A Qualitative Analysis of Health Sector Performance In Punjab

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Abstract

This study presents a model for measuring health performance, their strengths and weaknesses, and focus on their health policy implementation, structure and culture. As a result of Punjab, the health sector improves its performance. The effect of health sector performance on health and employment by health indicators (doctors, hospitals, patients, nursing, and administration) is presented. Thus, this qualitative study is designed to examine different participants random. This study has conducted in the three different districts of the Punjab province of Pakistan. In this representative sample, district Lahore has taken from central Punjab, district Dera Ghazi Khan has taken from southern Punjab, and district Rawalpindi was taken from the northern part of the selected province. Then use NVivo-12 software to perform the statistical analysis. Results show that all participants are true to self, led with integrity, conducted themselves morally and ethically, and are recognized. This study outcome highlighted new learning regarding the value of Leadership and its impact on performance in the health sector.

Keywords: Health Issues, NVivo 12, health policy implementation, Efficiency.

Introduction

Economics is the study of how individuals and society ultimately decide, with or without the use of money, to use scarce productive resources that could have alternative uses to produce various goods and distribute them for consumption among various individuals and groups in the society today or in the future. It looks at the costs and benefits of changing how resources are distributed (Samuelson, 1976). The term "economics" does not exclude any kind of human activity from its definition. Economics applies to all activities where scarcity and choice exist (Lee and Mills 1983). In the context of health as a commodity/service, this study tells how to choose the best combination of resources to deliver in-patient care or allocate a given quantity of resources between alternative ways of improving health.

Every economy collects revenue from various resources to run government affairs and allocate resources to develop multiple sectors. According to growth theories, Feldstein and Horioka (1992), the output can be enhanced by employing investment in physical and human capital endogenous. Hence education and health are the primary sectors to be developed for Human capital growth. Developing countries have certain specific issues; these have high population growth rates requiring more increased investment in education and health and all other resources. At the same time, developing countries primarily invest in non-productive sectors owing to political pressure and systematic failures.

The concept of a health professional is an unlimited offer to carry the work in the future. It may not have much practical application (Doll, 1992), as evidenced by the fact that it hinders the efficiency function. (Saracci,1997). The definition is too broad and unsuitable for traditional economic analysis, i.e., full economic resource allocation. It does not fill the complete concept of the physical, mantel, and well-being response.

It has become increasingly common over the course of the past roughly three decades to treat health economics as its own distinct scientific field and to specifically address issues related to the economics of the health care industry. Currently, the field is so well established that it has appeared in the ordinary curriculum of most universities, and even if health economists are mainly to be found in the medical departments, the connections to economics proper are being strengthened, and the methodologies applied are getting refined.

Health economics is the study of how health care and health-related services, their costs and benefits, and health itself are distributed among individuals and groups in society. It also includes the study of how scarce resources are allocated among alternative uses for the promotion, maintenance, and improvement of health. According to Lee and Mills (1983a), it can be broadly defined as "the application of the theories, concepts, and techniques of economics to the health sector." It is, thus, concerned with such matters as the allocation of resources between various health-promoting activities, the number of resources used in health services delivery; the organization and funding of health service institutions, the efficiency with which resources are allocated and used for health purposes, and the effects of preventive, curative and rehabilitative health services on individuals and society (Lee and Mills, 1979).

Health economics focuses primarily on the economic aspects of the relationship between health status and productivity, the financial aspects of health care services, the economic decision-making process in health and medical care institutions, the planning of health development, and other related aspects. Some salient features of health economics are health and medical care as economic goods, health as a private or a public good, measurement of health, stock of health, investment aspects of health, loss due to ill health, resource costs of different diseases, effects of health and medical care provision, planning of health and medical care, choice of technology in the health care system, etc.

To understand the role of economics in health care, we have to return to the basic structure of economic science and its functions. Economics is concerned with describing the interrelationship between different individuals and organizations related to the production and consumption of goods and services. The main point of the study of these interrelationships is to explain how the institutional framework and the rules of behavior specified for the individuals and organizations influence the outcome. Classical economic disciplines like price theory and welfare theory investigate the market mechanism. The industrial organization focuses on the consequences of imperfect competition for prices, welfare, and incomes. The international trade theory investigates the workings of different rules for international commodity exchanges, gains from trade, and the like.

