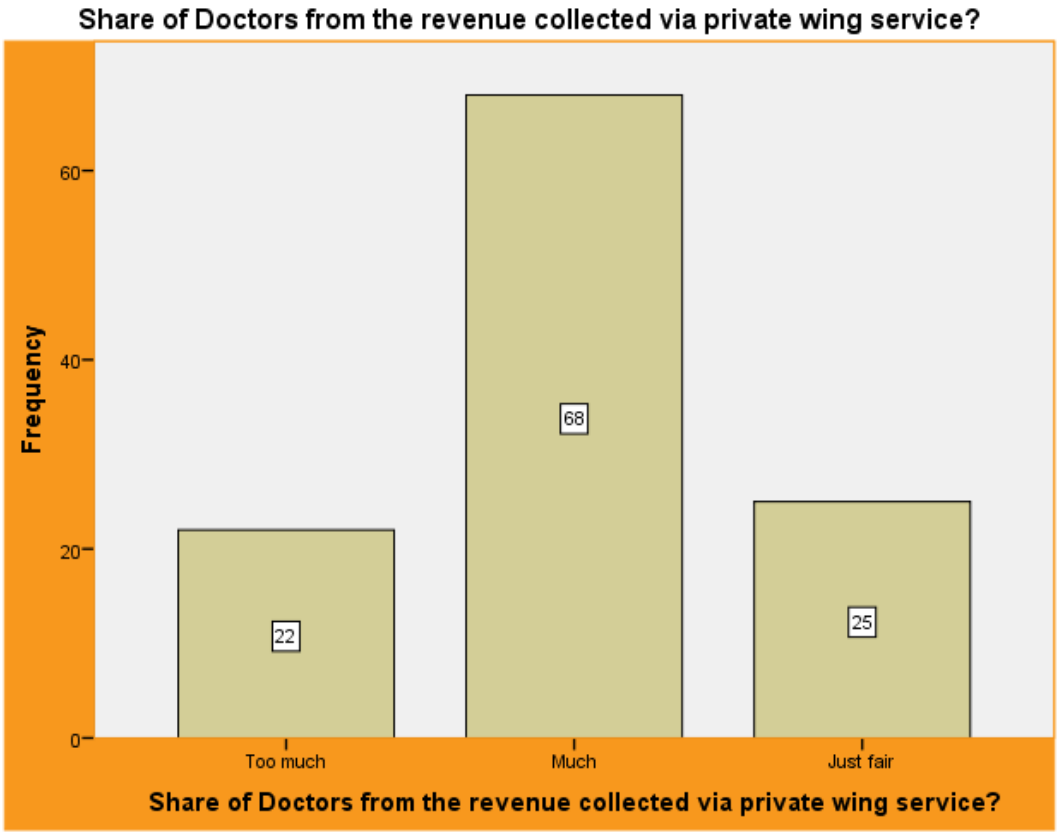
According to table 4.4 Majority of the respondents (44.4 %) strongly believe that decision by the government side to start private wing services is a good option to the public in general. While 13 (14.4 %) respondents kept neutral position with that decision by the government side to start private wing services is a good option to the public in general. The remaining 41.2 agree with the preposition. This implies that majority of the health professionals believe the government side to start private wing services is a good option to the public in general In addition; the output has the median score of 4 which further support this argument.

4.1.11 Staff retention and satisfaction with PW establishment

The general question to see the attitude of health workers regarding the contribution of PW establishment to staff retention was administered in the questionnaire and most of the informants (50 %) included in the survey strongly believed that private wings have contributed greatly to the retention and motivation of health professionals hence affect their decision to leave. 12.2 % agree with the given preposition as well. Yet 20 % of respondents kept neutral position and 5 respondents (5.6%) disagree with the preposition.

In addition to the administered questionnaire for the PW professionals, the CEO of the hospital was also asked if he thinks that private wing contributes to staff retention and according to him PW contributes for staff retention and meets its establishment objective. He also stated that the income generated from private wing by the health professionals especially by Doctors is sufficient to retain them. This indicates the most upper beneficiaries of PW service are specialist Doctors which is clearly indicated in the survey through information gathered from health professionals. The survey on health professionals to know what they feel with the huge percentage share of Doctors shows that other health professionals seems neglected and have been least beneficiaries together with the other support staff and they stated that the PW establishment does not that much affect their decision to leave the facility since they are the least beneficiaries of the service.

Figure 2:Share of doctors



(Source: own survey Dec,2018)

The study indicates that the staff had complaints regarding the PW revenue apportionment. From the survey the researcher learns that there are lots of complaints coming from the other health professionals regarding the highest (70 %) share of doctors. Health professionals were asked regarding the % share of Doctors and most of the respondents think it is much more as

compared to the revenue share of other health professionals and support staffs due to this the researcher comes to know that there is a lot of complaints regarding the staff regarding the revenue share of Doctors.

On the other way to measure or see if PW is contributed to staff retention which was the very purpose of establishment of PW service, satisfaction from the income generated from PW and Intention to continue working in this hospital for the next three years were used in the administered questionnaire to health professionals.

