

Editorial Preface

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The *International Journal of Public and Private Perspectives on Healthcare, Culture, and the Environment (IJPPHCE)* is proud to present in this issue five articles, each with timely insights and ideas that help to understand the rapidly changing terrain the complex interactions within the fields of healthcare, economy, society and culture.

In the first article of this issue Wajd R. Hammad, Rozaleen B. Abedrabbo, Diala Mazen Khoury and Nadia J. Sweis focus on the topic of 'Health Insurance and Determinants of Perceived Quality of Healthcare'. This study demonstrates the determinants that affect the perception of quality of healthcare services in Jordan and asks important questions about the perceptions of quality and how important those are to develop and improve healthcare. A cross-sectional study was conducted in order to determine the perception of quality of health and relating variables including availability of health insurance and quality of health insurance. This study supports the findings of other studies that health insurance influences the perception of quality of healthcare. However, it is also clear that Jordanians consider the availability of doctors, ability to get specialist care, accessibility to health services and cooperation of healthcare workers as significant determinants when conceptualizing the quality of healthcare and its services. The amount of premium paid had a significant association, which could reflect on valuing the money they pay and expecting quality of healthcare in return. Being insured increases the likelihood of perceiving higher quality of healthcare. The authors point out that the gap in the health insurance system affects people especially the lower income and uninsured population due to inability to pay for the medical services. The lack of insurance prevents people from receiving the intended care and to meet their basic needs. As a result, they forgo or postpone medical care. Also, the issue of accessing a high-quality of health care services remains, regardless of the innovation and huge growth in the medical field, patients reported that there is a lack in the quality of health care services provided by the public sector which indicates that the "out-of-pocket" payment method might provide the required quality of care. People who live in low-income and middle income countries are accountable for significant part of their health care expenditures as direct out-of-pocket payment.

This research has produced valuable and rare information on the determinants of perceived quality of health care and health services in Jordan. Perceived quality of health care and health services in this study are found to be influenced by age, marital status, employment, insurance status, level of coverage, family coverage, perceived quality of insurance services, out-of-pocket payment and preferential treatment, availability of doctors, ability to get specialist care, premium, accessibility to health services and cooperation of health care workers. This study supports the findings of other studies that health insurance influences the perception of quality of health care also in other societies. However, it is also clear that Jordanians consider the availability of doctors, ability to get specialist care, accessibility to health services and cooperation of health care workers as significant determinants when conceptualizing the quality of health care and its services. The more accessible the health services and cooperative the health care workers, the more likely for Jordanians to perceive the quality of health care in a better view, and the more satisfied Jordanians are from the availability of doctors and the ability to get specialist care the more likely they are to perceive the quality of health care as excellent. The amount of premium paid had a significant association, which could reflect on valuing the money they pay and expecting quality of health care in return. Additionally, Jordanians perceive that paying out-of-pocket (OOP) will result in better quality of health care. However, the

survey did not ask about paying out-of-pocket and how that resulted in higher quality of health care. The question only asked about the perception of paying out-of-pocket (OOP) and if they agree or disagree that it will result in better quality of health care.

In the second article of this issue Elaine R. Winston, Alexander Pelaez and B. Dawn Medlin pose the question: ‘Will Quality Measures Debunk Quality Care in the Nursing Home Industry?’ This study analyzes whether or not government-defined ratings compromise quality in nursing homes, where the government provides the definition for the total nurse staff rating. The simple rationale of these ratings is that if a nursing home meets the standard (i.e., adjusted nurse staff hours per resident per day), then that nursing home receives a high staff rating. Respectively, if the nursing home does not meet the standard, then the nursing home receives a low rating. Therefore, the staff rating directly impacts the overall quality rating. Nursing home administrators that do not meet the government established standard may receive lower reimbursements for residents regardless of the actual care provided.

