



Assoc Professor Adella Campbell

Jamaica

*Removal of charges for health services in
the Jamaican public health system*





DUNN'S RIVER FALLS

THE REMOVAL OF CHARGES FOR HEALTH SERVICES IN THE JAMAICAN PUBLIC HEALTH SYSTEM: IMPACT ON THE PERFORMANCE OF MAIN HEALTH PRACTITIONERS

A. Campbell PhD

4th Commonwealth Nurses
and Midwives Conference

March 10-11, 2018



FOCUS

- Background
- Methods
- Issues
- Lessons learned



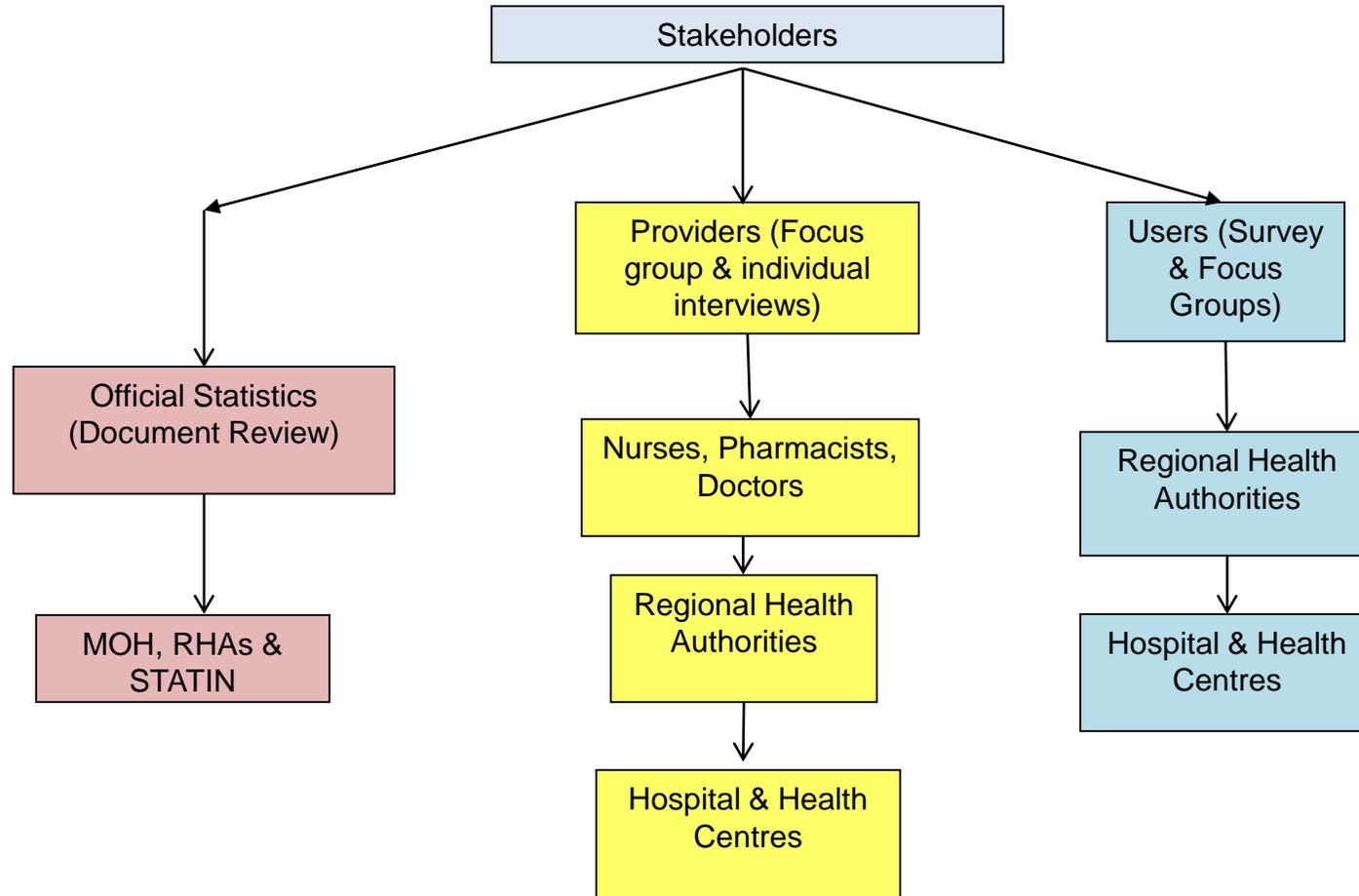
NATIONAL FRUIT - ACKEE

BACKGROUND

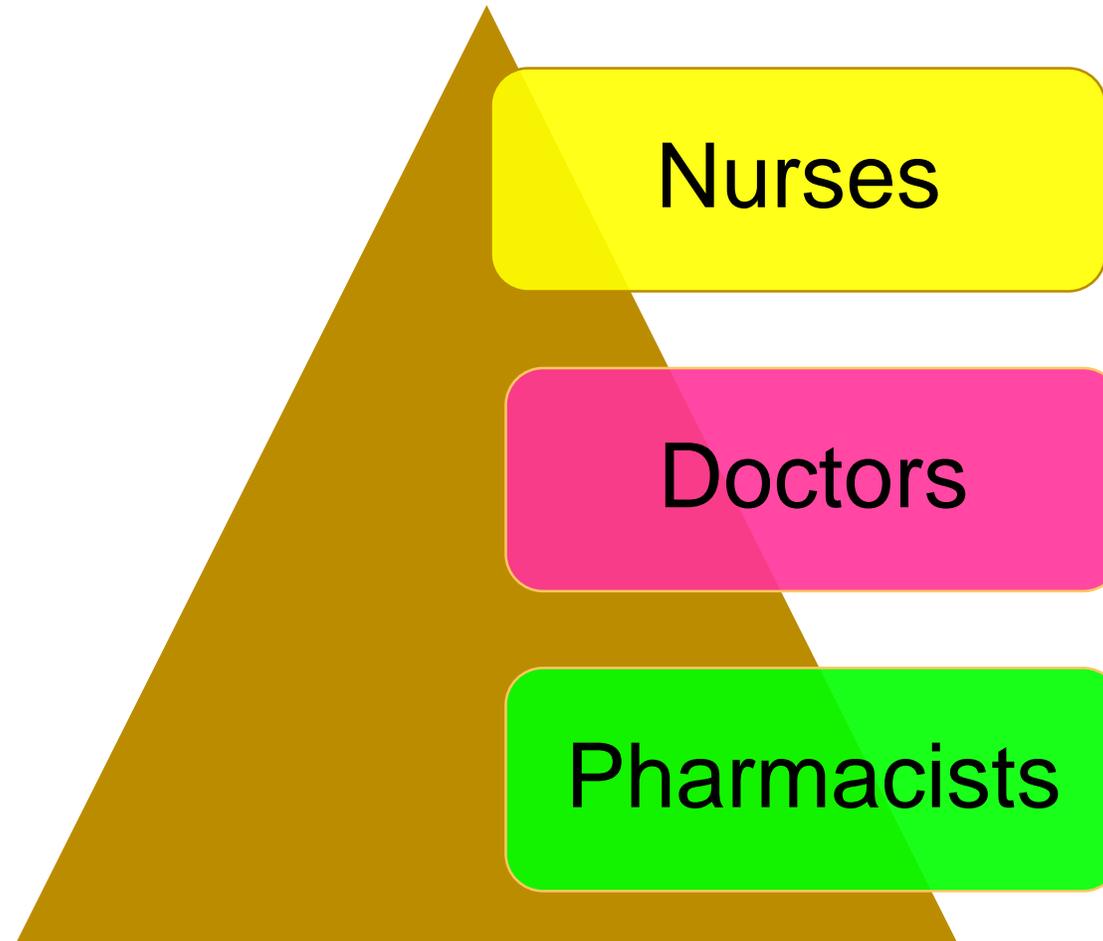
- Access to health services by the poor problematic
- In 2008 user fees abolished nationwide
- Utilisation increased following the removal of user fees
- Follow up study eight years on
- Study conducted February – July 2016