At this level, it should not come as a surprise that health economics can be thought of as the economic field that studies the institutional frameworks for health care—consumption, provision, and financing—as well as the connections between rules and institutions on the one hand and the health conditions in the population that result from them on the other. There remains a somewhat loose description of the field, and it seems difficult to get closer in a few words. Health management cost-effectiveness and benefit-cost ratio analyses are the primary areas of expertise for health economists. However, a health economist isn't just responsible for that. Instead, cost-effectiveness is perhaps treated as the least important aspect of what a health economist can contribute.

Economists, on the surface, are interested in making better decisions and, more specifically, maximizing the utilization of resources that already exist and the expansion of their availability. The emerging field of health economics emerged as economists began to address issues in the

health sector. According to Samuelson and Nordhaus (2000), resource allocation is a concern for economists in all fields. It is assumed that there is no limit to the number of demands, or consumption requirements. Resources (labor, raw materials, production equipment, land, etc), in contrast, are always scarce in supply. Economists attempt to solve the fundamental issue of resource scarcity—not in the sense of "rarity," but rather in terms of resource availability in relation to demand (McPake et al., 2002). Economists concerned with health also try to address the same species in the context of scarce health resources and competing ends.

Literature Review

Health improvement plays a very important role in the economic growth of the country in the presence of different determinants. Health

Monetary turn of events and energy utilization increment the financial development in various ways. The greater part of the examinations tracked down a positive association between the monetary turn of events, energy use, and the development of an economy. As per Siddique and Majeed (2015), the monetary turn of events also, energy utilization, improve the degree of financial development for South Asia north of 1980 to 2010. They uncovered a long-run positive impact of energy, exchange, and monetary advancement on development.

Suck *et al*, (2019) consider public health in model slavery which was an assessment of the public health approach. The author shows that after a detailed study of papers and 32 accounts consulate. They find some issues and problems which was the official statistic not fully record the reason behind the hidden crimes involved. They used the method to get rid of the problem. They used the optimized balance between efficiency and robustness throughout the project which was from January to July 2017. There was such a challenge to emerging the public and police partnership of health. They have identified the results of service, at national and local levels. They show that public health adds the multiple barriers and existing approaches. The author suggested the mistrust of health services. The reason behind the fear of law enforcement and there was the experience of discrimination. They were shown the emergence of the public health approach in modern slavery.

Chen *et al*, (2019) designed the culture ecosystem of public health and service for research challenges in an urban environment. The author shows some problems and issues there. They

show the problem of interlinkage which is used in different CES or the urban and health dynamic. They were shown the technique to resolve the problem. They used explicit evaluation to support the biodiversity strategy for mapping and assessing the ecosystem. They were the big challenge that how to relate the social spectral inequalities. They were show result that green space was important for health and wealth being. In social economics. They also showed that the deprived people as the young and elder had been assessed for green space. They were a hypothesis that the casual mechanism was not clear and they were not dependent on tension and affection.

Zhao *et al*, (2019) designed a management system for primary health to evaluate and design the public health information which was based on health and medical information. There were some issues and problems to evaluate the primary health care unit. There was a problem in the record of papers such as storage of papers and verifying the quality and quantity of papers. The author shows that there was a loss of records due to the waste of paper records. There was limited space and time. That's why there was difficult to share the business. The author used the technique to solve the problem. They used the electronic health record to store the data they used the private network technology. There was a big challenge for us to evaluate the work within 12 months. They show that the results which were collected often the review of the study. The results show that if reduce the interference then they established the excellent management function in techno to electronic health records. The author shows that the health care information design for the rich information and its prominent work efficiency and improve the help of gross roots of public health.

Khan and puthussery, (2019) discussed the public and private Partnership in the delivery of health services in the Sindh province of Pakistan. The author shows the problem of the corruption of medicines. They have used the technique to resolve the problem. They used purposive sampling for the participant. The size of sampling decided the practical consideration such as the resources and the saturation of data. They have faced the challenge of government implementation rules. They were show result that corruption badly affects the health system. The policies adoption was the reason and the barrier to implementation the results show that the public sector of employees was shown the less effective in their department. They were suggested that the implementation of PPP was the major barrier to the public sector.