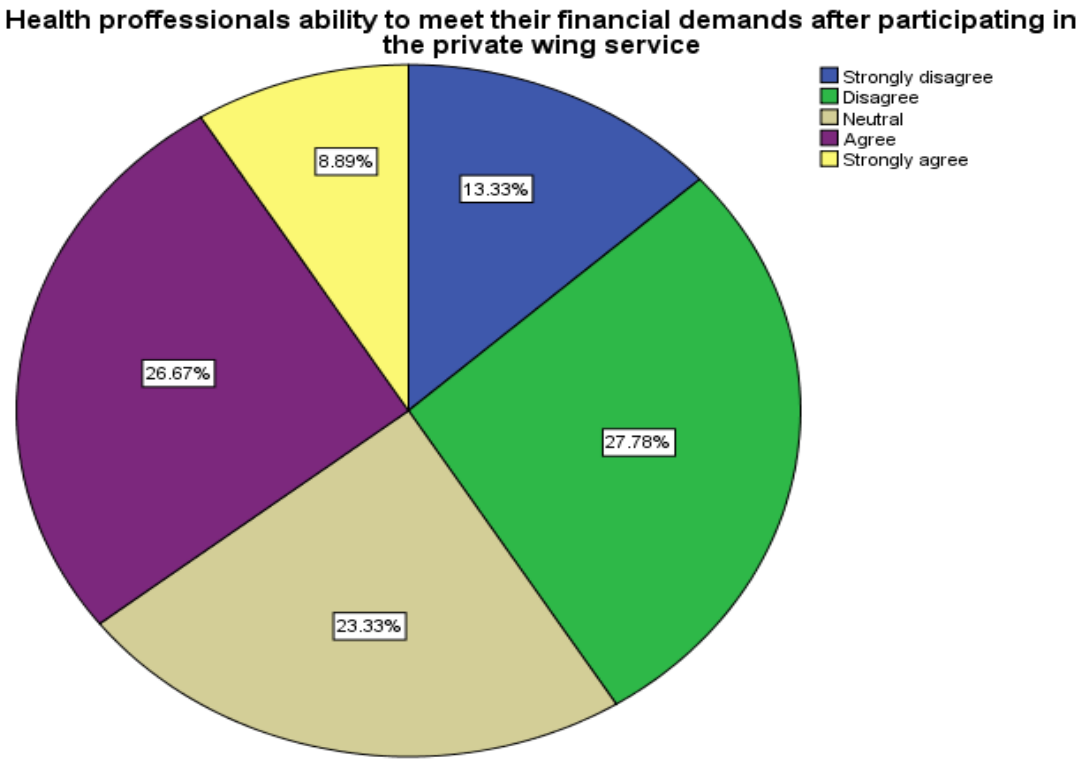
Accordingly the study reveals that 70% of the respondents believe that the PW contributes for staff retention and the remaining 30% does not believe its contribution for staff retention. This implies that even though it contributes for staff retention it is mostly of specialist doctors since their percentage share is huge as compared to other health workers. The researcher asked the respondents if they are not agree with the revenue apportionment why they continue working in the hospital and they responded that it is still preferable as compared to working in other hospitals in their spare time even though the revenue share is unfair.

Consequently, health professionals participating in the private wings, as key informants, were asked to provide their opinions on the benefits accrued to the hospitals they are working in. Accordingly, all respondents reported that private wings indeed contribute to increase revenue in the regular ward to be utilized for institutional improvement, to reduce the work load of hospital (especially emergency cases) and as a result of it increases service utilization. In addition it helps to maximize the availability of health workers during their off working hours to administer regular emergency cases while working for private wings. As it is already stated in the literature review the very purpose of the establishment of Pw is retention of qualified health professionals by increasing their earnings through private wing practices since attrition of health professionals is a very root problem for delivering quality service. The study shows that even though the degree of agreeableness differs 62.2 % of the respondents agree that PW contributes for staff retention. The result shown coincides with the very objective of PW establishment which is retention of health professionals.

Concerning professional's ability to meet their financial demands after participating in the private wing service 8.89 % of respondents strongly believe their financial demand is satisfied

with the establishment of PW service. The other 26.7 % believe or agree that their financial demand is satisfied with the establishment of PW service. Even though the degree of agreeableness differs in total 35.6% of the total respondents dictate their financial demand is satisfied with PW service. On the other hand 23.3% hold neutral position. 27.8 % of respondents disagree and 13.3% strongly disagree with this.

Figure 3:Finacial satisfaction of PW workers



(Source own survey Dec,2018)

4.1.12 Client's Awareness of PW

According to the survey conducted on patient's awareness 69.3 % of patients has already known about the PW service before to the health facility service and 3.07 % are not informed about PW before coming to the health facility service. This show that majority of the respondents (104) have PW service delivery knowledge prior to come to the hospital. Even though the facility does

not formally promote its PW service informal information dissemination was used to announce the service. The result shows informal information dissemination was successful.

4.1.13 Patients way of knowing about the service

The CEO of the facility states that only informal promotion about the service has been done and patients were asked how they know about the PW service and all states that they know from their relatives and the others from health professionals when served in the Regular ward.

4.1.14 Patient satisfaction

Regarding the satisfaction on PW service, patients were asked to rate their satisfaction. Satisfaction is measured depending on the services of private wing, health professionals' courtesy and respect, professionals listening of client's opinion, the amount of time they wait before getting the service, cleanliness of the waiting area, price and overall service you had given here. The results of the survey are displayed in the below table. CEO of the facility were asked if the facility ever undertaken patient satisfaction survey and he stated no patient satisfaction survey had been done until the date of data collection.

Table 5: Patient satisfaction

Measurement item		Stat. Tool	VS (5)	FS (2)	FD (3)	VD (4)	Total
1.	Client's satisfaction with the respect and courtesy of health professionals in PW	Frequency	44	76	19	11	115
		Percentage	29.3	50.7	12.7	7.3	100
		Median					3.00
		St. Dev.					0.812
		Mean					3.07
2.	Client's satisfaction with waiting time to get service	Frequency	35	49	41	25	150
		Percentage	23.3	32.7	27.3	16.6	100
		Median					3.00
		St. dev.					1.02
		Mean					2.63
3.	Client's satisfaction with Health professional listening to their	Frequency	33	68	37	12	150
		Percentage	22	45.3	24.7	8	100
		Median					3

	opinion	St.dev.					0.870
		Mean					2.81
4.	Cleanliness of the waiting area	Frequency	-	-	61	89	150
		Percentage	-	-	40.7	59.3	100
		Median					3
		St.dev.					0.493
		Mean					3.41

(Source: own survey December 2018)

According to table 4.6, 29.6 % of clients stated they are strongly satisfied with the respect and courtesy of health professionals while delivering services to them. While a good number (50.7%) of clients fairly satisfied with this. Yet 12.7% are fairly dissatisfied with this proposition and the remaining 7.3% are very dissatisfied.

Quality of care assessed from a patient's perspective can be measured in the form of healthcare responsiveness, which relates to patients' experiences with the health system, with a focus on the interpersonal aspects of care. This differs from patient satisfaction which is a construct that reflects people's expectations in addition to their experiences (Peltzer*andPhaswana, 2012*). Accordingly the result shows that most of clients are satisfied with the interpersonal skill of health care providers.

In the same table client's responsiveness to Waiting time is shown.Waiting time is the time it takes for a client or patient to get service from the health facility. According to the survey 45.9% (27.3% and 16.6%) of clients are found to be unsatisfied with the waiting time. In addition when health professionals were asked challenges in the PW most of them stated that work load is the first challenge. These may result from more and more patients shift to the PW attracted by presence of highly qualified health professionals.