Multi-layered Mixed Methods Approach



Main Health Care Practitioners



Issues regarding policy change

- Lack of consultation
- Dissatisfaction with the policy change
- Increased workload
- Effects on physical and emotional status
- Dissatisfaction with work environment
- Unavailability of resources
- Shortage of staff
- Lack of equipment
- Lack of Administrative support
- General impression of the policy change



Consultation

“There was no prior information given to us and so we just worked with whatever resources that was provided until it was lessened. So, as the resources lessened the care for the patients ...you know, it wasn’t efficient because of less resources. We used up more because it was suddenly implemented.” (Nurse)



Consultation

“There was no consultation with us as doctors in the health system... I was not called to any meetings, we just heard that this was being done and it was done.” (Doctor)

*“Well, in terms of roles during the abolition of user fees the healthcare worker did not have a role in the policy implementation or the plan to remove user fee...”
(Pharmacist)*



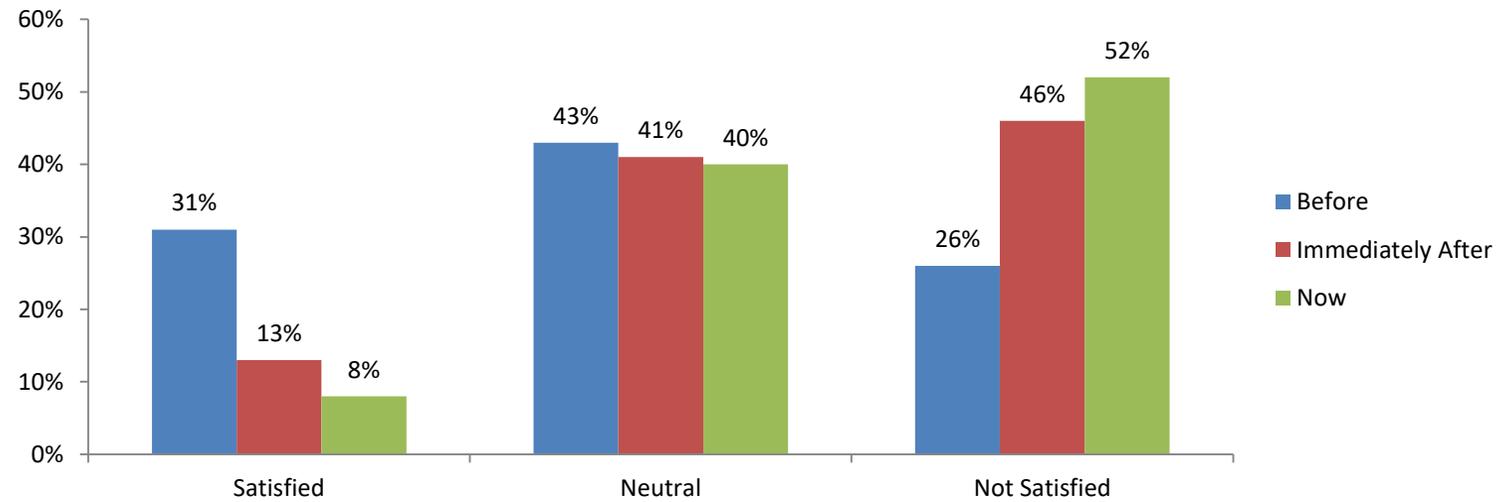


Figure 1: Health Practitioners Satisfaction with User Fees Policy

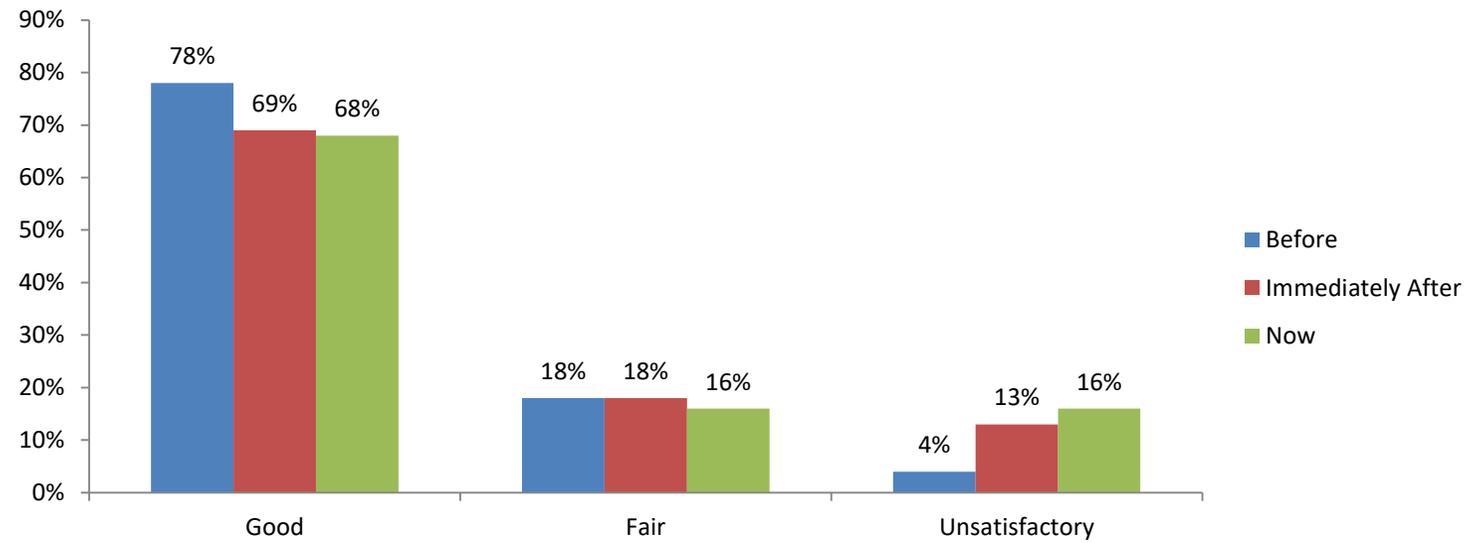


Figure 2: Effects of User Fees Policy on Job Performance

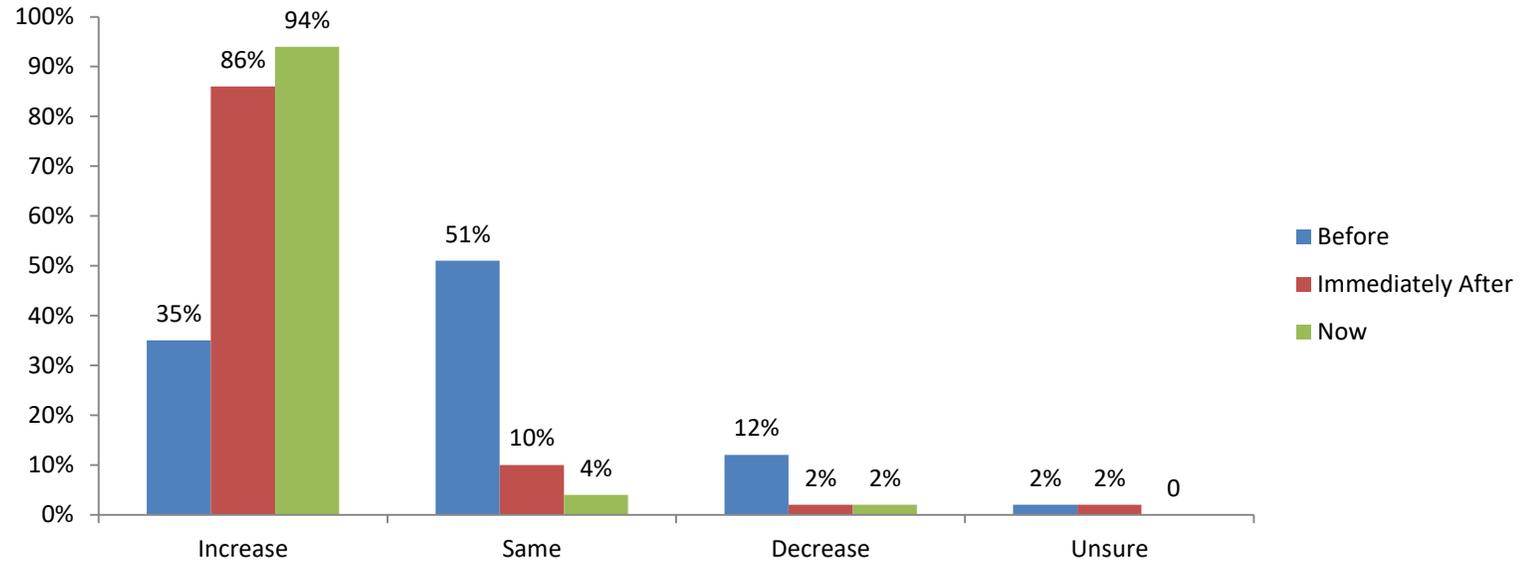


Figure 3: Effects of User Fees Policy on Workload

Increased Workload

“Since the introduction [of the policy] we’ve had an increased workload...We’ve had...larger patient load than it was before.”

(Nurse)

“With the introduction of free healthcare more patients came to the hospital and more patients came to the clinics. So, you had a greater workload.” (Doctor)



Increased Workload

“...the patient load increased probably by 100%... [There were] overcrowded situations, patients waited long hours; they were there long before [the] pharmacy opened and there was no guarantee that they would get through.”

Pharmacists

Coat of Arms



Effects on Physical and Emotional Status

Health Practitioners (82.0%) felt that they were physically and emotionally affected by the changes at work.

“So, for us it becomes stressful and ...a part from the physical stress in having more things to do and more patients to take care of...[we] have the mental issues to deal with because the patient’s expectations and abuse ...fall down on us.” (Nurse)



Effects on Physical and Emotional Status

“...you were more fatigued at the end of the work day. You were more easily overwhelmed. The ability to manage the level of stress was more of a challenge...You get tired more easily at the end of the day.” (Doctor)

“...patients clambering for more and when they can't get it, they curse expletives and curse the government and all of that.” (Pharmacist)