Atrins *et al*, (2019) considered the health service of local government at the national level. They showed some problems and challenges. Which were the role of clarity and the status of threat that reorganization of identified a service problem. They have used the technique to resolve the problem such as they were used the method to collect and interpret data. They were planned and the engineering of the areas. They were the big challenge of translating and commitment in the practice. Which were often not achieved. The results show that the government has seen the homecoming which was provided the opportunity for PH that reached the influence and collaboration with their department. They were suggested that the influence of PH on numbers was decided on the priorities. They have also included the saving of costs in the local government.

Scott *et al*, (2019) studied the policy of our state regarding maternal opioids which used neo-natal. The author shows that there were some problems and challenges. They showed an increase in incidence rapidly. Which affects the economic and social costs. They have used the technique to resolve the problem. They were moved to medication-assisted treatment and primary care. That expands the licensure of PCPs and nurse practitioners. They were the big challenge of climate and they remained up to date. After a detailed review of the paper and the survey, they get the results. They showed that the recent chain of reports or plain was the problem of the opioid to their state. They showed that the lack of adequate in-service in many states continues their respondents. The author suggested that the appropriate treatment will be substance, particularly during the poignancy or unique consider. Where the problem of increased education and opioid dependency.

Lonne *et al*, (2019) designed a study on the public health protective system of reconstructing the workforce that improves residence retention and service responsiveness moreover his outcomes. There were some problems and issues about the health problems which reflected the child welfare and protection. The author used the technique to solve the problem. They used the correct public health reforms to the examined potential of their lens such as the impact on contemporary workforce issues. The author faced challenges broad and varied. They prepare the students and the professionals for early care with the help of families with needs. They show the results which were collected after a detailed study of reviews. They show that there was no better outcome for children which was wide. They show that in in-service provision there is also lower

cost and more efficiency. They show that the public health approaches were well placed to achieve their potential. They show the protective system of reconstructing the workforce in public health.

Siller *et al*, (2019) conducted the study to incorporate evidence in midwifery practice of the health services. The author shows the problem during birth. They show the ten cases of complications in which the women reported excessive bleeding. They have used the techniques to resolve the problem. They provided the midwifery special practice related to humanized birth at all times. They had a challenge with how to manage the questionnaire and work their main target to teach their professional trainers. They show the result after a detailed study. They were shown the professional midwifery in health service. It's more favorable and the rendered birth care will more respectable. They were suggested that professional midwifery is required in the health service for medical students or nursing.

Hamblion *et al*, (2019) discussed the cluster investigation of public health of tuberculosis in England. They showed the problems and issues. Which were they show that there was difficult to trace again to the interview that the part of the investigation. The author used some techniques to resolve the problem such as based on cluster Paris or different molecules. They also restrict fragment length polymorphism. The author had faced the big challenge of minimizing the delays in the diagnosis of TB cases. Which were more than one in five cheaters. They show positive results and they get the benefit of TB molecular ST and CL. They show the new epidemiological between cases and taking public health. They get the refuting transmission and saving resources. The author suggested that the incident control term will be established and considered by a multidisciplinary expert to advise and determine the course of public health action.

Djellouli *et al*, (2019) discussed the public involvement in the decision-making of health services in large-scale changes. There was the problem and some issues which were neglected by the political dominations of the plaining of health care. We used three tactics to resolve the problem such as procedural confrontational and disruptive. They were a big challenge to collect data such as different source with different designs, for example, used reviews, commentaries, grey literature, and also included qualitative research they were used the 34 publications the author shows that a big task to identify the 3830 results and 115 publications which were identified for full-text review, the result was collected after the detailed research of reviews, etc. they show

that there was the lack of implementation of decision which was motivated by the design of cost reduction they checked about the health policy of different countries the author aims to reduce the cost they needed to more research and consideration to checked that what and how the policy work we use two models respectively to check the involving of the public in a decision on health service.

