

INFORMAL PAYMENTS FOR HEALTH CARE: A QUALITATIVE STUDY IN TURKEY

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INTRODUCTION

Financing healthcare is an important determinant of equity and sustainability in a health system. Healthcare financing can be subdivided into three functional components: revenue collection, pooling, and purchasing. There are mainly four types of revenue collection and generation methods around the globe. These are private insurance, taxation, social health insurance and charges or co-payments [1]. All forms of payments under the mentioned types are part of formal payments for healthcare. The payments in cash or in-kind made by patients for services that are covered by the social health insurance or public coverage are informal payments [2]. There are also vary of terms for informal payments such as “envelope payment”, under the table” or under the counter payments” [3]. Informal payments in cash are mainly considered to be a form of corruption. The payments in kind or gift is given to express gratitude are controversial issues [4].

The underlying factors of informal payments have been examined in many studies. These studies indicated some reasons for informal payments such as weak organizational structure of health care system, economic downturns, lack of financial resources, cultural tradition, lack of private healthcare services, unresponsive government [5,6]. However, informal payments are not solely induced by the mentioned reasons or supply side. Patients’ expectations on more quality care, jumping the queue, reducing waiting time are prominent reasons and gains of making informal payments [7-9].

Some studies have been examined the effects of informal payments on the social, economic and health systems of countries. Informal payments jeopardize equity in healthcare systems [10]. Due to the catastrophic nature of informal payments, it leads to the impoverishment of society. Informal payments can also cause delays in care to people selling assets in order to get access to healthcare and lose faith in the health system [9]. Informal payments have additionally the role of leading a word of mouth marketing. The patients who gain their expectations and desires by informal payments convey this information to the others. Thus, informal payments can because of a habit in a region [5].

Due to secret communication between the provider or institution and patients and off the record nature of informal payments, it is not possible to obtain sufficient information on the informal payments [11]. Furthermore, the cultural, economic and social differences between

Informal payments for health care are common problems, especially in many developing countries. There is a growing interest in informal payments around the world. The study aims to explore the reasons for informal payments, in which ways informal payments occur and how it can be deterred. Due to lack of data purposive and snowball sampling approach was used. We conducted face-to-face interviews with a sample of 15 participants including healthcare users or patients. The participants were asked about the case in which they made informal payments, the reasons for those payments and their perception and attitude towards the case they went through. The study proposes that coping with a lack of information, strengthening the primary healthcare services and assuring the community engagement can reduce the informal payments in healthcare.

Keywords: Healthcare, informal payments, envelope payment, health financing.

countries make it difficult to generalize the results of the studies on informal payments to the globe. Therefore, we designed this study to make a contribution to the understanding of informal payments in the Turkish healthcare system.

The Turkish healthcare system is based on social health insurance. Prior to 2003, the healthcare insurance system of Turkey had three separated schemes. These schemes had different coverage packages that caused many inequalities in achieving healthcare services. With the beginning of Health Transformation Program which was declared in 2004, Turkey’s healthcare system started to change radically. The separated insurance schemes were united in time under the Social Security Institution (SGK in Turkish). Universal Health Insurance system has been established and it is the biggest and the only public reimbursement institution in Turkey’s healthcare system at the moment [12]. The system cover nearly all population and provide a large coverage package including outpatient and inpatient care, some dental care, most of medicines (pharmaceutical positive list) etc. Each citizen has a family practitioner which is free to consult. People also can apply to secondary and tertiary healthcare institutions which are under coverage package. However, people have to make co-payments for receiving secondary and tertiary care and also for medicines at pharmacies [13].

To the best of our knowledge, there is not many studies on the informal payment in Turkey health care system. A few studies examined the topic in Turkey[14-16]. Hence, there is a growing need for field studies on informal payments. The study aims to examine the structure, underlying reasons and outcomes of informal payments and suggest some proposals to the problem. The research seeks to answer the following research questions:

1. What is the knowledge level of individuals about the official obligatory payments for healthcare services?
2. What are the social, economic and health systems stemmed causes that lead individuals to make informal payments?
3. Which proposals should be developed to reduce the burden of informal payments?

DATA AND METHODOLOGY

Given that this study is concerned with the understanding of informal payments' reasons and outcomes in the Turkish healthcare system, a qualitative approach can be the most suited to the study. Because of the economic restrictions, the study was conducted in Tarsus district in Mersin province. Given that the study concerns the individuals who made informal payments and due to informal payments made off the record and unofficially, achieving a database in this issue was not possible, a purposive and snowball sampling approach was used. It was aimed to achieve the individuals who have received medical care from public hospitals and made informal payments in 2019.

