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INFORMAL PATIENT PAYMENTS AND PUBLIC ATTITUDES TOWARDS THESE PAYMENTS: EVIDENCE FROM SIX CEE COUNTRIES

Stepurko T., M. Pavlova, I. Gryga, W. Groot

ABSTRACT

Informal patient payments are deeply rooted in Central and Eastern European countries. Despite the socio-political changes in the health care sectors after 1990s and the subsequent health care reforms, informal payments for health care services continue to serve patients' and physicians' interests. These payments also fill gaps in health care funding in this European region. Nevertheless, unofficial payments are not a desirable payment channel. They lack transparency and distort the efficiency and equity in health care provision. Still, the successful elimination of these payments will depend on the public attitude towards these payments. This study aims to compare public attitudes towards informal patient payments and payment experience in six Central and Eastern European: Bulgaria, Hungary, Lithuania, Poland, Romania, and Ukraine. The data have been collected in 2010 in nation-wide representative surveys using an identical standardized questionnaire administrated via face-to-face interviews. We have collected about 1000 questionnaires in each country. The results show that a major group of respondents in each country expresses a negative attitude towards both informal cash payments and in-kind gifts. 208, 187, and 174 respondents paid informally for out-patient service in Ukraine, Romania, and Hungary respectively. We also analyse the relation between public attitudes and respondents' past experience with informal payments, e.g. whether they have paid informally payment for out-patient service used last year. In Bulgaria and Poland, negative attitude is mostly observed among those who have not paid informally. The existence of positive and indifferent attitudes towards informal payments as reported in our study, indicates a challenge for policy makers in Central and Eastern European countries. The acceptance of government initiatives aimed at the elimination of informal payments will largely depend on the governments' ability to create a social resistance towards these payments.

Key words: informal patient payments, health care utilization, public attitude, Central and Eastern Europe

INTRODUCTION

Bribes in cash and in-kind gratitude for health care personnel given by patients, united in one common term "informal patient payments", have been in the focus of researchers for the last decades. Studies on informal patient payments published hitherto refer mainly to the period 1990 - 2005 and mainly to former-socialist countries (10). Therefore, Thompson and Witter (11) argue that informal patient payments are one of the phenomena, which the transition economies inherited from the communist period. Nevertheless, unofficial payments for health care services are reported in other countries as well (for example Uganda, Peru, Turkey, and Greece), which are not transition countries. Certain unofficial payments for health care services (even though not widely spread) are reported in some other high-income countries in Europe, such as Italy and Austria (6). Apparently, the presence of informal patient payments is an important feature of many health care systems around the world (4).

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Empirical studies on informal patient payments are important because they can provide evidence on the scope and scale of this phenomenon. Such information could compel and enable policy-makers to look for solutions to the problem of informal patient payments (12). This is particularly relevant for countries where informal patient payments are condoned by the government mainly because they are filling gaps caused by insufficient health care budgets (3,5,7). Still, introduction of a strategy that aims at the elimination of informal patient payments needs public acceptance to be successful. Previous studies evidence that only half of respondents in Baltic countries associate informal payments to health care professionals with corruption (2); three quarters are negative towards informal patient payments in Hungary and Poland and each third respondent in Romania accepted them (1). Hence, since the proportion of committed public or overall acceptance and tolerance to informal payments in one country seems to be the main obstacle in eradication of informal payments, and under the lack of the studies on the topic bring us to the studies on attitudes towards informal patient payments in the context of experience in different countries. The aim of this paper is to compare attitudes towards informal patient payments and payment experience for out-patient care in six Central and Eastern European: Bulgaria, Hungary, Lithuania, Poland,

Romania, and Ukraine. The following sections present methods of data collection and results and discussion section, followed by conclusions.

MATERIAL AND METHODS

The data on perceptions and attitudes toward informal patient payments are collected in 2010 in representative country surveys. An identical standardized questionnaire administrated via face-to-face interviews is translated from English into country languages and then applied. Presence of the interviewer facilitates better understanding of question by the respondents and minimizes skipping questions. All interviewers are trained in order to avoid interviewer bias. A stratified random sample is drawn in each country. The overall socio-demographic characteristics of the samples indicate that they are representative for the countries. The objective is to have 1000 completed interviews per country. Over 18-year old respondents have answered not only questions about informal payments but questions on respondent's personal previous utilization of health care services, stated preferences, and socio-demographics characteristics. The respondents are asked whether they have visited a physician in out-patient public and private health care facilities the year before the survey, how much they have paid both officially and informally; in addition we are interested in unofficial payment solely. Attitudes towards informal cash patient payments and in-kind gifts are also indentified, so the respondents have to choose one from negative, indifferent, and positive attitude options. We used chi-square and Mann-Whitney test for identifying significant differences in the data comparison. The lowest response was reported in Poland and Ukraine (38 % and 42%) while Bulgaria and Hungary has the highest rate (67 % and 76%).