On the other hand waiting list will be minimized as a result of this shift.The other reason for this may be even though clients afford private clinics service charges they come to the PW in order to get specialist Doctor who is retained in the facility as aresult of PW establishment. This may create a longer waiting list in the PW and left PW clients unsatisfied. In addition cleanliness of the waiting area was taken as one factor to measure clients' satisfaction and results shows that no

one is satisfied with the cleanliness which may be resulted from same janitors clean the area who are also working in the regular ward and also due to many customers in the waiting area of the PW.

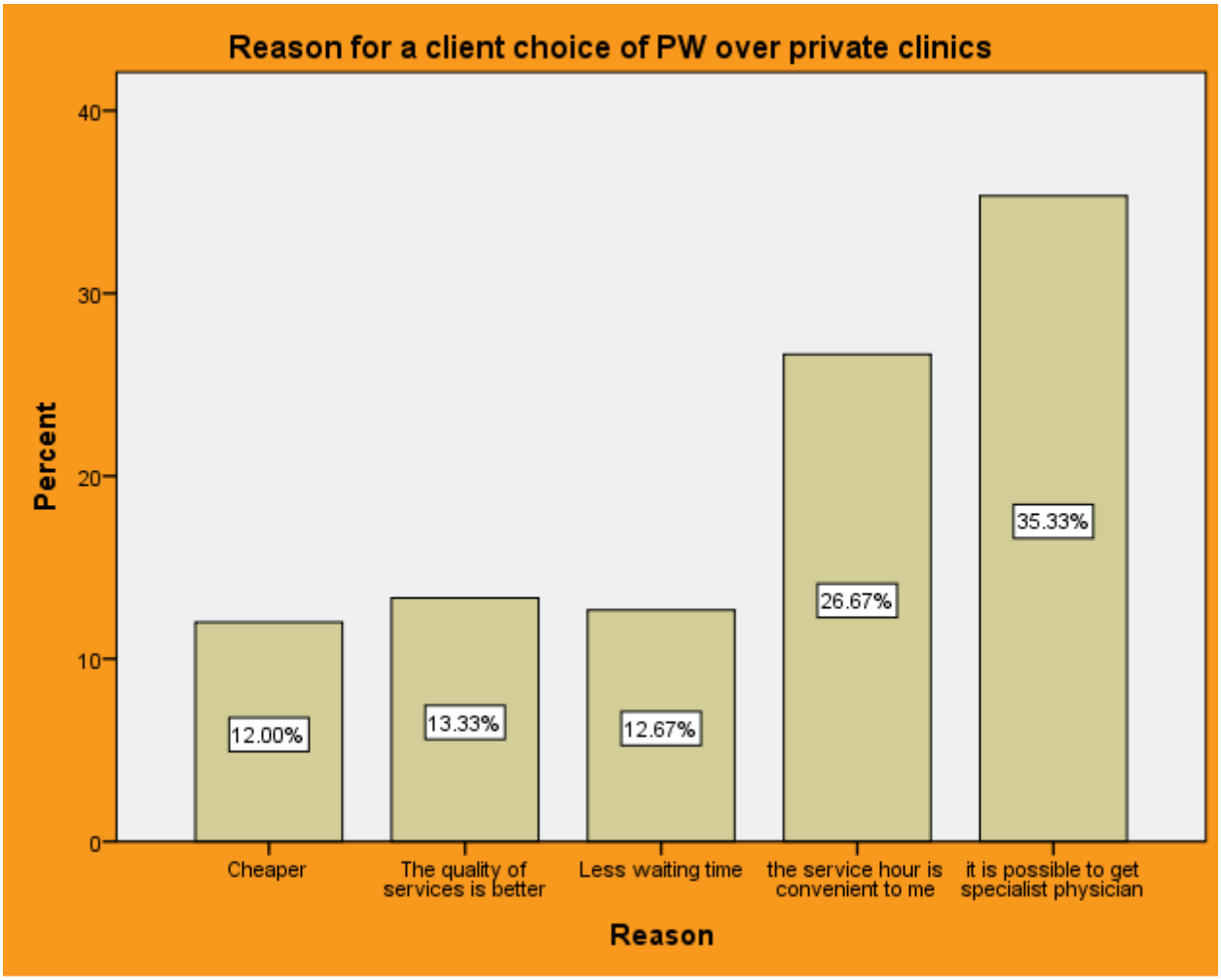
4.1.15 Patients choice of PW over private clinics

According toAl-Doghaither*et al* (2003) the main factors associated with choosing a hospital were medical services, accessibility, age, sex and education. Little importance was given to income and occupation. In line with this, this Section Survey results and discussion on patients choice of private wing over private clinic will be presented in layout and assessment.

The majority of respondents (35.33%) stated that they choose PW over private clinics due to its possible to get specialist physician followed by 26.67 % of the respondents who prefer PW service due to convenience of service delivery time. While respondents (12.67 %) choose PW due to its cheaper price. This implies that the majority of the respondent's reason for choice of Pw over Private Clinics is their choice of physician. This implies that clients value physician choice as compared to cheaper price and any other parameters.

As it is already stated in the literature the very purpose for the establishment of PW is retention of highly qualified medical staffs. The result coincides with this objective meaning patients shift to PW to be treated by these retained specialist Doctors. On the other hand the result shows that respondents' value qualified physicians than its cheaper price.