Tambo *et al*, (2019) discussed the road initiative and the china belt that the measurement of the global economy of public health incorporates. The author shows some issues and the problem. Which was the formulation the effective strategies how to detect and control that problem. They have used the technique to resolve the problem. They play a common platform to improve the capability of public health emergencies through information sharing and interventional methods. They were the big challenge for public health preparedness and vigilance due to the weakness and lack of health methodology. The author shows the result which was the direct or indirect effect. Which were health and information technology, trade, and commerce, increase energy resource security, and progress toward planetary health. They were suggested that the increase new investment and development capacity in public health.

Yin *et al*, (2019) explained the study related to the infectious disease control time-space of personalized short message service the author shows the problem and some issues. They show that it the very difficult to integrate space till the time is precise. The intervention of policy in different stages of the epidemic. They have used techniques to resolve the problem which was the estimated model in local infection. They designed the temporally targeted policy. They make the concept of important risk and personal intervention which relay on the assumption the author shows the challenge that how to obtain the detailed travel record of the population. The author shows the result which they collected show that the targeted SMS policy discouraged travel and helped to control the disease in a high-risk areas. The author shows that the temporally targeted SMS policy will be shifted to the travel time in the cost-effective intervention policy of the city.

Livens *et al*,(2020) explored the study of radiotherapy that how the public health service pay. The author shows the problem and some issues. They showed that the measurement of quality and the clinical benefit faced the problem. They have used the technique to resolve the problem after a detailed review of the papers. They show that the cost of new techniques evolves with the expanse of the clinic. They were faced with the big problem or challenge that the reimbursement

system will be induced in specific incentives and the impact of different challenges in radiation ecology. The author shows the result after a detailed review. They show the national socialites meet before 39 conferences. The data underwent final before the submission of the report. They were suggested that the negotiation with different countries will reimburse and might compensate the real cost of coming countries.

Hensher's argument, (2020) conducted that the economic evaluation of health was the impact of incorporating environmental. In these perspectives wars, ecological economics the author shows the problem of overuse, overtreatment, and also the overdiagnosis in there. They used the Technique to resolve the problem such as they used techniques infrequently encountered in environmental and ecological economics. They used the stated preference method such as the contingent valuation. Which are choices from experiments and multi-critic decision analysis. They were a big challenge to analyze the policy approach to reduce greenhouse gas reduction. They find the results after a detailed review of the papers and they got that in terms of relative contribution in health care affect greenhouse gas emission. The author was suggested that the e 10 technique was not suitable for the source data of greenhouse gas emissions. They were needed the economic evaluations. The author shows the perspectives of the ecological economy. They also discussed the impact of environmental incorporation in the health care system.

Ernawati, (2020) augured the competencies and collaboration in public health in Indonesia. They observed that the collaboration between the medical staff and patients must be effective. They were showing the problem and some issues which understood of professional health care. They did not understand their responsibilities in their discipline and shared the vision of working and other professionals. They have used the technique to resolve the problem which was they made the questions in their interview that’s were reviewed by their families and friends. They were the big challenge or tasks that two roles of the relationship between the leaders in shared leadership. They showed that the results fact that the patient did not see any collaboration which was provided during health services. The author suggested that if they understand and appreciate the role of other professionals then focus on these things. They knew about each professional’s limitations, what was a limitation, and know the limitation of each professional’s roles there.

Methodology

We analyzed the performance of the health sector in Punjab, which included different methods and techniques to investigate the problem of the health sector and meet the objectives and aim of the study. The quality of the research and usage of proper techniques is an important elements of the research. That's it will be mentioned including a discussion regarding research type, analysis techniques, finishing with indicating the research's limitations, Ethical issues, and plagiarism.

Purpose of Qualitative Research

The main purpose of the qualitative study is to examine the health problems and issues which face by the general public and the issues faced by the Doctors moreover cross verification with the administration and minister. The researcher used the N Vivo 12 software to analyze and determine the statements of the public, Doctors, Administration, and ministers. It is very important to check the efficiency of the health sector of Punjab. The researcher checks the real issues and evaluates the problems in the health sector.

Study Area and data collection

The Punjab province is selected for research and the data was collected from mixed respondents in three different districts of Punjab which selected Lahore and Faisalabad as central Punjab, D.G Khan as south Punjab, and Rawalpindi as North Punjab. We collected the data from different cities of selected districts in Punjab. For the present research primary data is collected from different stakeholders from Punjab. A representative sample is selected from the population. The required data on respondents' willingness is collected from the General population, Doctors, administration, and ministers. Data is collected from the randomly selected sampled respondents using a well-designed questionnaire.