For three days, we have tried to detect some people who made informal payment for healthcare services in 2019 at the gate of state hospital in Tarsus between the hours of 10.00-12.00 and 14.00-15.00. We questioned the people who accepted to participate. A snowball sampling was conducted, after achieving 5 people who made informal payments at the gate of the hospital. The participants suggested the names and addresses of other possible participants to the author. We found their locations/their home and questioned them face to face.

Totally, 22 people were achieved. However, only 15 of them accepted to participate in the study. Informed consent was obtained from all participants by their verbal expression. Ethical approval was obtained from Tarsus University in Mersin/Turkey.

A face-to-face semi-structured interview was conducted with the participants. The interview conducted in the native language, Turkish. We seek to unveil the experience, belief, and perception of individuals about informal payments. Due to participants were not be familiar with the term "informal payment" we had to use the terms such as "extra payment" "illegal payment" and explain the meaning of the informal payments. We asked the following two main questions and let the individuals express their thoughts:

1. Do you know the types of payment you have to make when you received services from a public hospital?
2. What was the detail of your event in which you made an extra payment or illegal or informal payment to the healthcare provider or institutions, in cash, in-kind or presenting gift?

More questions were derived depending on the content of each interview. Examples of questions include:

- What was the reason for the payment you made?
- Do you think it is ethically right you made informal payment?
- Who proposed for informal payment? You or the provider?
- Did you afford to pay easily or not?
- Did you achieve your expectations via informal payment?

The data of the study were analyzed using thematic analysis process. This method is based on identifying

the patterns of meaning in the data. It enables the researches to identify the participants' shared beliefs and experiences [17]. An inductive perspective was considered. Coding was undertaken manually by the researcher. To prevent bias, another researcher who studies on healthcare management, checked the codes. Finally, the themes and sub-themes were determined.

RESULTS

The knowledge level of participants about the official payments

We believe that the knowledge level of patients is one of the most important components of informal payments. We hereby firstly search for the knowledge level of participants on payments for healthcare.

When we asked the participants, we received widely the response of "No". Only two participants expressed that they know payments are being made at the pharmacies after the medical care. However, the expressions of the participants were clear that they are poorly informed about the content of the payments. For example;

"I know we make a payment at the pharmacies when we get medicines."

"We make the payment at pharmacies, but I am not sure what it is for."

What appears from all responses, people's awareness about the health system is so low. The interview participants expressed that they do not interrogate the payment they make in hospitals and pharmacies. Many of them believe that the payment is only for medicines. They are widely not aware of the co-payment for medical care.

The main reasons for informal payments.

The expressions of participants indicate that the aim of access to healthcare is the prominent reason. A large of the informal payments examined in the study consist of the payments aiming to Access the physician for any reason. It is an obvious circumstance especially for patients with risky health status such as requiring operations/surgery. We think the conditions underlie for these payments are the problem of getting an appointment from a physician due to excessive demand for health care. Many participants indicated that they had to make those informal payments to receive the medical care they needed, for example;

"I made informal payments to get an appointment from an orthopedic doctor. Because the waiting time was so long and I was suffering from acronyx, I could not find any other way to receive medical care."

"I had a heart attack and was taken to a private hospital. It was decided that by-pass is required. I could not afford the expenses for the private hospital. I got in contact with a doctor from a public hospital via his secretary. They demanded payment for the operation. It was more affordable than the private hospital. So, I made the payment."

According to the expressions of participants, another reason for informal payments is the expectation of better care. It is determined that these kinds of payments are →

offered by the patients, not demanded by the providers. The components of better care for the participants are varied such as: shortening the waiting times, more comfortable care, cleaner rooms or extra personal care. For example;

“I made a payment for extra cleaning services. It was my will.”

“ I gave money to the carers to make them provide better care for my father. They did not accept for the first time but I insisted.”

“I wanted to stay in a single room. I offered an extra payment.”

An interesting finding of the study is people’s worries about their privacy. One participant who an elderly woman was taken to a hospital because of an accident stated as follows;

“I was alone when I was taken to the hospital. I asked a nurse to be more careful about covering my body with a scarf. I said I will pay her for escorting me. I paid her after the treatment”

The opinions on the ethical side of informal payments and the degree of meeting the expectations

Social norms and culture in a country influence the attitudes and behavior of the individuals and society. Moreover, public opinion towards informal payments may have a significant impact on the behavior of patients and service providers [16]. Accordingly, we examined the belief and opinions of the participants on informal payments.