Figure 4:Choice of PW versus private clinics



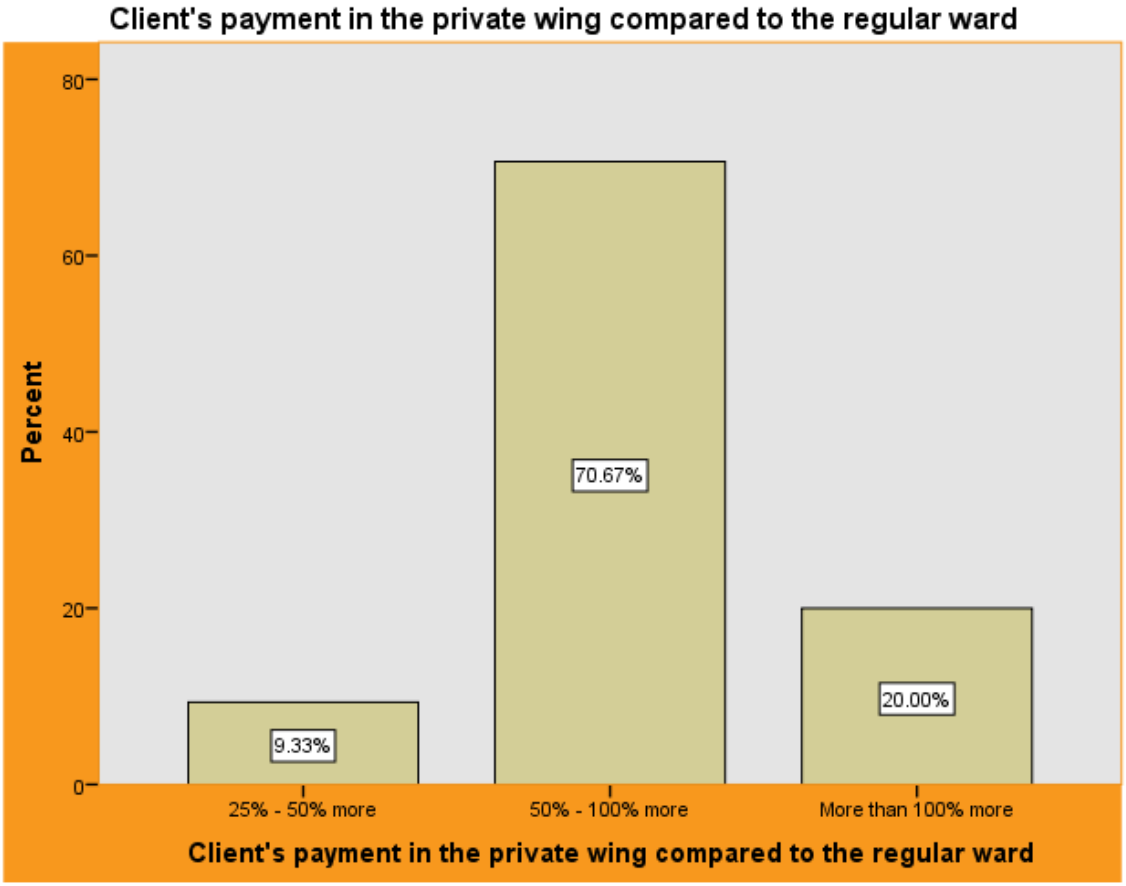
(Source own survey,Dec. 2018)

4.1.16Client's payment

As we already said in the literature review PW is a fee for service arrangement. Clients exiting from the private wings were also asked to provide their personal opinions (from the given choices) on how much did they pay in the private wings compared to the regular ward payment.

A good number of the outpatient clients (70.67 %) responded that private wing fees were 25 - 50% more than the regular ward. And 20% of the respondents stated that the fees were 100% more when they are asked about which services are above 100 % greater price they told that minor surgeries are of the one.

Figure 5:Clients payment in PW versus regular ward



(Source own survey,Dec. 2018)

According to the CEO response price and fee for PW services is set based on the PW guidelines but every five year PW fee will be benchmarked and reported to boards by the TAG members. There is no any mechanism for FMOH to check if they are working according to the guidelines. Until the data collection date the price for card in PW was 40 different from other public centers that they charge 70 Birr.

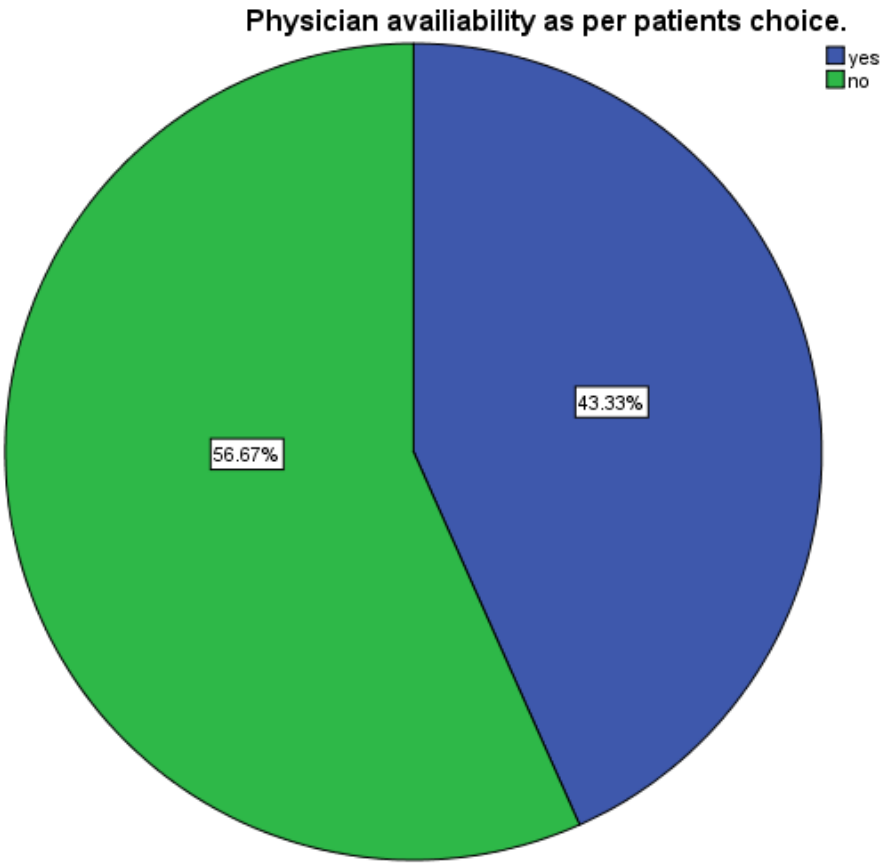
4.1.17Physician availability

Clients exiting from the PW were asked if they got physician of their interest and 56.67% stated they got the physician they want and the remaining 43.3% of the respondents did not get the physician by whom they want to be seen or treated.

This is expected to be as a result of inability of the facility to announce physician's work schedule. As it is already said earlier the facility does not post detailed profiles and schedule of physicians to clients this will result in this output.

