

Quality of Healthcare Service in West Bengal: The Perspective of Public Private Partnership Model

Anwasha Nag, Naveen Das & Indranil Bose

Public-private partnership (PPP) in the healthcare sector is found to be a growing phenomenon. At present, more than 2000 healthcare ventures are active in the PPP domain in India. More than 100 healthcare PPP ventures are functioning in West Bengal. The quality of service in the sector, especially in PPP-based ventures has remained a major area of research across India. The present study has been undertaken to examine the service quality in healthcare service in West Bengal in general and from the perspective of the PPP model in specific. Based on the available secondary data qualitative, exploratory and descriptive research approaches have been adopted in the present study. The study has also used inductive research design and thematic analysis techniques.

Anwasha Nag is a Research Scholar & **Naveen Das** is the Vice Chancellor at Adamas University, Kolkata. **Indranil Bose (E-mail: sentindranil72@gmail.com)** is Vice President-Academics and Professor & Head of the Department at the same University.

Introduction

The World Health Organization defines health as an overall state of wellness that includes the physical, intellectual, and social aspects of a person's life (World Health Organization, 2023). This definition emphasizes the significant role health plays in both individual and societal development. As more diseases emerge, the healthcare industry has encountered numerous challenges, and the focus has been on providing high-quality services that aim to reduce morbidity and mortality rates, leading to an improved quality of life. Over the past two decades, low- and middle-income countries have made significant strides in improving health indicators, increasing access to medical care, and saving countless lives. However, chronic diseases and acute disorders continue to claim lives, particularly in poorer regions and communities (Kruk et al., 2018). The effectiveness and availability of healthcare services are significantly impacted by the policies and structures of the medical system, making it the responsibility of governments to implement health initiatives.

Public health initiatives concentrate on promoting health, preventing diseases, and improving lives through community-based interventions, preventive care, and other measures. Public healthcare aims to reduce the spread of diseases by maintaining health standards, controlling vectors, monitoring environmental impacts, and providing health education (Basu et al., 2012). The development of tropical medicines and increased prevention of infectious diseases are the direct consequence of colonization, particularly in third-world countries where communicable diseases are prevalent. This history illustrates how colonial administrators created monitoring systems and dealt with outbreaks. Modern medicine, which is often associated with European medicine, was introduced to India during British colonization. Initially, the focus was on training apprentices to assist army medical professionals with basic training requirements (Mushtaq, 2009). In 1757, the British East India Company began its rule in India, which led to the development of civil and armed services. The healthcare system in West Bengal began in 1764 with the establishment of a medical service to care for the East India Company's soldiers and slaves. A more rigorous training system was established in India in 1835, leading to the construction of the Calcutta Medical College to meet the growing demand for medical professionals. The training program for medical attendants was initiated in 1846, beginning the journey toward the modern healthcare system in West Bengal (Mishra et al., 2020). The origins of disease prevention and the development of public healthcare in British India offer

insights into the early stages of hospital practices and scientific investigations in healthcare. During British rule in India, the European medical system was introduced, focusing initially on training apprentices to assist army medical professionals. However, the development of a more rigorous training system and the establishment of medical colleges paved the way for modern healthcare in West Bengal.

Overall, being in good health is crucial for leading a fulfilling life, and it is the responsibility of governments to ensure that high-quality healthcare services are accessible to all. Public health initiatives are vital in reducing the spread of diseases, promoting health, and improving lives. The early stages of healthcare practices in British India offer valuable insights into the evolution of West Bengal public healthcare, emphasizing the importance of rigorous training and education in building a modern healthcare system. The quality of healthcare settings can vary significantly not only within provinces of a nation but also between countries with similar levels of pay, literacy, GNP, and innovation in the medical sector (Kumar et al., 2001). The ability of different states to achieve important health goals is contingent upon their health spending. West Bengal, a state in India with a high population governed by a communist party, has a significant percentage of its population living below the poverty line. Roughly 20% of the West Bengal state's population has been living below the poverty line for an extended period of time, while 15% of its urban population also falls below the poverty

line (Chakraborty & Bhandari, 2015). This information is critical in understanding the number of individuals who depend on public sector healthcare. With increasing expenses in private healthcare, low-income individuals rely solely on government-funded medical entities in West Bengal.

With increasing expenses in private healthcare, low-income individuals rely solely on government-funded medical entities in West Bengal.