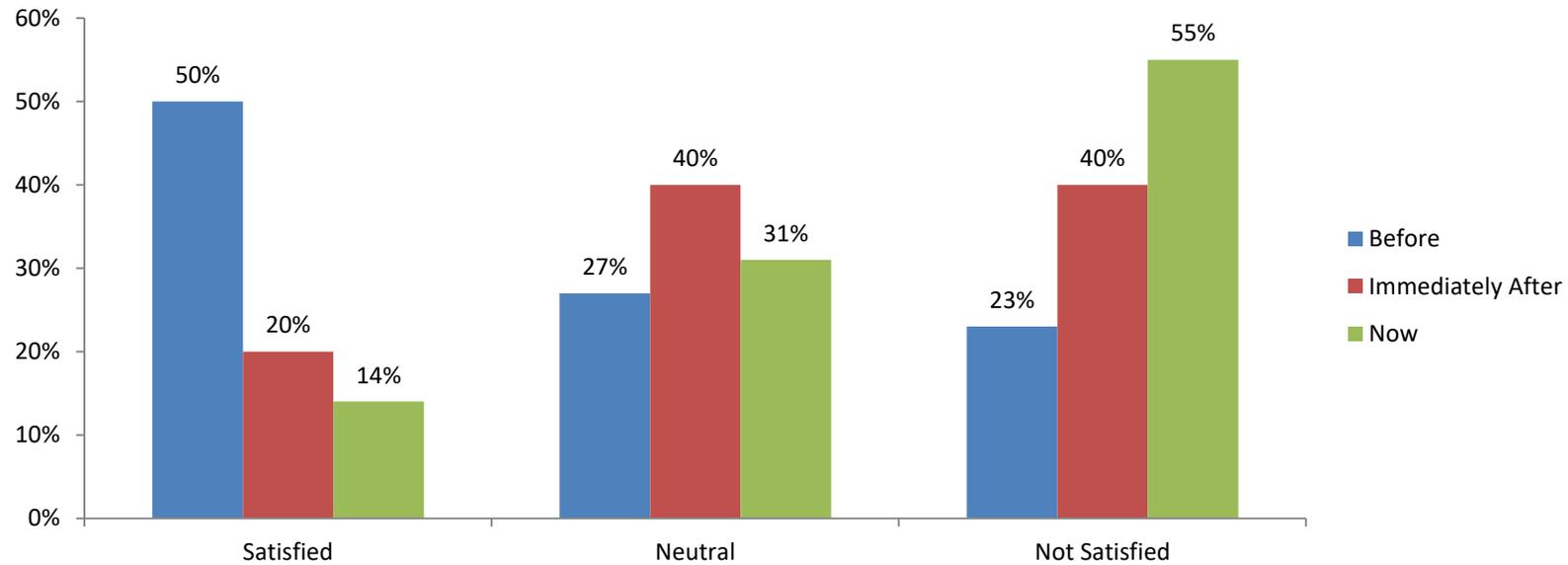


Figure 4: Effect of User Fee Policy on Work Environment

Dissatisfaction with Work Environment

“I am very dissatisfied...I hate to have to fight to find resources... it’s hard when you come to work and you have to be scrambling for resources or you have to be improvising or you have to be spending a whole lot of time trying to explain to the [large number] of patients who expect certain care that you cannot ...cannot provide...”
(Nurse)



Dissatisfaction with Work Environment

“I am not really happy because we do not have enough resources to work with and we need a lot of staffing, a lot of doctors because we have a very busy clinic...we end up having to see an increased number of patients with one or two doctors...” (Doctor)

“Well in terms of before we had challenges and we still have those same challenges [today]...[For example] challenges [with the] availability of resources...”
(Pharmacist)