Data

The pre-testing technique is a very important tool used by the first author before starting the actual data collection. To avoid errors in the final questionnaire, the pre-testing technique was used because it is very important to check the accuracy and validity of the interviewing schedule. After the pre-testing, the changes were incorporated, and the questionnaire was finalized for the collection of data. After collecting the data, the researcher carefully checked every questionnaire to ensure that the required data was collected or not?

Field experience

The field experience was very interesting throughout the data collection. However, the researcher faced some problems during the collection. The basic problem faced by the researcher was to explain the objective of the research. A large proportion of the time was wasted on it. Because of the high illiteracy rate, people were unable of understanding the importance of research. The respondents had different doubts about the researcher. The researcher had to make a lot of efforts to win the trust of the respondents. Anyhow the data collection was completed within thirty days.

General Population

After the preparation of the questionnaire, we visited different hospitals in the province of Punjab and selected randomly patients or their families to evaluate the problems in hospitals.

The data collected from the public in the hospitals get some statements the public in which some statements are given below the subject.

"…there are few doctors in hospital as per as the population increase the staff of hospital not increases …"

"…there are few laboratories available in hospitals the requirement of patients is not fulfilled…"

"…there is no facility of the ambulance is available in the hospital such as developed countries…"

"…there is no government security available in the hospital such as also available in developed countries…"

"…there is less paramedical staff in the hospital the requirement of patients is not fulfilled…"

"…there are costly medicines which doctors give in prescription…"

"…there is corrupt junior staff in hospitals they preferred their relatives…"

Doctors

After getting the interviews scheduled from the general public we get the interview schedule from doctors to evaluate the problems of doctors in hospitals.

There are a few statements that we collected from doctors which give below the subject.

"…there is the extra working hour in hospital due to the less number of doctors which make the stress issue for doctors and their patients in hospitals…"

"…there is no government security in hospitals…"

"…there is the overloading of work in hospitals…"

"…political interference is the major issue of mismanagement in hospitals…"

"…there is less medical equipment in hospitals as per as the population increase the number of equipment and medicines is not increased…"

"…there is less number of doctors in hospitals as well as the population increase the not appointed…"

"…there is fixed budget as well as the population increase the budget limited…"

Administration

After the collection of data from the general public and doctors, we go to the administration to cross-check the issues of the general public and doctors and administration staff and the problems faced by the administration staff.

we cross-check the data from the administration staff which gives below the subject.

"…It's true that the shortage of hospitals, technical staff in Punjab. Just example our capacity is 20-50 patents in hospitals but 80-85% of patients come from different cities is the reason is overloading in hospitals as well as fewer medicines, and fewer types of equipment in hospitals. Only Chief Minister allowed making more hospitals as well as the appointments of doctors and their staffing in Punjab. The government purchased the tenders for security in hospitals to

decrease crime in hospitals. MS/VC of hospital authorized to get security and request for more funding and staff in hospitals…"

Minister

After getting, the interviews from the General Public, Doctors, and the Administration of Punjab. The author gets access to the minister of Punjab to cross-check the issues and lack of policy implementations in Punjab. No Doubt it's a very big task to get access to the minister of Punjab. After the great struggle, we get access to minister and cross-check the issues faced by the public, doctors, and administration staff of Punjab.

Barriers to collection interviews

We faced different barriers in the collection of face to face interview, the basic problem faced by the researcher explained the objective of the research, a large population don't understand the objective of research due to the high illiteracy rate, people are unable to understand the importance of research, the respondents have different doubt about the researcher, it is very difficult to win the heart of every respondent by the interview, it's a great task for us to collect the interviews for different hospitals and their patients however the researcher lot of efforts to win the trust of the respondents.

Results and Discussion

NVivo

QSR International's NVivo 12software was used to analyze the qualitative data to enhance the data analysis of the survey. The software shows the validated code which leads the relationship through analysis and coding.

We show the results of the different phases of the data and also show the issues through coding that's show.