There is a close relationship between health inequality and poverty. In every society, child and maternal mortality rates are significantly higher among those living below the poverty line. They are more likely to face health-related shocks due to their low capacities, such as poor nutritional conditions, ignorance, substandard housing, and dangerous work circumstances. Additionally, they often have limited access to healthcare services and funds (Wagstaff, 2002). Poor individuals have a greater risk of experiencing health shocks and typically have poorer levels of well-being due to insufficient social security arrangements. They are in worse health conditions and normally die earlier, with higher-than-average rates of maternal and infant mortality, a higher burden of illness, and restricted access to social security and healthcare services. Therefore, the public healthcare system is essential for 20% of West Bengal's population living below the poverty line (Chakraborty & Bhandari, 2015). In West Bengal, the legislature governs a

universal healthcare system. The Indian Constitution mandates each State to enhance the quality of nutrition, the standard of living of its people, and public health. The State's Ministry of Health and Family Welfare is responsible for managing the healthcare system (Department of Health & Family Welfare, 2022). The current Government of West Bengal has outlined a mission to achieve high-quality, affordable, sustainable, and critical healthcare for everyone within the next five years. The agenda prioritizes the elderly, pregnant women, and marginalized communities and emphasizes the expansion of medical institutions and hospitals. The State Government's Health & Family Welfare Department is responsible for maintaining and improving the healthcare system in West Bengal. The State provides economic support, funds, resources, and managerial support for basic healthcare and infrastructural facilities at the rural level, while the super specialty Medical Colleges and Hospitals provide ambulatory care services. Approximately 80% of healthcare services are provided to the inhabitants free of charge (Department of Health & Family Welfare, 2022). The entire focus of the paper is on the quality of healthcare in West Bengal, with an emphasis on the role of Public-Private Partnerships.

Research Objectives

The primary objective of the research is to assess the caliber of healthcare services in West Bengal using the public-private partnership model. The study has several goals, including selecting an appropriate measurement scale to evaluate

healthcare service quality, evaluating the quality of secondary and tertiary healthcare services in West Bengal, identifying factors that affect service quality in these sectors, identifying social determinants that impact healthcare quality, evaluating the political role in healthcare services, and determining the effectiveness of the public-private partnership model in enhancing healthcare service quality in West Bengal. To summarize, the objectives include:

- To study the service quality in healthcare service in West Bengal in general and from the perspective of the PPP model in specific.
- To identify the facts from the available literature related to healthcare services in West Bengal in general.

Research Methodology

The present research paper has adopted the qualitative and descriptive approaches. An extensive study on the secondary database to understand the quality of healthcare in West Bengal, stressing PPP has been undertaken based on interpretivism technique. Interpretivism is a research philosophy that emphasizes the subjective nature of human experience. As the study plans to conduct an investigation into the existing role of Public-Private Partnerships in West Bengal Healthcare and establish relationships over the quality of services, the explanatory design is chosen. The study has also adopted an inductive research approach as the primary nature of the present research remains qualitative in nature. The process in inductive research

involves the collection of data, the analysis of data to identify patterns or themes, and the development of a theory or model based on the patterns or themes. Inductive research is often used in qualitative research, such as case studies or ethnography (Pomeroy et al., 2013). Thematic analysis is a qualitative investigation method used to classify and analyze patterns or themes within a dataset. It involves systematically coding and categorizing data to identify key themes, concepts, and patterns that emerge from the data. Thematic analysis is a flexible technique that can be applied to a variety of research questions and data types, including interviews, focus groups, and textual data. The goal of thematic analysis is to develop a profound understanding of the data and to develop insights into the phenomenon being studied. It is often used in social sciences, psychology, and healthcare research to explore complex phenomena and generate new knowledge (Clarke et al., 2015). The study has also employed a thematic analysis technique to form key themes for the research.

Public-Private Partnership in Healthcare: A Review

Public-private partnership (PPP) in healthcare refers to the collaboration between the government and the private sector to provide healthcare services to the public. This type of partnership can take many forms, such as joint ventures, outsourcing, franchising, and contracting (Li & Akintoye, 2003). The main objective of PPP in healthcare is to improve the accessibility, affordability, and quality of healthcare services for the public.

PPP can help to leverage the strengths and resources of both the public and private sectors to provide better healthcare services to patients.

PPP in healthcare has several advantages, including:

- Improved access to healthcare services for the public.
- Increased efficiency and cost-effectiveness of healthcare services.
- Improved quality of healthcare services (Torchia et al., 2015).
- Improved infrastructure and technology for healthcare services.
- Increased investment in healthcare services (Reich, 2000).

However, PPP in healthcare also has some challenges such as:

- Unequal access to healthcare services for the poor and marginalized.
- Potential conflicts of interest between public and private partners.
- Difficulty in maintaining quality and accountability in healthcare services.
- Potential for profit-driven healthcare services, rather than patient-centered care (Kostyak et al., 2017).