Figure 6: Physician availability

(Source own survey,Dec. 2018)(Source own survey,Dec. 2018)



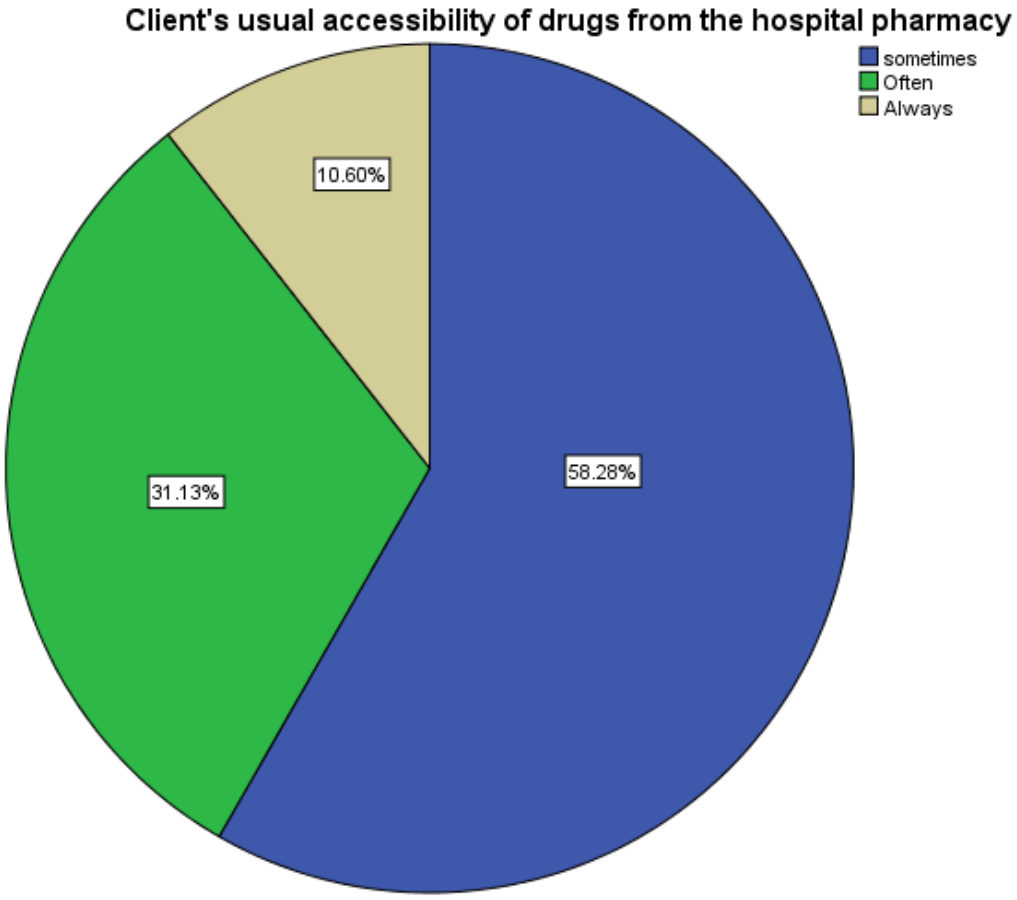
(Source own survey,Dec. 2018)

4.1.18 Accessibility of medicines to clients

As it is depicted in thebelow figure 58.8% of clients get the prescribed drugs by their physician sometimes 31.13% of respondents often get their drugs and only 10.6 % of the respondents always get their drug from the facility Pharmacy. This implies that most medicines and medical

equipment's are stock out and outsourced to pharmacies outside the facility premise. According to the study it is as a result of hospital resources((Drugs and medical equipment's) are over used more than the budget given to the pharmacyso that PW patients get this service at the expense of regular clients who cannot afford buying the drug from outside pharmacies. Clients were also asked where they buy medicines and other medical supplies when it is out of stock in the facility pharmacy and 68.67 % of respondents buy from private pharmacies outside the hospital compound and the rest 31.33% of respondents buy from public pharmacies outside the hospital premise.

Figure 7: Drug accessibility in hospital pharmacy

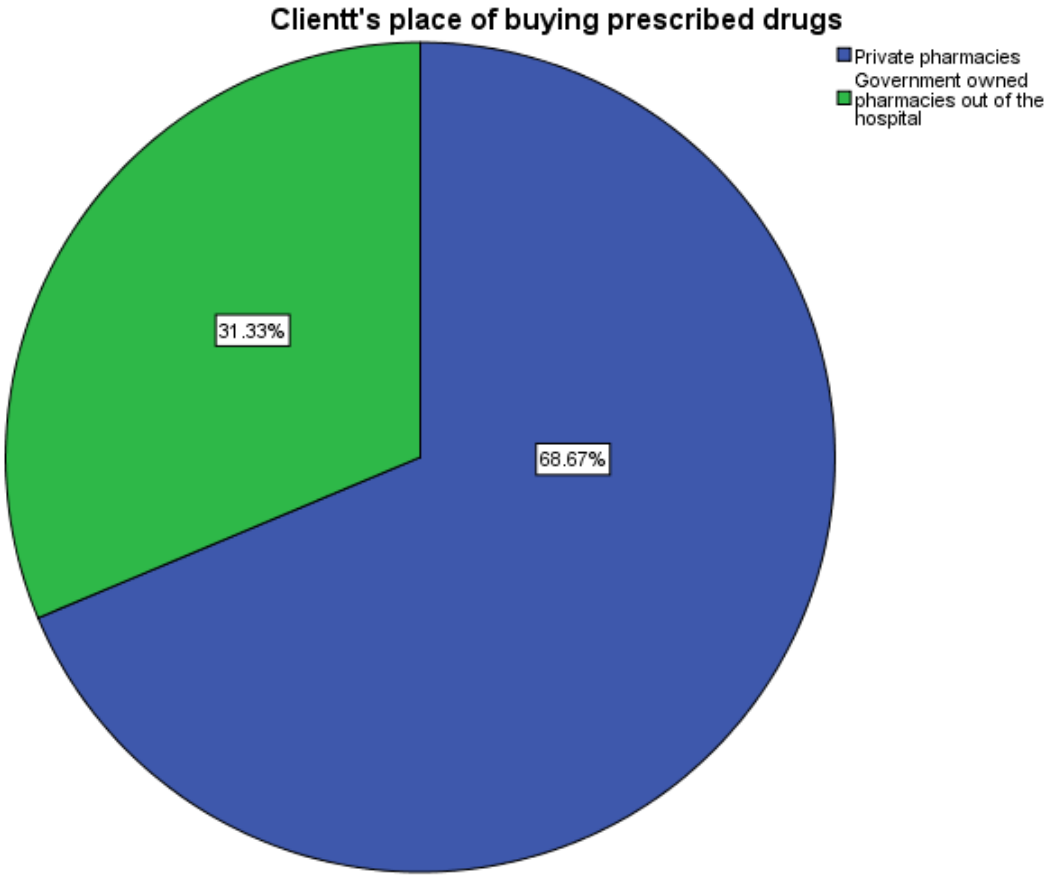


(Source own survey,Dec. 2018)

4.1.19. Clients place of buying drugs

This implies that resource flow (Medicines and medical supplies in this case) from the public ward to PW will affect those regular ward patients who can not afford to buy the commodities from the private pharmacies. In here we can say that PW service negatively affect the regular ward service

Figure 8:Clients place of buying drugs



(Source own survey,Dec. 2018)

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The private wing aims at providing quality health care at an affordable fee and retaining highly qualified health staff within reach while doing their private practice within the hospital premise. Following same principle, private wing establishment has been advocated in the city administration to address widely shared symptoms of inefficiency, user dissatisfaction, brain drain to the private sector, emigration of professionals to neighboring countries, and failure to reach the poor. A significant innovation has started to occur after the establishment of private wings in public hospitals.