It is determined that people who made payments willingly believe it is not ethically wrong. They believe the payment was gratitude for the services they are satisfied with. For example;

“ They took good care of my father. I wanted to present gifts to them. I think this is good behavior.”

Contrary, it is observed that people with the aim of jumping the queue or getting faster access to a physician did not sure whether it is ethically right. The expressions of participants showed that they feel helpless and think the informal payment was inevitable to get care or extra services they desired. For example, one participant expressed the following sentences;

“ It was too far from my job to the hospital. I could not visit my father in visiting times in intensive care unit. So, I offered money to the security and nurses to be able to visit my father when i want. They found a way to get me in when i arrived.”

This participant also indicated that “ I do not think it was an acceptable behavior but I had to do it”.

Another participant who had a heart attack expressed as following;

“ I could not find any other way. I was so anxious about my health so was my family. We did not try to visit other hospitals. We found the doctor via our relatives’ recommendations and accepted to pay for the surgery.”

The participants also were asked whether their expectations were met when they made payment. Most of them agreed that they are provided better and more comfortable care after the informal payments. This circumstance brings the debate of the financial satisfaction of health care workforce and the lack of financial sources for healthcare. Accordingly to participants’ expressions, it is widely believed that informal payments have an incentive role for better or extra health care. Almost all of the participants preferred to make informal payments instead of consulting another healthcare institution.

The burden of informal payments for patients

Informal payments have negatives effects on individuals. In the study, participants who made payments for surgical operations stated that it was a catastrophic amount of payment for them. This gives the idea that the more health status is vital, the more payment is high and unaffordable. Participants stated that they had to sell some of their valuable assets such as cars, jewelry to get the desired care. Additionally, these participants expressed that these kinds of payments reduce their confidence in the healthcare system. Contrary to these payments, it is observed that voluntarily payments or presenting gifts for showing gratitude were not a high burden on participants’ budget.

An interesting finding of the study is about elderly participants who expressed they had to pay more for healthcare services long ago (their expressions was 10-15 years ago). They expressed that it is now easier and more comfortable to get access than before. This must be thanks to the transformation program in healthcare which is declared in 2002. However, we detected that these participants are the people who offered money to physicians or their secretaries. This gives us the clue that cultural habits and background are important determinants of informal payments in Turkey.

DISCUSSION

The purpose of this paper was to make a contribution to the understanding of informal payments for healthcare in Turkey. After the analysis, we concluded themes and sub-themes concerned with the understanding of informal payments as following figure 1.