In conclusion, PPP in healthcare can be an effective way to improve the accessibility, affordability, and quality of healthcare services for the public. However, it requires careful planning, monitoring, and evaluation to ensure that it achieves its intended objectives and ben-

PPP in healthcare can be an effective way to improve the accessibility, affordability, and quality of healthcare services for the public.

efits all stakeholders, particularly the patients.

Public-Private Partnership in Healthcare in West Bengal

The concept of a public-private partnership (PPP) is the focus of Widdus' (2017) discussion, which aims to deliver government assets, social facilities, and other associated services through a long-term relationship between the public and private sectors. In this arrangement, finances, risks, benefits, and responsibilities are balanced for the mutual benefit of all parties involved. Baliga et al. (2016) added that PPPs should lead to improved infrastructure, timely completion of construction within budget, employee and customer satisfaction, private sector sensitivity, organizational growth, economies of scale, advanced products, more flexible procurement and compensation agreements, and reduced overhead expenses.

The private sector is highly valued for its expertise in achieving significant positive benefits for these assets, while the public sector is considered an important source of opportunities and resources for the delivery of critical government services. By engaging the private sector, PPPs can broaden opportunities by leveraging commercial rewards, customer focus, innovative strategies, and

improved business and managerial expertise (Thadani, 2014). Without the private sector's involvement, the public sector's potential cannot be fully realized. It is important to note that PPPs are not just about privatizing services or units; rather, they aim to bring together forces such as entrepreneurial spirit, managerial skills, and a desire for economic gains to increase efficiency.

Ranson et al. (2012) highlighted that private care facilities in India are more expensive but are believed to provide higher-quality treatment compared to government clinics. However, public hospitals in West Bengal face challenges such as long wait times, inadequate infrastructure, and overpopulation, leading to dissatisfied patients. Despite the higher cost, many people still prefer seeking care at private clinics. In contrast, government district hospitals provide free or heavily discounted tertiary medical care to the local population, but only a few have been transformed into government medical college hospitals. To address the shortage of doctors and improve medical care, more of these hospitals are being privatized gradually in West Bengal (Baliga et al., 2016).

The Department of Health and Family Welfare Government of West Bengal (2006) acknowledged the challenges of providing free healthcare to a large section of the population due to resource constraints. To upgrade healthcare quality for the majority of the population, the government adopted a PPP paradigm where resources were limited. When resources and assets are scarce, the gov-

ernment must maximize all available resources to enhance healthcare quality. While the private sector is essential in healthcare, it is not always efficient, and the government's distribution system can be inadequate and ineffective. PPPs provide an opportunity for the public and private sectors to increase productivity and generate value for money.

In summary, PPPs aim to deliver West Bengal government assets, social facilities, and other associated services through a long-term relationship between the public and private sectors. By balancing finances, risks, benefits, and responsibilities, PPPs can lead to improved infrastructure in West Bengal, increased efficiency, and better use of taxpayer funds. In healthcare, PPPs offer an opportunity to enhance the quality of care in West Bengal, address the shortage of doctors, and maximize resources. While the private sector is crucial in this arrangement in West Bengal, the government's distribution system is also important in ensuring the effective delivery of critical services.

The Department of Health and Family Welfare, Government of West Bengal (2006) has observed that there has been no increase in the proportion of the budget allocated to the medical sector or its share of the GDP in West Bengal over the past 10-11 years. India has historically not invested much in public health, and public health spending as a percentage of GDP has fallen from 1.3% in 1990 to 0.9% in 1999, which is among the lowest in the world. On the other hand, India has some of the highest levels of pri-

vate health spending worldwide. The states of India fund between 75-90% of public health spending and are facing financial difficulties due to the lack of control over medical expenses and budget. A study by Pal and Maity (2017) shows that not all citizens in India receive quality medical treatment at reasonable prices and at the appropriate times. Most of the population lives in remote locations, and around 26 % of the people are considered poor. The government allocates less than 1% of the GDP to the healthcare sector, while private players invest around 3%. Private players control over 70% of the entire market for healthcare services. The Primary Health Center (PHC) and Block Primary Health Center (BPHC) are the only sources of healthcare for people who live in rural areas in West Bengal, but they offer very poor services in terms of the availability of physicians, nurses and beds. Therefore, people are compelled to use private health facilities at a higher expense.

The Government of West Bengal has launched various measures to improve the quality of medical services, including the Public Commercial Partnership model, which involves private players operating under state regulation. The West Bengal government is planning to initiate a program called the “Health Systems Development Initiative (HSDI)” to address system-related problems and increase funding for primary healthcare. The government is using various initiatives to tackle and minimize these concerns, including the “Basic Health Project” funded by KfW and supported by GTZ, the Sector Investment Programme (SIP),

supported by the European Commission (EC), the Infrastructure Development Fund (RIDF), backed by NABARD, subsidies from the Finance Commission, and untied finances provided by the State Government to local entities (Department of Health and Family Welfare, Government of West Bengal, 2006).