Unfortunately, the standardization of nurse staffing hours requires nursing home administrators to focus on a metric rather than the actual quality care provided to the patient. The high-quality rated nursing homes with less than or equal to the median reported total nurse staffing hours has a likelihood of providing above standard quality care and has less operating expenses using less nurse staffing hours (i.e., assuming less nurse staffing hours equates to less wage expense). Among the surprising results that this study highlighted was that for overall high-quality rated nursing homes, the nursing homes with greater than the median nurse staff hours provided lower quality care as compared to the nursing homes with less than or equal to the median nurse staff hours. Moreover, in the research literature there are clear indications that more nurse hours per resident will result in higher quality care and the literature also provides some possible reasons for this surprise finding. The reported nurse staffing hours does not account for the distribution of staff during peak times, such as during meals. Previous studies have indicated that different staffing ratios, for the different types of nurse staff included in the total nurse staff government rating (i.e., RN, LPN, NA), result in different actual quality of care. Care may be influenced by re-allocation of assigned nursing staff to different units during a period of short staffing. Short staffing occurs when a staff member calls in an absence just before the beginning of their scheduled shift. Prior research found during a short staff situation numerous healthcare duty (i.e., personal hygiene, grooming, assistance with mealtime, toileting, and repositioning) were not done and serious incidents, such as falls and resident altercations, increased. Other non-controllable variables include staff knowledge, skills and training, staff supervision, and management practices. Additionally, there is “cheating and short cuts” that take place when it comes to writing up individual resident complaints and health issues. Fewer staff may result in fewer incidents reported or accurately recorded. In short, this study introduces a critical approach to the use of ratings to assess the quality of care. This research has obvious implications also in other areas than just nursing homes.

In the third article of this issue Kingsly Awang Awang Ollong assesses the topic ‘Irregular Ecologies. An Assessment of the Socio-Economic Implications of the Anglophone Crisis in Cameroon’. Cameroon, since 2016 has been witnessing what is now commonly referred to as the Anglophone Crisis (also known as the Ambazonia War) that has kept economic and social activities in the Anglophone Regions of Cameroon at bay with serious socio-economic implications on the local communities and the economic tissue of the regions. Already confronted with low incomes, poverty, rapid urbanization, unemployment, income shocks and inequalities between groups, the Anglophone crisis has only come to exacerbate the dysfunction of Cameroon’s socio-economic institutions that were already manifesting signs of weakness.

In November 2016, corporatist protests around sectoral demands by lawyers and teachers degenerated into a political crisis in Cameroon’s Anglophone regions. This crisis led to the re-emergence of the “Anglophone Question” that has highlighted the limits of the Cameroonian Governance model that is based on centralization and the co-optation of the elites to the detriment of

the masses. According to International Crisis Group, the politisation of the crisis and the radicalization of its protagonist was partially due to government's response (denial, disregard, intimidation and largely repression), the diminishing trust between the Anglophone population and the government, and the exploitation of the identity question by political actors who have aggravated the population's resentment to the point that probably most Anglophones see a return to federalism as a solution to the problem while a minority believe that secession is the only feasible way out of the crisis. While the federalists adhere to republican measure in seeking a solution to the crisis, the separatists have constituted themselves in radical groups that have opted to use radical measure to drive their point through. The radicalization of the crisis has inflicted huge damages not just to the economy of the two regions but also the economy of Cameroon. The damages can be summarized in the lost of human lives, depreciation of economic activities, abuse to human rights, population drift from the conflict zones to other parts of Cameroon and even neighbouring countries.

This paper assesses the socio-economic challenges faced by the North West and South West Regions of Cameroon through the provision of a comprehensive analysis of the trends and economic implications of Anglophone Crisis. Moreover, the nature of conflicts has changed, with traditional civil wars giving way to non-state-based conflicts, including the targeting of civilians through terrorist attacks. The Anglophone crisis in the South West and North West regions has seriously undermined the economic fabric of these regions. It has rendered important economic sectors such as cocoa and coffee fragile and also led to the agony of agro-industrial behemoths that structured entire sectors of the economy of the two regions and even beyond. In face of threats, economic and social losses from acts of vandalism, racketeering and destructions, many companies and individuals were forced to reduce their commercial and physical presence to their simplest form. The shortfalls in terms of numbers are significant and add to the damage already suffered as a result of the destruction of assets and loss of human life. The paper recommends that Cameroon, with the help of her partners, should focus on limiting the loss of human and physical capital by protecting social and development spending.