Phase 1

Based on your own experience, what kind of security issue do you face in the hospital, are you satisfied?

Word	Length	Count	Weighted Percentage (%)
Detector	8	10	12.20
Metal	5	10	12.20
Namely	6	10	12.20
Unsatisfied	11	10	12.20
Security	8	14	17.07

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software

This table shows the information about the Based on your own experience, what kind of security issue you faced in the hospital, are you satisfied? In which the table shows that the Twelve percent responded when we asked about the Dictator the results show only the 12.20% as well as we asked about the issue of the security of the hospital the result of Metal only 12.20% more we move to the other is the Namely that's is 12.20% but the unsatisfied is the 12.20% and 17.07 % "Security available in the hospital that's the results we get from the General population.

When you visit the hospital is the hospital clean give your comments are you satisfied or not?

Word	Length	Count	Weighted Percentage (%)
Administration	13	23	9.09
Appointed	9	23	9.09
Bath	4	23	9.09
Clean	5	23	9.09
Machinery	9	23	9.09
no cleanliness	13	23	9.09
no floor	7	23	9.09

Properly	8	23	9.09
Soap	4	23	9.09
Staff	5	23	9.09

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This table describes the information about When you visit the hospital. Is the hospital clean give your comments are you satisfied or not? Nine Percent responded patients give the negative and he tells us that the Administration of the hospital is 9.09% there is the less Appointed of the servents 9.09%, the bath of the hospital is 9.09% wash the section of clean is also 9.09% there is no update machinery is available in the hospital 9.09% the less appointment of administrative staff in the hospital that's the result is non-cleanliness 9.09%, no floor is clean that's show 9.09% there are no properly workers available in the hospitals 9.09% there is no soap available in the hospitals and staff 9.09% present there.

is the facility the ambulance is available in the hospital?

Word	Length	Count	Weighted Percentage (%)
Ambulance	9	12	50.00
Facility	8	12	50.00

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software

This table shows that the facility of ambulance is available in the hospital. The facility of the ambulance is not available in the hospital in which mostly more the Fifty percent responded that the facility of the ambulance is not available in the hospital but their response is only the facility of hospitals 50 % population give us negative response.

Phase 2

Do you have a service structure?

Word	Length	Count	Weighted Percentage (%)
Government	10	13	10.32
Structure	9	12	9.52
Service	7	11	8.73
Participant	11	9	7.14
Provided	7	9	7.14

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software

This table gives us information about the service structure. Do you have a service structure? 10.32 percent responded with "government"; 9.52%, "structure"; 8.73%, "service"; 7.14%, "participant, provided".

Are the issues of the patients true? Like a Shortage of medicines and others?

Word	Length	Count	Weighted Percentage (%)
Medicen	7	10	8.77
Participant	11	9	7.89
True	4	9	7.89
Provided	7	7	6.14
Depatment	9	5	4.39

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This table shows the issues of the patients. Are the issues of the patients true? Like a Shortage of medicines and others? 8.7 percent responded with "medicines"; 7.89%, "participant, true"; 6.14%, "provide"; 4.39%, "department".

Do you have received your salary properly?

Word	Length	Count	Weighted Percentage (%)
Yes	3	11	100.00

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This table shows that about the salary of doctors as well as asked the question. Do you have received your salary properly? A hundred percent responded "yes" in this table shows the 100% positive answer to this question.

Phase 3

Is the Government responsible for the issue of funding?

Word	Length	Count	Weighted Percentage (%)
Department	10	2	50.00
Finance	7	2	50.00

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This table describes the information about the Government responsible for the issue of funding Is the Government responsible for the issue of funding? Fifty percent responded "department"; 50 %, "finance" Government responsible for the issue of funding.

Why is the shortage of medicines in hospitals?

Word	Length	Count	Weighted Percentage (%)
Hospital	8	2	33.33
Mis management	13	2	33.33

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This table describes the information about the shortage of medicines in hospitals. Why is the shortage of medicines in hospitals? 33.33 percent responded "hospital"; 33.33%, "mismanagement" the shortage of medicines in hospitals is true.

Why there is no treatment of patients like a human?

Word	Length	Count	Weighted Percentage (%)
Action	6	2	100.00

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This table describes the information about the treatment of patients like a human. Why there is no treatment of patients like a human? A hundred percent responded with "action" negative response we get treatment of patients like a human.