Current practices regarding private wing services in public hospitals face certain problems and challenges. There are signs of declining efficiency, wasteful investment and relative negligence of some other services. Lessons drawn from the assessment will be useful to the growing number of public hospitals that are scheduled to commence private wing services.

5.2 Conclusion

It is clear that the increased demands placed on the health system cannot be met solely by the public health sector. Collaboration between the public and private health sectors is likely to provide a better health care service or to better meet the health care needs. ALERT hospital is found to be having an active private wing since the start of its establishment in 2010 striving give better health care service.

a) The hospital is said to meet the objective of establishment of PW despite different problems. One of the major problems is the problem of equity in revenue sharing with respect to private wing services inthe hospital.As it is clearly shown from the study result the revenue sharing mechanism has led to inequitable distribution of hospital revenue where specialists obtain the lion's share, at the expense of other health professionals which leads to discrepancy and lack of harmony/commonly acceptable guide in revenue sharing arrangements. Even the guideline prepared by Federal ministry of health favored Specialist Doctors than support staffs and other health professionals. Even though there is inequitable revenue apportionment among

staffs the study result depicts that majority of medical staffs agreed upon its retention potential.

b) The poorer the care provided to the regular patients compared with the private ones and the longer the queues for certain medical procedures, the greater the likelihood that public/regular patients will move in to the private service. These aspects of private wing services are difficult to monitor and control. More and more regular patient Absence of comprehensive regulation covering movements of patients between public/regular and private rooms in government hospitals.As there was no strong monitoring and evaluation, both by the Federal Ministry of Health and the respective hospital management, regulations are openly violated.

c) There were no fundamental differences between care provided to public and private patients. Doctors and other health professionals treat private patients as part of their normal hospital duties. This removes incentives to deliver more services to private patients that could result from the fee-for-service reimbursement system. In addition, given the limited number of private wards and beds relative to the rest of the hospital and the workload in the rest of the hospital, very little incentive exists to divert resources towards the somewhat limited private ward set-up.

d) **Problems and challenges:** Given the contextual difference of public hospitals that established private wings, the major problems revealed in the assessment are unchecked service charges, unfair revenue sharing among private wing staff, the tendency to select those outpatient services that are likely to generate more revenue and neglect pro-poor basic services and divergence between the endorsed private wing rules/regulations and practice. With respect to challenges,the major ones are the revenue apportionment mechanism among the different cadres of workers.

e) **Client satisfaction:** Availability of private wings services during off-work hours together with relatively less waiting time to get the services was found to be the major reason for private wing clients to visit private wings. The majority of clients (70%) also reported that the private wing fees are fair. And overall, close to 90 of the clients were satisfied by private wing services.

f) **Staff motivation and retention**: as clearly indicated in the prototype of privatewing manual, the very objective of the establishment of private wings in publichospitals is to retain highly

qualified health professionals in the public healthfacilities. And one of the retention mechanisms is increasing the amount ofearnings these professionals earn through private wing practices. And fortunately, the result obtained from the assessment has concurred to thisobjective. Top recipients of private wing income were specialists. Radiologist, general practitioners and nurses follow specialistsin that order of importance. Besides, health professionals revealed their satisfaction on the general working environment, pay and promotion prospectand opportunity to utilize skills and talents after the opening of private wings.Accordingly, a large number of health professionals believed that the initiation ofprivate wings has greatly contributed to the retention and motivation of healthprofessionals. A significant number of health professionals have showed theirintention to continue working in their hospitals at least in the coming three years.

5.3 Recommendations

Based on the findings of the research, the following recommendations are developed on major intervention areas responsible bodies to improve the operation of private wings and scale up the scheme to other health facilities:

a) Legal framework and manuals

- The FMoH should revise and update the current private wing manual/guide so asto make it national prototype guideline and to make acceptable by all health professionals
- Public hospitals implementing should have complete legal framework and standardized PW operating manual approved by the council and boards.
- The facility TAG members should develop standard operating procedures so as to help set a standard for every procedure in a PW.

b) Accountability, transparency and compliance to policy

- Private wings should be thoroughly accountable to hospital managements. Andthe hospital managements in turn, as the law clearly designates, should be accountable to the board.
- Grievances and views of health staff should be presented to the hospital management.
- The hospital management should have a mechanism to control and avoid conflict of interest: Between the private wing and the general ward,among health professionals (heath staff and support staff,specialists and others health staff)

- As the problem of stock out will be more frequent in hospitals with private wings should be able to manage stock outs of essential medicines.

c) Monitoring and evaluation

- There should be a strong and periodic monitoring and evaluation of the performance of private wings by the FMoH.
- It is necessary to make sure that there is no tradeoff between private wing andregular ward clients. That is, private wing service should not jeopardize theregular ward service.
- In addition, the management of the hospital as well as the policy makers needs to do further in addition to the private wing service. Further trainings and other educational exposure could be other motivators. Furthermore a good facility and conducive working environment is the main factor for satisfaction for these professionals.

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APPENDICES

Annex 1

ST MARY UNIVERSITY

SCHOOL OF GRADUATE STUDIES

My name is Elsa Genene a graduate student in masters of Business Administration (MBA) program at St Mary's University.

I am conducting a research on Practices and challenges of private wing service in the case of ALERT Hospital**.** It is a Partial Fulfillment of the requirements for Masters Degree in of Business Administration (MBA).

I am inviting you to take part in this research study by completing the attached questionnaires.

The questionnaire will require approximately 30 minutes completing. In order to ensure that all information will remain confidential, please do not include your name.

Thank you for taking the time to assist me in my educational endeavors. If you require additional information or have questions, please contact me.