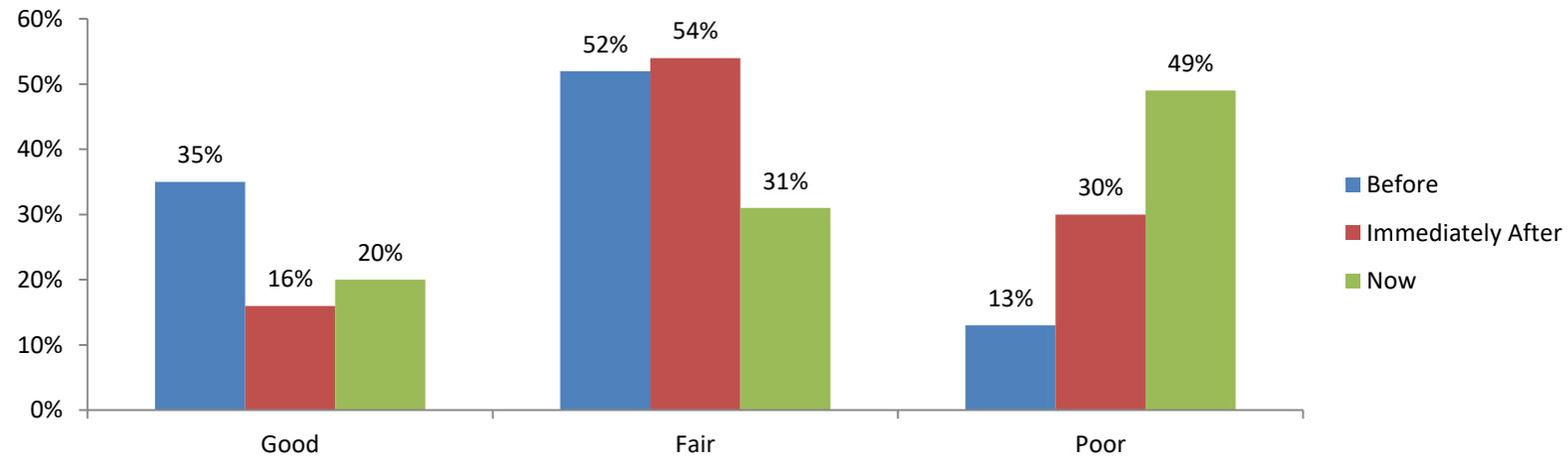


Figure 5: Effects of User Fees Policy on Availability of Resources

Unavailability of Resources

“Well, in terms of the resources we have fewer things to work with... I realize from the inception of the free health care [that] a lot of times we have to be improvising than before, example, [before, when] we...order 10 gauze, we would get the 10, now we’re getting 2 and we have to be making [it] stretch for the clients...” (Nurse)

*“I’m not sure how the funds are being allocated, but I see that resources are not available....Sometimes we end up not having the instruments, for example in... procedures.”
(Doctor)*



Unavailability of Resources

“Over the years, since the introduction of free health care, we have found that funding and resources have been scarce in terms of the provisions of even drug supply, the infrastructure...equipment, to facilitate the work, all of those were grossly lacking.”