Quality Assurance in Healthcare

Quality assurance in healthcare refers to a systematic approach that ensures the delivery of safe, effective, patient-centered, timely, equitable, and efficient healthcare services. The main objective of quality assurance in healthcare is to ensure that healthcare services meet the needs and expectations of patients, while also improving the outcomes of healthcare delivery. Endeshaw (2020) believes that it involves delivering the best clinical outcome, satisfying clients, retaining employees, and ensuring financial performance. D’Cunha & Suresh (2015) highlight the challenge of defining quality in nursing and assessing user satisfaction. Healthcare providers can improve quality and address patient concerns by understanding what makes for high-quality healthcare. Doing so is likely to result in increased perceived quality and user satisfaction.

To achieve quality assurance, healthcare organizations need to implement a range of strategies, such as quality improvement initiatives, patient safety programs, and clinical practice guidelines. These strategies help to identify areas of improvement and develop evidence-based interventions to improve

the quality of care (Reyes-Alcázar et al., 2012). One of the key components of quality assurance in healthcare is the use of performance metrics to measure and monitor the quality of care delivered. These metrics may include clinical outcomes, patient satisfaction, patient safety, and adherence to clinical guidelines. By regularly monitoring these metrics, healthcare organizations can identify areas of improvement and develop strategies to address any gaps in care. Another important aspect of quality assurance in healthcare is the implementation of robust risk management processes. Healthcare organizations need to identify potential risks to patient safety and implement measures to mitigate these risks (Donabedian, 2002). This may involve implementing policies and procedures to reduce the risk of adverse events, such as medication errors or healthcare-associated infections. Finally, healthcare organizations need to engage in continuous quality improvement activities to ensure that the quality of care delivered remains at a high standard. This may involve reviewing clinical outcomes, analyzing patient feedback, and conducting regular audits of healthcare processes and procedures (Shortell et al., 1995).

In conclusion, quality assurance in healthcare is critical to ensuring that patients receive safe, effective, patient-centered, timely, equitable, and efficient healthcare services. By implementing robust quality assurance processes, healthcare organizations can improve the quality of care delivered, reduce the risk of adverse events, and ultimately improve patient outcomes.

Quality Assurance in PPP in West Bengal Healthcare

The healthcare system in West Bengal is administered through the Secretariat's Health and Family Welfare (H & FW) Department, which is divided into several Directorates. The Chief Minister provides overarching leadership, while the Health Secretary supervises the operations of numerous Directorates and produces particular schemes. The Chief Minister and the Minister-in-charge must approve these schemes before they can be implemented. The State Health Administration comprises the Directorate of Health Services and the Secretariat, with the Additional Chief Secretary or Principal Secretary in charge of the Secretariat, supported by Special, Joint, Deputy, and Assistant Secretaries (Commerce & Industries Department, Government of West Bengal, 2022). The Director of Health Services, who also serves as the ex-officio Secretary, is in charge of the Directorate and serves as the State Government's top technical advisor on all issues related to medicine and public health.

The West Bengal medical system comprises three levels: the primary healthcare network, a secondary care system consisting of district and sub-divisional hospitals, and tertiary institutions offering specialty and super-specialty care. Each of the 18 districts is headed by a Chief Medical Officer of Health (C.M.O.H.) responsible for overseeing the primary healthcare industry and ensuring the successful execution of numerous medical, health, and family welfare

programs (Department of Health & Family Welfare, 2022).

The public healthcare system in West Bengal is primarily controlled and funded by the state administration, but the government has formed partnerships with private institutions to increase funding and improve care quality.

In summary, the West Bengal Government aims to achieve high-quality, affordable, sustainable, and critical healthcare for everyone within the next five years. The healthcare system is administered through the Secretariat's Health and Family Welfare (H & FW) Department and comprises three levels of care. The State Government provides support for basic healthcare and infrastructural facilities at the rural level, while the super specialty Medical Colleges and Hospitals provide ambulatory care services. The Director of Health Services serves as the State Government's top technical advisor on all issues related to medicine and public health, and the Chief Medical Officer of Health oversees the primary healthcare industry in each district (Department of Health & Family Welfare, 2022). The public healthcare system in West Bengal is primarily controlled and funded by the state administration, but the government has formed partnerships with private institutions to increase funding and improve care quality. The Asian Development Bank has collaborated with the West Bengal government since 2012 to enhance service delivery, increase public