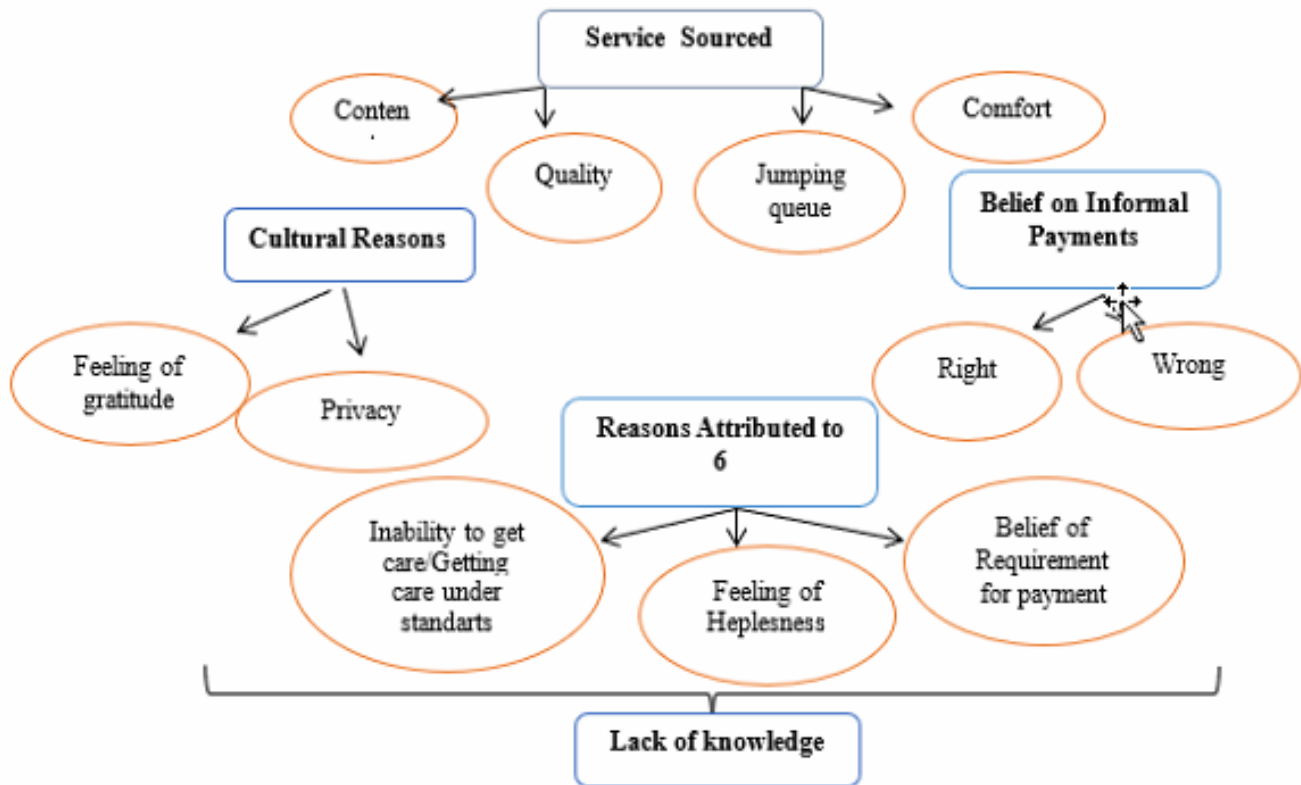
We found that informal payments occur because of the many factors. Firstly, the most important part of informal payments is the lack of knowledge. Over two-thirds of the participants reported that they did not know about the official payments in healthcare. Hence, we can express that the population is not enough informed about the structure of the health system and health financing. This is one of the important triggers for informal payments. Secondly, problems in accessing healthcare is a major factor that pushing people to make informal payment. The district where the study was conducted has many public health facilities including secondary and tertiary hospitals. We believe that the main problem in accessing healthcare is related to not being able to get an appointment soon. People believe that they have to wait for a long time to see a doctor. Therefore, their first reaction is trying to gain

healthcare. We also found that worries and a negative belief of people about their health status are strong triggers for informal payments. People chose to accept the requested money or the contrary offer money when they worry about their health status intensively. We detected that these kinds of payments were all in cash and created a heavy burden on people’s budgets. **(Figure 1)**

financing of healthcare services as well. Therefore, it must be aimed to increase the knowledge level of the society about the structure and financing of the health system.

- It was observed that disintegration in health services prevents individuals to reach adequate services. Hence, the effectiveness of primary care services

Figure 1. Themes and sub-themes of the study



privilege through payments or using bilateral relations when they have a problem in accessing

There exists an extensive literature that examines informal payments in many aspects. Their findings are consistent with our study. The factors that shape informal payments are as following in the literature; gratitude, more quality care and fearing of deprived of treatment [17-20]. And also, some studies indicated that cultural factors and past experiences are determinants of informal payments[21].

The main contribution of this study is to unveil that lack of knowledge and feeling of heplessness are important factors of informal payments in Turkey. Additionally, the study revealed that although Turkish transformation in healthcare had significant improvements, there is still a need for improvements in accessing healthcare.

CONCLUSION

We propose the following proposals to cope with informal payments in Turkey.

- In this study, it was concluded that information asymmetry is an important determinant of informal payments. Information asymmetry does exist in the

should be increased and seen as the first point of care. This approach may provide an integrated care plan which may protect individuals from unnecessary services and financial destruction.

- Some of the events in the study raise doubt that the healthcare workforce is not satisfied with their incomes or salaries. There is some evidence in the study on efforts by providers to increase income. Therefore, it may be a recommendation that reviewing the income levels and workload of the healthcare workforce, especially by decision makers.
- Another proposal is to provide community engagement in audit and management processes. This participation may increase the sense of responsibility and level of knowledge of society.

This study is not without limitations. We aimed to obtain a suitable sample consist of people who made informal payments for healthcare. However, due to financial and geographical constraints, it was not possible to conduct a study around Turkey. Hence, we conducted study in a district of Turkey. Although the lack of information was one of the findings, it was also a constraint. The



findings are completely based on participants' expressions. Many people were explained about the informal payments because of their knowledge level. This could cause bias. We tried to prevent bias by consulting another expert to

evaluate the data. We propose a comprehensive triangulation to obtain a better understanding of informal payments in the Turkish healthcare system.

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