(Pharmacist)



Other Challenges

- Shortage of staff
- Lack of equipment
- Lack of administrative support
- Effects on quality of care



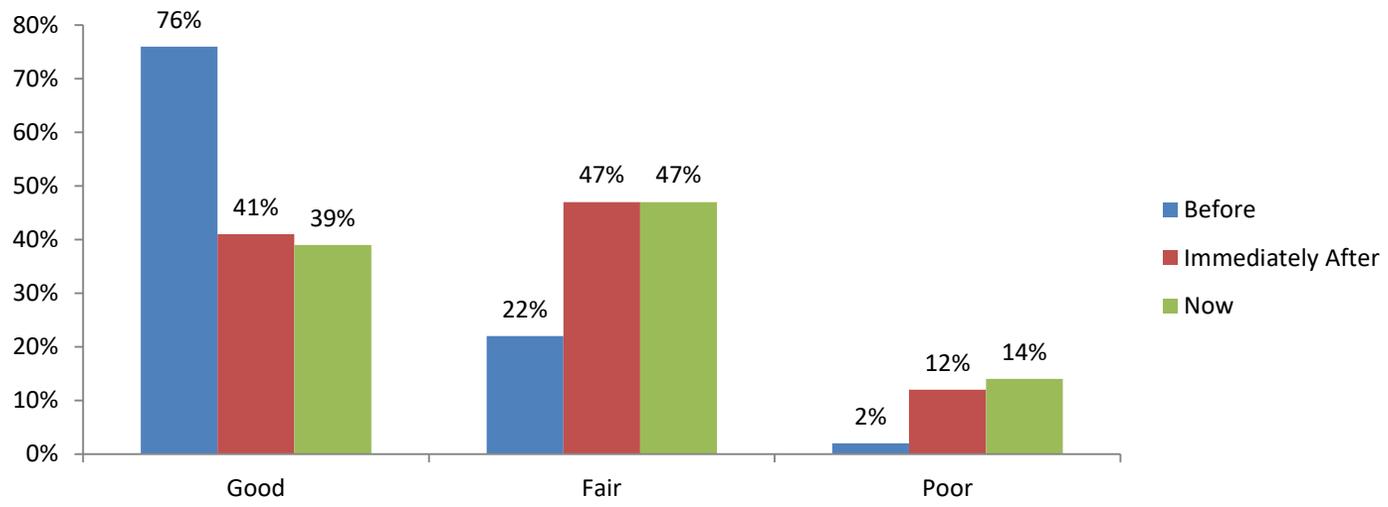


Figure 6: Effects of User Fees Policy on Quality of Care

General Impression of Policy

“I think...the idea of healthcare being free is good ...it would be welcomed by everybody but what we need to look at, is the affordability to the government and the facility...” (Nurse)

“The quality just isn’t there. If the resources to adequately care for the patients [are unavailable], you won’t be able to provide that level of care. So, I think there may have been good intentions...but...it’s not working to the patients’ benefit at all.” Doctor



General Impression of Policy

“My impression is that it is a good thing, it benefits persons who definitely cannot afford the cost of medication. However, I think it needs to be tweaked to ensure that the program is sustainable...and that both the patients ...and health professionals [are] satisfied... with the services offered.” (Pharmacist)



Conclusion

Lessons Learned

- Greater input in policymaking process
- Effective management of health policies
- Critical problems identified will eventually outweigh the substantial health gains if the following are not addressed:
 - inadequate resources (financial, material and human)
 - lack administrative support
 - service management



CONTACT DETAILS

Adella Campbell PhD

University of Technology, Jamaica

237 Old Hope Road

Kingston 6

Email: adcampbell@utech.edu.jm





Mystic Mountains, Ocho Rios, Jamaica