Elsa Genene

0911 30 44 78

E-mail:- elsi4god@gmail.com

Addis Ababa, Ethiopia

Questionnaire for CEO of the Hospital

Section 1 Establishment and services of PW

1. When did the hospital start to deliver private wing service?

2. What was the reason that initiated you to start private wing?

a) HCF training by HSFR project

b) Federal Ministry of Health

c) Experience sharing visits to other regions/hospitals/countries

d) Initiated from employees

e) Other: specify_____

3. Before you decide to open the private wing what mechanisms did you use to know the Potential success of private wing?

a) Undertaking the assessment of the view of regular ward clients

b) Undertaking assessment of clients in the private clinics

c) Studied/observed the success of other hospitals in the region/other regions

d) Other: specify_____

4. Has the hospital undertaken any Public awareness programs regarding private wing prior to and during its operation? if so What methods did you use in order to disseminate information regarding private wing services in your hospital?

5. Have you established the private wing committee/Technical Advisory Group (TAG)?

a) Yes b) No

6. If yes to Q 5 Who are the members in Technical Advisory Group (TAG)

7. What are the duties of TAG members?

8. What is the source of your seed money? (More than one response Possible)

a) Donor finance

b) Credit from retained revenue

c) Government budget

d) Loan from special pharmacy

e) Others (specify)_____

9. What are the criteria to assign staffs to the private wing service?

a) Demonstrated clinical competence

b) A recognized attitude of customer service

c) Proven ability to work with a team

d) Uses regular evaluation results in the regular ward

e) All employees are allowed to participate despite their evaluation results 1. Yes 2. No

f) Other: specify

10. How many nurses, physicians, laboratory technicians and administration staffs are assigned per day in the private wing?

11. How does the private wing related to hospital management?

a) The TAG/the private wing committee directly reports to the hospital board

b) The TAG/the private wing committee reports to the management committee and the management to the board.

c) Other: specify_____

12. How often do you report to the hospital board?

a) Monthly b) Quarterly c) Semi-annually d) Annually e) Other specify_____

13. Do you have **terms of reference** for health professionals /staffs participating in the private wing? a) Yes b) No

14. Do you have a system of checking whether there is any discrimination in the provision of clinical services in the regular ward versus private wing? a) Yes b) No

15. If Yes to Q.21 please describe how

_____

_____

_____

17. Describe briefly the facility's monitoring mechanisms for its private wing services?

18. Who determined what services to be provided in the private wing?

a) Already determined in the directive 1. Yes 2. No

b) Private wing committee 1. Yes 2. No

c) By the board 1. Yes 2. No

d) The management committee 1. Yes 2. No

e) Other: specify_____

19 .At what time do you provide services in the private wing?.....

20. Which health care services are provided in the private wing?

a) In-patient only b) out-patient only c) Both

21. What kinds of medical and diagnostic services are provided in the outpatient department of the private wing?

_____

_____

_____

21. If the private wing is providing inpatient services, is it providing using a facility that is built separately for private wing 1. Yes 2. No or the regular wards facilities? 1.Yes. 2.No

22. If you are using the regular ward facilities, how many beds are allocated for private wing?

_____

23. If the allocated beds are not occupied by private wing, will you use it for the regular service clients? a) Yes b) No

24. Does the private wing have posted detailed profiles and schedule of physicians' /specialists'

to clients? a) Yes b) No

25. Are hospital resources diverted from public to private wards, and does this affect

the quality of care offered in public wards?

26. How do you describe Private wing service utilization in your hospital in the current and previous years? Have you had increasing trends in patient flow through time? a) Yes b) No

27. If Yes to question no.26 ,what factors contributed for this increase in patient flow?

a) Patients can see physician of their choice

b) It is convenient time for most patients

c) Continuous promotion and advertising about private wing service

d) Service charges are lower than private health facilities

e) Waiting time is shorter than the regular ward

f) Other specify: _____

28. Have you undertaken staff and patient satisfaction surveys for private wing before?

a) Yes b) No

29. Could you provide information on the results of the surveys?

_____

_____

_____

30. What measures have you taken to correct the shortcomings you identified after the survey?

_____

_____

_____

Section 2 Income and expenditures of hospital private wing

1. What mechanisms do you use to set fees for services/decision-making process/ in the Private wing /room?

a) Assessed the price of private clinics and took intermediate price between the regular ward and the private clinics,

b) Simply added a certain percent on the regular ward price

c) Other: Specify_____

2. How do you set the price of services for private wing?

3. How do you collect revenue?

a) Printed own receipt

b) Use receipts issued by BOFED

c) Other specify:_____

_____

4. If you are using your own printed receipt, who approved it?

a) RHB

b) BOFED

c) Board

c) Private wing committee (TAG)

d) Other specify:_____

5. How big is the variation in fee/price rates between private wing/room and regular hospital ward?

6. How much was gross revenue, the total cost and net revenue of the private wing in each year after pw establishment?

7. How did you determine the percentage share of revenue among different medical staff?

a) It is included in the directive/private wing manual

b) After discussions with staffs of the hospital with the facilitation of the management committee and advisory committee for private wing.

c) Considered the experience of other hospitals 1.Yes 2. No

d) Other: Specify: _____

8. What is the percentage share of revenue for each health facility staff after deducting the share of the hospital?

a) Specialists _____

b) General Practitioners _____

b) Nurses_____

c) Lab technicians/lab technologist_____

d) X-ray technicians_____

e) Radiologists_____

f) Pharmacists_____

g) CEO_____

h) Medical Director _____

i) Support staff _____

9. Have you opened a separate bank account for private wing? a) Yes b) No

10. Does the private wing have a separate finance department from the regular ward?

a) Yes b) No

11. Have you ever audited the private wing?

a). Yes b) No

12. If Yes to Q11 by whom:

a) Internal auditor of the hospital

b) External auditor

c) Both

d) Other: specify_____

Section 3 Availability and Use of Guidelines/Protocols, Standards and Formats

1. Do you have any kind of manuals to set standards of service in the Private wing?

2. If yes to Q 1, specify what type of manuals you are using? And by whom it is prepared (More than one response possible)

a) Developed own manual

b) Use HCF directives

c) Adopted private wing manual issued by RHB

d) Other: specify_____

4. Does the private wing has its own patient card or uses the regular ward cards?_____

5. If you are using a different patient card from the regular, how do you treat cases/ patients?

that use the regular and private wing on different dates?