expenditure efficiency, and ensure that expenditures are linked to specific outcomes. The adoption of the medium-term expenditure framework (MTEF) by the West Bengal Health and Family Welfare Department was made possible by the ADB's Second West Bengal Development Finance Program. The MTEF is a planning and budgeting process that allocates public resources based on strategic priorities and expected results while maintaining budgetary responsibility (Asian Development Bank, 2020). Proper medium-term management enabled West Bengal to establish outpatient department services in 41 hospitals and offer free medical care, medications, screening procedures, and implants. Furthermore, the administration introduced programs to cover all pediatric procedures and provided health insurance to 15 million people, covering hospitalization costs up to \$7,000 per family per year. The ADB plans to provide additional support for the acceptance of MTEFs by other agencies as part of its proposed West Bengal Public Finance Management Reforms Program (Asian Development Bank, 2020).

The focus now shifts to the quality of public healthcare services in West Bengal and how the "PPP" model can help improve the quality of medical care and result in better health outcomes. Although some scholars acknowledge that private healthcare facilities offer better amenities, Ranson et al. (2012) argue that it is expensive and not accessible to the common people, especially in West Bengal, where Chakraborty & Bhandari (2015) have identified that 20% of the population lives below the poverty line.

Sharma & Narang (2011) added that the government healthcare system faces several challenges such as long waiting times, overcrowding, resource unavailability, and a shortage of doctors. Therefore, Pal and Maity (2017) suggest the implementation of the PPP model in West Bengal's healthcare system. In their study, Utari et al. (2016) emphasized the importance of implementing the PPP model in healthcare as it helps distribute accountability among multiple stakeholders, instead of solely relying on the government. By doing so, better medical equipment can be procured, and coordination can be improved to enhance health outcomes. Pal and Maity (2017) cited specific examples of medical sector projects undertaken by the West Bengal Government through PPPs. They noted that the delivery of services improved and costs were reduced as compared to traditional approaches. Moreover, the public sector saw increased financial investment, which reduced the risk for the public sector. In addition to the benefits in the healthcare sector, the PPP framework also provided greater employment opportunities, thereby improving the economic conditions in the State.

The implementation of the PPP model in healthcare has led to several advantages. Firstly, by involving multiple stakeholders, the accountability is shared, which reduces the burden on the government. With less responsibility, the government can focus on other important issues such as policymaking and administration (Utari et al., 2016). Secondly, PPP models can help in procuring better medical equipment and technologies that

might not have been possible otherwise. For instance, private partners can contribute by investing in modern medical technologies and facilities, which can result in better healthcare delivery. This can be especially helpful in rural areas where access to medical facilities is limited. Thirdly, the PPP framework can help improve coordination among various healthcare providers, which is essential for providing effective and efficient healthcare services (Utari et al., 2016). This can lead to better health outcomes, especially for the marginalized sections of the society.

Pal and Maity (2017) cited specific examples of medical sector projects undertaken by the West Bengal Government through PPP partnerships. These projects include setting up multi-specialty hospitals, diagnostic centers, and blood banks in various parts of the State. The PPP partnerships have helped improve the quality of medical services and have reduced the burden on the government by sharing the responsibility with private partners. Moreover, the projects have led to reduced expenses as compared to traditional approaches. This is because private partners bring in the required investments, while the government provides the necessary infrastructure and regulatory framework.

In addition to the benefits mentioned above, the PPP framework in healthcare has also opened up opportunities for greater employment. With the expansion of healthcare services, there is a need for more skilled and semi-skilled workers in the sector. This has led to an in-

crease in job opportunities, especially for those living in rural areas. Increased employment opportunities have led to a rise in economic conditions in the State, as more people are able to earn a livelihood and contribute to the economy (Utari et al., 2016).

However, there are also some challenges associated with the implementation of PPP models in healthcare. One of the challenges is the potential conflict of interest between the public and private partners. The private partner's primary objective is to earn profits, while the public partner's primary objective is to provide affordable healthcare services. In such a scenario, there is a risk of the private partner prioritizing profit over healthcare delivery (Kostyak et al., 2017). To mitigate this risk, it is important to have a well-defined regulatory framework that can ensure the private partner's accountability and prevent any potential conflicts of interest.

It is important to have a well-defined regulatory framework that can ensure the private partner's accountability and prevent any potential conflicts of interest.

Another challenge is the need for proper monitoring and evaluation of the PPP projects. It is essential to track the progress of the projects and evaluate their impact on the quality of healthcare services and health outcomes. This can help identify any gaps or areas for improvement and ensure that the projects are

delivering the intended results (Pal & Maity, 2017).