Phase 4

Is the Government responsible for the issue of funding?

Word	Length	Count	Weighted Percentage (%)
Finance	7	1	50.00
Minister	8	1	50.00

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software

This table shows that the Government is responsible for the issue of funding. Is the Government responsible for the issue of funding? Fifty percent responded "finance"; 50 %," minister" responsible for the issue of funding. This table shows that the Hundred percent deny and shows the Finance Minister is responsible for the issues because the Minister of finance has the authority to present the budget.

Why is the shortage of medicines in hospitals?

Word	Length	Count	Weighted Percentage (%)
Hospital	8	1	33.33
Mismanagement	13	1	33.33

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software

This table shows the information about the shortage of medicines in hospitals. Why is the shortage of medicines in hospitals? 33.33 percent responded “hospital”; 33.33%, “mismanagement” is responsible for the shortage of medicines in hospitals.

Why there is one doctor who can perform different services?

Word	Length	Count	Weighted Percentage (%)
Hospital	8	1	33.33
Mismanagement	13	1	33.33

https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software

This table shows the information about one doctor who can perform different services. Why there is one doctor who can perform different services? 33.33 percent responded “hospital”; 33.33%, “mismanagement” is then responsible for the one doctor who can perform different services.

The minister tells us the problems which show that’s are fake because the doctors if they work in the public sector they will work hard if they work in the Government sector they have a lot of lame excuses. The habit of not working develops itself. Only CM can permit appointments in hospitals. The finance minister can approve the budget in Punjab.

Conclusion

We have tried to reinvestigate the General Public issues and understands the administration style and evaluate the authentic administration. The data is collected from the survey which is collected from the Public, Doctors, Administration, and ministers. N Vivo 12 Software was used to examine economic factors affecting the health sector in Punjab. The main purpose of the study is to analyze how to get issues in the health sector in Punjab we selected the Punjab province in Punjab, selected the three different districts of Punjab Lahore as a central Punjab, Dg khan as a south Punjab, and Pindi as a north Punjab author has selected theses cities from Punjab province Pakistan. The researcher collected the primary data from different take holders in Punjab and these districts from Punjab required the data of respondents who are willing to give interviews in which general public doctors' patients' minster data was collected according to our statement.

We found the behavior of the public which is negative and who is then responsible for their negative attitude there and also found the negative statements of the hospital management and try to hide their negligence which the researcher showed and cross-verification these statements with the Minister of the health Punjab which tell us that the problems which show that’s are fake because the doctors if they work in the public sector they will work hard if they work in the Government sector they have a lot of lame excuses. A habit of not working develop themself. Only Chief Minister can permit appointments in hospitals. The finance minister can approve the budget in Punjab. This statement shows the negligence of the hospital management which they try to hide. Public issues are true these issues not fake, especially the issue of a few medicines and others else. we also cross verification with the administration of the hospital and the Administration of Health Policy. The issues of the general public and doctors and administration staff and the problems faced by the administration staff. It is very difficult to collect the data from administration staff to their busy schedule after a while period we collect the data from section officers (SO) who work on behalf of the secretary of health. We collect different statements from section officers. They also tell us that the hospital management is responsible and the issue of duty is 100% fake transfer posting is an online system and other else also.

References

Zhao, Y., Liu, L., Qi, Y., Lou, F., Zhang, J., & Ma, W. (2019). Evaluation and design of public health information management system for primary health care units based on medical and health information. *Journal of Infection and Public Health*.

Such, E., Laurent, C., Jaipaul, R., &Salway, S. (2020). Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. *Public Health*, *180*, 168-179.

Hensher, M. (2020). Incorporating environmental impacts into the economic evaluation of health care systems: Perspectives from ecological economics. *Resources, Conservation and Recycling*, *154*, 104623.

Khalil, S., & Adelabu, S. A. (2012). Model for efficient service delivery in public service. *Journal of Public Administration and Governance*, *2*(3), 85-95.

Ernawati, D. K. (2020). Collaborative competencies in a public health center in Indonesia: An explorative study. *Journal of Interprofessional Education & Practice*, *18*, 100299.