RESULTS AND DISCUSSION

The results show that a major group of respondents in each country expresses a negative attitude toward both informal cash payments and in-kind gifts. Table 1 presents statistics on respondents' attitudes and payment experience for each country. In general, 70,8% of the respondents consume out-patient services during the year before the survey. Romanians and Ukrainians (34,8% and 42,7% correspondingly) consume out-patient health care services less often than populations in other countries. About half of the respondents do not pay for out-patient visits in six countries. Moreover, 42,9% of respondents among those who pay for the services have paid informally. 208, 187, and 174 patients pay informally for out-patient service in Ukraine, Romania, and Hungary respectively. Further, Figure 1 and 2 present cross-country comparison of attitudes towards informal payments (cash and in kind gifts) and incidents of informal payment for out-patient services.

Bulgarians and Polish populations show quite similar attitudes and visit experiences, i.e. 4,9 % and 1,4 % of respondents express a positive attitude toward informal cash payments in Bulgaria and Poland respectively. However, a quarter of respondents are positive towards in kind gifts in Bulgaria while in Poland it is 9 % only. We also observe similarities in out-patient services consumption. Thus, three out of four respondents visited a physician; while 75 % among them paid for the service in Bulgaria (12,5 % informally). In contrast, 76,3% of Polish patients do not pay officially and/or informally. Still, a more negative attitude is observed among those patients and payers, who have not experience in informal payment.

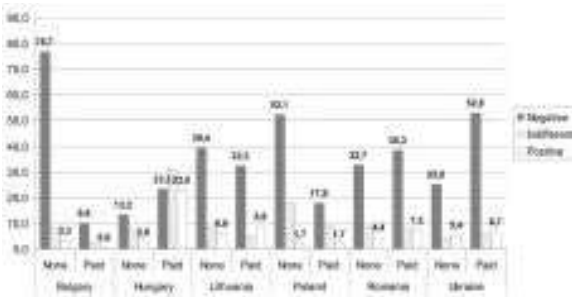


Fig. 1.Cross-country comparison of attitudes towards informal cash payments and experience of making informal patient payments for out-patient services (sum of total answers in one country is equal 100%), per cent.

Similarly, Romanians and Ukrainians seem also to have much in common. Three fourth of respondents express a negative opinion towards informal cash payments and 51,6% and 65% have a negative attitude towards giving in kind gifts in Ukraine and Romania respectively. The lowest consumption of out-patient services are reported in Ukraine (57,3%), while two thirds of the Romanians visit a physician. In both countries half of the patients state that they pay for services, and 54,2% and 64,8% of them pay informally in Romania and Ukraine respectively. Comparing attitudes and experience of giving informal payment, we find a higher negative attitude toward informal cash payments among those who paid informally in Ukraine.

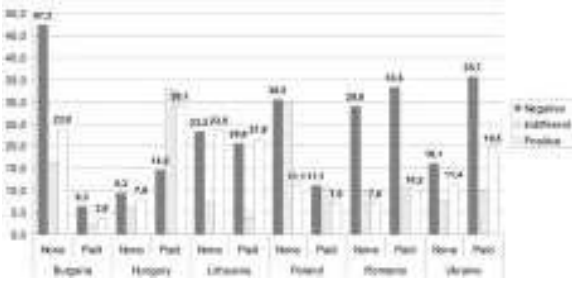


Fig. 2.Cross-country comparison of attitudes towards in kind gifts and experience of making informal patient payments for out-patient services (sum of total answers in one country is equal 100%), per cent.

Hungarians report the highest level of visiting physician (80%); 174 out of 826 respondents who visited physician make informal. Nevertheless, Hungarians do not express

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totally negative opinion towards informal payments: 17 % and 30,6% express a positive attitude towards informal cash payments and in kind gifts respectively, however a significant part of respondents are indifferent (about 35 %). Interestingly however, a positive attitude is mostly reported by those, who had experience with informal payments.

We do not observe consolidated opinion and payment experience in Lithuania, where about half of respondents stated positive attitude towards in kind gifts; moreover, half of those who reported out-patient health care services consumption (73,1%) paid, and about half of them paid informally. The comparison of experience and attitude towards informal payments bring us to different distribution of answers in case of cash payment and in kind gift. Notably, when attitude towards informal cash payment is in focus, we observe prevalence of non-payers; however, if we consider attitudes towards in kind gifts, virtually the same percent of informal non-payers and payers report positive and negative attitude.

higher than the monthly income of the patient. At the same time, in kind gift has a value that corresponds to the patient's income (10). We have underlined in the questionnaire in-kind nature of the gift because of evidences that gifts are also can be requested (8).