In conclusion, the implementation of the PPP model in healthcare can lead to several benefits such as shared accountability, improved medical equipment, better coordination, reduced expenses, increased financial investment, and greater employment opportunities. However, it is important to address the potential challenges associated with the implementation of PPP models, such as conflicts of interest and the need for proper monitoring and evaluation.

Rationale of the Study

Currently, public-private partnerships in healthcare are a popular topic of discussion. In the Indian State of West Bengal, several hospitals have established diagnostic test facilities through PPP agreements. This is a significant development for doctors in the modern healthcare system who are deeply concerned about an accurate diagnosis of illnesses (Baliga et al., 2016). Prior to the establishment of PPP units, patients in rural areas had to rely on privately-run diagnostic centers, which were often too expensive. As a result, doctors would prescribe medications without properly diagnosing the patient's illness. With the introduction of PPP, the state of rural healthcare significantly improved. However, there is still much to be done.

In today's competitive economy, measuring patient satisfaction is critical to the healthcare sector's success. The satisfaction of patients is a key factor that

determines the success of every hospital or medical facility. By using surveys of patient satisfaction, management can better understand the needs and perceptions of their customers. Contemporary literature on healthcare also implies that patient happiness is a crucial factor in strategic decision-making related to the health sector (Pal & Maity, 2017). Patient contentment should be a key factor in quality evaluations, as well as in the planning and administration of medical systems. Therefore, management must prioritize raising service quality, or they risk adverse consequences.

The only way to identify areas of concern is through patient satisfaction surveys, which are also useful when compared to private healthcare facilities, where it is expected to have better delivery of medical service. Although the PPP framework is still in its early days and requires further research, the limited application of this approach in the healthcare system of West Bengal has shown promising results. Thus, the study aims to determine and establish the PPP model as the optimal solution to enhance healthcare quality.

To summarize, PPP agreements in healthcare are a topic of great interest currently. In West Bengal, some hospitals have set up diagnostic test facilities through PPP, which is a significant development for doctors in the modern healthcare system who need accurate diagnoses to provide proper care to patients. Prior to PPP, patients in rural areas had to rely on expensive private diagnostic centers, which often resulted in

incorrect diagnoses and inappropriate treatments. The introduction of PPP has significantly improved the state of rural healthcare, but there is still much to be done.

In today's competitive economy, patient satisfaction is a critical factor in the success of any hospital or medical facility. Surveys of patient satisfaction help management better understand the needs and perceptions of their customers. The literature on healthcare suggests that patient happiness is a key factor in strategic decision-making related to the health sector, and management must prioritize raising service quality to avoid severe consequences. Patient satisfaction surveys are the best way to identify areas of concern, and PPP may be an optimal solution to enhance healthcare quality. Further research is needed to fully explore the potential of PPP in the healthcare system.

Future Scope of Research

As a substantial gap lies in the healthcare system of West Bengal, and the quality of healthcare in the State is highly inadequate to address the rising demand for health needs of the population, thereby, the PPP needs to be incorporated. Further, healthcare needs are evolving very fast, as can be seen during the Covid-19 outbreak. Additionally, it is seen that the demand for health systems to achieve better health outcomes and provide greater social value is increasing due to changing health needs, rising public expectations, and new ambitious health goals. However, the current sce-

nario is inadequate to meet these demands. Therefore, it is essential to have high-quality health systems that optimize healthcare in each context by delivering consistent care that enhances or preserves health, gains trust from all people, and adapts to the changing population needs. It is crucial to focus on continuous improvement to increase the effectiveness and efficiency of healthcare services in the current situation. Additionally, good quality care is crucial for realizing the human right to health since health systems cannot enhance health without it. On the basis of this, future studies should focus on minimizing the challenges of Public-Private partnerships in healthcare and better integration in the West Bengal Healthcare system.

Conclusion

The healthcare industry has faced challenges in providing high-quality services to reduce morbidity and mortality rates. Low- and middle-income countries have made strides in improving health indicators, but chronic and acute diseases continue to claim lives, especially in poorer regions. Public health initiatives aim to promote health, prevent diseases, and improve lives through community-based interventions, preventive care, and health education. The development of tropical medicine and infectious diseases are a result of colonization, and modern medicine was introduced to India during British rule, leading to the development of the healthcare system in West Bengal. The establishment of medical colleges paved the way for modern healthcare in the region. Public

healthcare aims to reduce the spread of diseases by maintaining health standards, controlling vectors, monitoring environmental impacts, and providing health education. Health inequality and poverty are closely related, and individuals living below the poverty line face higher child and maternal mortality rates and limited access to healthcare services. The objective of the present research was to assess the quality of healthcare services in West Bengal using the public-private partnership model.