_____

_____

6. Do you have protocols and SOPs (Standard Operational Procedures?) a) Yes b) No?

7. If Yes. List down the protocols and SOPs

a) _____

b)_____

c)_____

Section 4 Staff Motivation

1. Do you think that the private wing has contributed to the retention and motivation of health Professionals? a) Yes b) No

2. Which and how many health professionals have quitted working in private clinics after the opening of private wing?

_____

3. Do you currently have health professionals working part time in other private clinics?

a) Yes b) No

4. If Yes to Q3, are they also working in the private wing? a) Yes b) No

Why? _____

5. Do you think the income generated from private wing by the health professionals is sufficient for staff retention? a)Yes b) No

Annex 2

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Thank you for taking the time to assist me in my educational endeavors. If you require additional information or have questions, please contact me.

Elsa Genene0911 30 44 78

E-mail:- elsi4god@gmail.com
Addis Ababa, Ethiopia

Questionnaire for private wing professionals

Section 1

1. For how many years have you worked relevant to your current position? _____

2. How long have you worked for this hospital? _____

3. Are you working in the private wing service?

3.In your opinion what are the benefits of working in private wing as compared to private clinics in your spare time?

_____

_____

---

10. Do you intend to continue working in this hospital for the next three years?

a) Yes b) No

11. If yes why? If no why not?

---

12. What challenges have you encountered so far while working in the private wing?

_____

_____

_____

Section 2

1. It was a good decision by the government side to start private wing services

a. Strongly agree

b. Agree

c. Neutral

d. Disagree

e. Strongly disagree

2. I believe the private wing service has come out to be a good alternative to the public

a. Strongly agree

b. agree

c. neutral

d. Disagree

e. strongly disagree

3. Do you think private wing contributed to staff retention?

a) strongly agree

b) agree

c) neutral

d) disagree

e.)strongly disagree

4. Do you think Patients are charged at a reasonable rate for the service they are getting from the private wing

a) strongly agree

b) agree

c) neutral

d) disagree

e.)strongly disagree

5. I would recommend members of my family and friends to get medical care in the private wing system:

a. Very Often

b. Quite Often

c. Neutral

d. Not Very Often,

e. Not at All

6. Patients are charged at a reasonable rate for the service they are getting from the private wing

a. It is too cheap

b. It is cheap

c. It is just fair

d. It is expensive

e. It is very expensive

7. How would you comment on the share of Doctors from the revenue collected via private wing service?

a. Too much

b. Much

c. Just fair

d. Low

e. Very low

8. The income I generated from the private wing has contributed for me to make a decision to continue to work in this hospital

a. Strongly agree

b. agree

c. neutral

d. Disagree

e. strongly disagree

9. I advise patients in private clinic to come to the private wing service when they cannot afford the service in the private clinic

a. Always I do

b. Most of the time I do

c. Sometimes I do

d. Rarely I do

e. I never do

10. The private wing service is a good option for me to give medical care for my close associates (families, friends, and relatives)

a. Always

b. Mostly

c. Sometimes

d. Rarely

e. Not at all

11.Have you been able to meet your financial demands after participating in the private wing service?

a. Not at all,

b. Not much,

c. Average

d. Much

e. Very much

12. I feel happy that I render equitable service in the private wing service

a. strongly agree

b. agree

c. neutral

d. disagree

e. strongly disagree

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Addis Ababa, Ethiopia

Interview questions for patients exiting from private wing

Section 1

1. Do you mind answering a few questions for our survey of private wing in the hospital?

a) Yes b) No

2. Did you know about private wing before you come to the hospital? a) Yes b) No

5. Did the doctor prescribe you with drugs today? a) Yes b)No

6. If Yes to Q.5, were you able to get the drug(s) from the hospital's pharmacy?

a) Yes b) No

7. Do you usually get prescribed drugs from the pharmacy? A) yes b) no

8. If No to Q. 7, where do you buy prescribed drugs?

a) Private pharmacies.

b) Government owned pharmacies out of the hospital.

c) Other: specify_____

9. In your opinion, do you think that the price charged in the private wing is fair? a)Yes b) No

10. How much more do you have to pay in the private wing compared to the regular ward?

a) The same

b) 25% - 50% more

c) 50% - 100% more

d) More than 100% more

11. Did you find the physician/ specialist by whom you want to be seen? a) Yes b) No

13. If No to Q. 12, what should be done to improve the services?

_____

_____

16. How do you get the amount of time you wait before getting the service?

Section 2

1. How did you know about the private wing of the hospital?

a) Read posted papers in the hospital.

b) Heard from somebody else who used the service.

c) Know about it from the media such as newspapers, radio or TV.

d) Announcement of the hospital at public gatherings.

e) Other: specify

2. Why do you choose private wing over private clinics?

a) It is cheaper.

b) The quality of services is better.

c) Less waiting time.

d) Because the service hour is convenient to me

e) Since it is possible to get specialist physician

3. Are you satisfied with the services of private wing? please rate your satisfaction

a) Very dissatisfied, b) fairly dissatisfied c) satisfied d) fairly satisfied d) very satisfied

4. During this visit how much do you satisfied with health professional's courtesy and respect?

a) Very dissatisfied, b) fairly dissatisfied c) satisfied d) fairly satisfied d) very satisfied

5. During this visit how much do you satisfied with professionals listening of your opinion?

a) Very dissatisfied, b) fairly dissatisfied c) satisfied d) fairly satisfied d) very satisfied

6. How do you get the cleanliness of the waiting area?

a) Very dissatisfying, b) fairly dissatisfying c) fairly satisfying d) very satisfying

7. How do you get the cost of the private wing service? a) Very expensive b) fairly expensive c) expensive d) fairly not expensive e) not expensive

8. Would you recommend the service you got here to be used by friends and families?

a) Not at all b) probably not c) probably yes d) yes e) definitely yes

9. How did you get the overall service you had given here?

a) Very dissatisfying, b) fairly dissatisfying c) satisfying d) fairly satisfying e)Very satisfying

DECLARATION

I the undersigned hereby declare that this research work entitled; “Review of Private Wing Practice in ALERT Hospital” submitted by me for the award of the degree of Master of Art in Business Administration, is my original work and that all sources of materials used for the study have been duly acknowledged. I have carried out independently with the advice and comments of my advisor of the research, Dr. Elias Nour (PhD).

Declared by: Elsa Genene

Signature: _____

Date :_____

ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as a university advisor.

Advisor Elias Nour (PhD) _____

Signature _____

St. Mary's University