Hamblion, E. L., Burkitt, A., Lalor, M. K., Anderson, L. F., Thomas, H. L., Abubakar, I., ...& Anderson, S. R. (2019). Public health outcome of Tuberculosis Cluster Investigations, England 2010–2013. *Journal of Infection*, *78*(4), 269-274.

Schwartz, R., & Deber, R. (2016). The performance measurement–management divide in public health. *Health Policy*, *120*(3), 273-280.

Tambo, E., Khayeka-Wandabwa, C., Muchiri, G. W., Liu, Y. N., Tang, S., & Zhou, X. N. (2019). China's Belt and Road Initiative: Incorporating public health measures toward global economic growth and shared prosperity. *Global Health Journal*.

Pirkle, J. L., Osterloh, J., Needham, L. L., & Sampson, E. J. (2005). National exposure measurements for decisions to protect public health from environmental exposures. *International journal of hygiene and environmental health*, *208*(1-2), 1-5.

Djellouli, N., Jones, L., Barratt, H., Ramsay, A. I., Towndrow, S., & Oliver, S. (2019). Involving the public in decision-making about large-scale changes to health services: A scoping review. *Health Policy*.

Thakur, B., Kar, S., Pathak, M., & Thakur, N. (2019). Public-private share in maternal health care services utilization in India: A multinomial logistic regression analysis from three consecutive survey data. *Clinical Epidemiology and Global Health*, *7*(1), 22-28.

Yin, L., Lin, N., Song, X., Mei, S., Shaw, S. L., Fang, Z., ...& Mao, L. (2020). Space-time personalized short message service (SMS) for infectious disease control–Policies for precise public health. *Applied Geography*, *114*, 102103.

Treviño-Siller, S., González-Hernández, D., Fritz, J., García, M. O., Montoya, A., Sánchez-Dominguez, M., &Lamadrid-Figueroa, H. (2019). Is it possible to incorporate evidence-based professional midwifery practices into public health services in Mexico?. *Women and Birth*.

Scott, L. F., Stone, C., &Duwve, J. (2019). Policy perceptions of US state public health and child and family services regarding maternal opioid use and neonatal exposure. *Archives of psychiatric nursing*, *33*(5), 22-30.

Atkins, L., Kelly, M. P., Littleford, C., Leng, G., &Michie, S. (2019). From the National Health Service to local government: perceptions of public health transition in England. *Public health*, *174*, 11-17.

Khan, N. N., &Puthussery, S. (2019). Stakeholder perspectives on public-private partnership in health service delivery in Sindh province of Pakistan: A qualitative study. *Public health*, *170*, 1-9.

James, A. H., C. L. Bennett, et al. (2021). "Nursing and values-based leadership: A literature review." Journal of Nursing Management.

Samuelson, P. A. (1976). Economics of forestry in an evolving society. *Economic Inquiry*, *14*(4), 466-492.

Lee, K., & Mills, A. (Eds.). (1983). *The economics of health in developing countries*. Oxford University Press, USA.

Mastroyiannis, A. (2007). Current account dynamics and the Feldstein and Horioka puzzle: The case of Greece. *The European Journal of Comparative Economics*, *4*(1), 91-99.

Doll, T. E., Tyler, M. L., & Dutton, R. E. (1992, May). Shallow, High-Gravity Steamflood Economics Improved by New Application of High-Temperature Scale Inhibitor. In *SPE Rocky Mountain Regional Meeting*. OnePetro.

Rout, H. S., & Nayak, N. C. (2007). Health and health economics: a conceptual framework. *Health Economics in India*, 13-29.

Barro, R. J., Mankiw, N. G., & Sala-i-Martin, X. Growth." American Economic Review, 85 (1), pp. 103-115. Duczynski, P.(2000), "Capital Mobility in Neoclassical Models of Growth: Comment." American Economic Review, 90 (3), pp. 687-694. Duczynski, P.(2009), "On-Net External Assets in Regions and States of the USA" Prague. *Growth*, *85*(1), 103-115.

Mills, A., Brugha, R., Hanson, K., & McPake, B. (2002). What can be done about the private health sector in low-income countries?. *Bulletin of the World Health Organization*, *80*, 325-330.