Since the study aimed to conduct a qualitative approach, the secondary database was studied for evidence to understand the quality of healthcare in West Bengal with a focus on Public-private partnerships. Therefore, the interpretivism technique was chosen. The investigation followed an inductive approach. The study employed the thematic analysis technique to form key themes for the research.

Public-private partnerships (PPPs) in healthcare can improve accessibility, affordability, and quality of healthcare services in West Bengal. However, careful planning, monitoring, and evaluation are necessary to ensure benefits for all stakeholders. PPPs balance finances, risks, benefits, and responsibilities, leading to improved infrastructure, efficiency, and better use of taxpayer funds. PPPs in healthcare can enhance the quality of care, address the shortage of skilled personnel, and maximize resources. Quality assurance is critical in healthcare to ensure safe, effective, patient-centered, timely, equitable, and efficient healthcare

services. Robust quality assurance processes can improve the quality of care delivered, reduce the risk of adverse events, and improve patient outcomes. The PPP model in healthcare in West Bengal can have several benefits, including shared accountability, improved medical equipment, better coordination, reduced expenses, increased financial investment, and greater employment opportunities. Challenges associated with PPP models need to be addressed, such as conflicts of interest and proper monitoring and evaluation. In West Bengal, PPP has significantly improved the state of rural healthcare, but there is still much to be done. Patient satisfaction is critical to the success of any healthcare facility, and patient satisfaction surveys are the best way to identify areas of concern. Further research is needed to fully explore the potential of PPP in the healthcare system.

References

- Alharahsheh, H. H., & Pius, A. (2020), "A Review of Key Paradigms: Positivism vs Interpretivism", *Global Academic Journal of Humanities and Social Sciences*, 2(3): 39-43.
- Asian Development Bank. (2020), Improving Healthcare in West Bengal Through Medium-Term Expenditure Framework, Retrieved March 23, 2023, from <https://www.adb.org/news/videos/improving-healthcare-west-bengal-through-medium-term-expenditure-framework>
- Baliga, B. S., Ravikiran, S. R., Rao, S. S., Coutinho, A., & Jain, A. (2016), "Public-private Partnership in Healthcare: A Comparative Cross-sectional Study of Perceived Quality of Care among Parents of Children Admitted in Two Government District-hospitals," *Southern India. Journal of Clinical and Diagnostic Research: JCDR*, 10(2): SC05.
- Basu, S., Andrews, J., Kishore, S., Panjabi, R. & Stuckler, D. (2012)., "Comparative Performance of Private and Public Healthcare Systems in Low-and Middle-income Countries: A Systematic Review", *Medicine*, 9(6): e1001244.
- Bhattacharyya, D. K. (2009), *Research Methodology*. Excel Books India.
- Bryman, A. (2017), "Quantitative and Qualitative Research: Further Reflections on Their Integration." in Bryman, A., *Mixing Methods: Qualitative and Quantitative Research*, Routledge, London.
- Casula, M., Rangarajan, N. & Shields, P. (2021), "The Potential of Working Hypotheses for Deductive Exploratory Research.: *Quality & Quantity*, 55(5): 1703-25.
- Chakraborty, M. & Bhandari, L. (2015), Spatial Poverty in West Bengal, Retrieved March 23, 2023, from <https://www.livemint.com/Opinion/dXPv8bp492mKX9rirXX0hK/Spatial-poverty-in-West-Bengal.html>
- Clarke, V., Braun, V. & Hayfield, N. (2015), "Thematic Analysis", *Qualitative Psychology: A Practical Guide to Research: Methods*, 3: 222-48.
- Commerce & Industries Department, Government of West Bengal. (2022), Health in West Bengal. Retrieved March 23, 2023, from <http://nrwestbengal.gov.in/nri/common/health.aspx>
- D’Cunha, S., & Suresh, S. (2015), "The Measurement of Service Quality in Healthcare: a Study in a Selected Hospital", *International Journal of Health Sciences and Research*, 5(7): 333-45.
- Department of Health & Family Welfare. (2022), Public-private Partnership. Retrieved March 23, 2023, from https://www.wbhealth.gov.in/uploaded_files/PPP/ppp_pol.pdf
- Department of Health & Family Welfare Gov-