In the fourth article of this issue Cornelius W. Wuchu and Akoni Innocent Ngwainbi write on the issue of 'African Culture and Sustainability: The Case of the Grass Landers of Cameroon'. This article discusses the relevance of African culture and its values to the contemporary society and raises important issues about the values and how important they are in each society and culture. As the study focuses on values, qualitative approach was primarily used in this work. The results arrived at shows that African traditional practices in the Western Highlands of Cameroon has over time developed cultural values which are concomitant to the objectives of MDGs (2000) and SDGs (2015). But, in most cases, these values have been neglected by national and international development agencies leading to continuous clashes between traditional African values and what the people consider as foreign to them. However, some aspects of the culture have remain inimical to human rights and local development Therefore for African culture to entirely play its role in achieving sustainable development, the paper holds that a cultural hybridisation is an ultimate solution to the problems faced by indigenous practices and external policies of development.

In the fifth article of this issue Alpana Gupta focuses on the 'Effect of Automotive Emissions on Human Health: The Case of Gwalior City' in West Bengal, India. Automotive emissions have a major and direct detrimental impact on human health especially in urban areas. On the top of that the automotive emissions are in other ways directly linked to environmental and ecological problems. With the exponential growth in population, there is high demand for better means of mobility in third world cities, which means that the number of automobiles keeps increasing. Urban transportation generally leads to serious congestion with inadequately developed transport infrastructure. In short, dependency on the private modes in urban areas is directly linked to increase in emissions and deteriorating environmental quality. The major source of air pollution in developing countries like India is the emission from vehicles.

This study focuses on the health effects, awareness of air pollution and health damage costs. Health effects such as eye-irritations, headache and sneezing are ranking in the list. Exposure time was the

main reason behind the health impacts. The vehicle exhaust pollutants were unburned hydrocarbons (HC), NOX and Carbon monoxide (CO) mostly emitted by petrol vehicles and the particulates from diesel engines. The results from the study concur with the findings that they may cause diseases like cancer, asthma, and also eye irritations. Maharaj Bada has the highest share of health problems among the three locations due to increased vehicular traffic and pollutants levels. It is observed that, PM 10 records for the highest concentration of 195.25 $\mu\text{g}/\text{m}^3$ in the Months of January, February, November and December when PM 2.5 records (89.69 $\mu\text{g}/\text{m}^3$).

The concentration of NOX is highest in December 31.56 $\mu\text{g}/\text{m}^3$, whereas level of SO₂ is 16.3 $\mu\text{g}/\text{m}^3$ in the month of January. Lower levels of PM 10, PM 2.5, NOX & SO₂ is shown in the months of May, June & July. This indicates that those months which experience lesser temperatures are having more concentration of pollutants. Similar analysis has been done for the years 2017 and 2016. Mostly affected persons are drivers, street hawkers and roadside commuters who have daily exposure of traffic around 5-6 hours. Health effects means that 24.8% have sneezing problems, 17.6% sore throat, and 12.8% skin irritation whilst 16.4% reported nausea due to the increased levels of Particulate Matter and Nitrogen Dioxide. Sulfur dioxide exposure constricts air passages, creating problems for people with asthma and for young children, whose small lungs need to work harder than adults' lungs. Due to increased level of SO₂, respiratory disorders are more prevalent in age group of 15-24 as they are more sensitive to these particles. The results of emission calculations concluded that total emissions from BSVI standards were summarized as 26.67 kg with highest share of CO concentrations i.e. 20.06 Kg. which is comparatively lower than BS III & BS IV. Health damage under low cost scenario decreases from Rs.4938.54 BSIII to Rs.467.33 BS VI; whereas it is Rs.68436.63 for BS III and Rs.6424.64 for BS VI under high cost scenario, which shows that there is a need of up gradation of fuel standards which will enrich the health and quality of life. On the basis of these findings the author argues that the Government of India should set up stringent standards for pollutants and penalties for those who are failing emission test and regular maintenance of vehicles and testing of vehicles to ensure that they are emitting as little as possible.

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