The results do not suggest that a positive attitude towards informal patient payments is expressed by those who made an informal payment. Patients pay unofficially irrespectively of the attitude they have that can mean requested or expected payment. Further, attitudes towards informal payments are formed not only through personal payment experience (requested or nor), anti-corruption messages pronounced by mass-media and government may also form negative public attitude. Still, in order to find a correlation between attitude and experience of paying informally and a direction of this relation further research has to be done.

The explanation for differences in attitudes in the context of given payments can be found in economic, socio-cultural,

Table 1. Cross-country comparison of public attitudes towards informal patient payments, out-patient health care consumption, and incidents of payments for health care services.

** Statistically significant difference between the country estimate and the average estimate for all countries (χ^2; $p < 0.05$), [a] No sig. differences between Lithuania – Romania, Lithuania – Ukraine and Romania – Ukraine (Mann-Whitney U test; $p > 0.05$), [b] No sig. differences between Bulgaria – Ukraine, Hungary – Lithuania and Poland – Romania (Mann-Whitney U test; $p > 0.05$), [c] No sig. differences between Bulgaria – Lithuania, Bulgaria – Poland, and Lithuania – Poland (Mann-Whitney U test; $p > 0.05$), [d] No sig. differences between Hungary – Poland and Romania – Ukraine (Mann-Whitney U test; $p > 0.05$), [e] All countries differ significa ntly (Mann-Whitney U test; $p > 0.05$).*

		Bulgarian sample		Hungarian sample		Lithuanian sample		Polish sample		Romanian sample		Ukrainian sample		Total - all respondents	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
What is your attitude towards informal CASH payments? [a]	Negative	819	84.8*	496	48.1*	725	72.2*	780	78.3	716	72.3	738	74.9*	4274	71.6
	Indifferent	100	10.4	360	34.9	113	11.3*	202	20.3	178	18.0	130	13.2*	1083	18.1
	Positive	47	4.9	175	17.0	166	16.5*	14	1.4*	96	9.7	117	11.9*	615	10.3
What is your attitude towards giving gifts IN KIND? [b]	Negative	522	54.5*	330	32.0*	449	44.7*	601	60.5	647	65.0*	508	51.6*	3057	51.2
	Indifferent	179	18.7*	386	37.4*	124	12.3*	304	30.6	203	20.4*	188	19.1*	1384	23.2
	Positive	257	26.8*	315	30.6*	432	43.0*	89	9.0*	146	14.7*	288	29.3*	1527	25.6
Have you visited physician (or a physician visited you) during the last 12 months? (out-patient) [c]	None	239	24.5*	207	20*	272	26.9	264	26.4	347	34.8*	426	42.7*	1755	29.2
	Visited	736	75.5*	826	80*	739	73.1	735	73.6	651	65.2*	572	57.3*	4259	70.8
Did you pay for these visits officially and/or informally? [d]	None	173	24.3*	594	72.7*	414	56.7	552	76.3*	270	44.2*	246	43.3*	2249	54.0
	Paid	540	75.7*	223	27.3*	316	43.3	171	23.7*	341	55.8*	322	56.7*	1913	46.0
Did you give an informal payment (cash payments and gifts in kind) for these visits? [e]	None	491	87.4*	53	23.3*	170	53.8	125	71.8*	158	45.8*	113	35.2*	1110	57.1
	Paid	71	12.6*	174	76.7*	146	46.2	49	28.2*	187	54.2*	208	64.8*	835	42.9

Therefore, the differences in attitudes towards in-kind gifts and informal cash payments are expected with regard to the nature of the payment. Cash payments are usually associated with a request and with a higher size; especially in case of surgery intervention the amount of the payment can be

ethical, and legal frameworks since the nature of the phenomenon is multi-dimensional (9). Meanwhile, we would underline the most important factors: reforms in health care sector like introduction of official payments and fighting with corruption on the state level (not only in health care).

These are the key characteristics of what have happened in Bulgaria and Poland last years. Studies on informal patient payments, that provide evidence on the scope and scale of this phenomenon, could lead policy-makers to evidence-based solutions to the problem of informal patient payments (12). This is particularly relevant to countries where informal patient payments are condoned by the government mainly because they are filling gaps caused by insufficient health care budgets (7).

CONCLUSIONS

The existence of positive and indifferent attitudes towards informal payments as reported in our study indicates a challenge for policy makers in Central and Eastern European countries. The acceptance of government initiatives aimed at the elimination of informal payments will largely depend on the governments' ability to create a social resistance towards these payments.

The successful implementation of such strategy is depended on the particular setting and the overall conditions in the country. The prevalence of corruption in society, as well as the attitudes of health care consumers, providers and policy-makers towards informal payments are crucial factors that need to be taken into account when implementing such strategies.

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