- ernment of West Bengal. (2006), Policy for Public-Private Partnerships in the Health Sector, Retrieved March 23, 2023, from https://www.wbhealth.gov.in/uploaded_files/PPP/ppp_pol.pdf
- Donabedian, A. (2002), An Introduction to Quality Assurance in Healthcare, Oxford University Press.
- Endeshaw, B. (2020), "Healthcare Service Quality-measurement Models: a Review". *Journal of Health Research*, 35(2): 106-17.
- Kostyak, L., Shaw, D. M., Elger, B. & Annaheim, B. (2017), "A Means of Improving Public Health in Low-and Middle-income Countries? Benefits and Challenges of International Public-private Partnerships, *Public Health*, 149: 120-29.
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S. & Pate, M. (2018), "High-quality Health Systems in the Sustainable Development Goals Era: Time for a Revolution" *The Lancet Global Health*, 6(11): e1196-e1252.
- Kumar, B., Kumar, B., Ritwik, B., Utpal, D., Sibajoyti, G., & Debasish, C., A. (2001), Health care System in West Bengal; India - a Critical Analysis of ... Retrieved March 23, 2023, from https://www.researchgate.net/publication/294638630_Health_care_system_in_West_Bengal_India_-_A_critical_analysis_of_current_situation_-_And_model_for_improvement
- Li, B., & Akintoye, A. (2003), An Overview of Public-private Partnership. Public-private partnerships: Managing risks and opportunities, Routledge, 45-60, UK.
- Mishra, C., Khalique, N., Ahmad, A. & Shah, S. (2020). Evolution of health services in India. Retrieved March 23, 2023, from https://duhslibrary.ac.in/Content/776_30_1510045005HCDSUP004.pdf
- Mushtaq, M. U. (2009), "Public Health in British India: A Brief Account of the History of Medical Services and Disease Prevention in Colonial India", *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine*, 34(1): 6.
- Pal, B & Maity, M.M. (2017), "Searching a Model for Better Health Service to the Rural Indian: A Comparative Study on PPP and Private Diagnostic Centers in West Bengal with Special Reference to Purba Midnapore District", *Indian Journal of Applied Research*, 7 (10): 191-92.
- Pomeroy, J. W., Fang, X., Shook, K., & Whitfield, P. H. (2013), "Predicting in Ungauged Basins Using Physical Principles Obtained Using the Deductive, Inductive, and Abductive Reasoning Approach", Putting Prediction in Ungauged Basins into Practice, *Journal of Research*, 43-63.
- Ranson, M. K., Jayaswal, R. & Mills, A. J. (2012), "Strategies for Coping with the Costs of Inpatient Care: A Mixed Methods Study of Urban and Rural Poor in Vadodara District, Gujarat, India", *Health Policy and Planning*, 27(4):326-38.
- Reich, M. R. (2000), "Public-private Partnerships for Public Health, *Nature Medicine*, 6(6): 617-20.
- Reyes-Alcázar, V., Torres-Olivera, A., Núñez-García, D., & Almuedo-Paz, A. (2012), "Critical Success Factors for Quality Assurance in Healthcare Organisations", *Quality Assurance Management*, 10: 33081.
- Ryan, G. (2018), "Introduction to Positivism, Interpretivism and Critical Theory", *Nurse Researcher*, 25(4): 41-49.
- Shortell, S. M., O'Brien, J. L., Carman, J. M., Foster, R. W., Hughes, E. F., Boerstler, H. & O'Connor, E. J. (1995), "Assessing the Impact of Continuous Quality Improvement/Total Quality Management: Concept versus Implementation", *Health Services Research*, 30(2): 377.
- Sreejesh, S., Mohapatra, S., Anusree, M. R., Sreejesh, S., Mohapatra, S. & Anusree, M. R. (2014), "Business Research Design: Exploratory, Descriptive and Causal

- Designs”, *Business Research Methods: An Applied Orientation*, New Delhi.
- Thadani, K. B. (2014), “Public-private Partnership in the Health Sector: Boon or Bane”, *Procedia-Social and Behavioral Sciences*, 157: 307-16.
- Torchia, M., Calabrò, A. & Morner, M. (2015), “Public-private Partnerships in the Healthcare Sector: A Review of the Literature”, *Public Management Review*, 17(2): 236-61.
- Utari, W., Hidayat, H., & Iswoyo, A. (2016), “Public-Private Partnership Model in Improving Quality of Hospital Services”, *IOSR Journal of Business and Management (IOSR-JBM)*, 18(9): 36-40.
- Wagstaff, A. (2002), “Poverty and Health Sector Inequalities”, *Bulletin of the World Health Organization*, 80: 97-105.
- Widdus, R. (2017), “Public-private Partnerships for Health: Their Main Targets, Their Diversity, and Their Future Directions” in Widdus, R., *Global Health*, Routledge, London.
- World Health Organisation. (2023), Health and well-being, Retrieved March 23, 2023, from <https://www.who.int/data/gho/data/major-themes/health-and-well-being>