

Editorial Preface

Mika Markus Merviö, Kibi International University, Okayama, Japan

The *International Journal of Public and Private Perspectives on Healthcare, Culture, and the Environment (IJPPHCE)* in this issue presents four articles, each providing fresh insights and ideas on the relationships between healthcare, economy, society and culture.

Kareem Buyana in his article ‘An Institutional Discourse on Energy-Health Interactions in Cities’ tackles the closely related issues of health and energy. This article brings together the issues of health, economy, society and culture – and shows how important it is to analyse these issues as a whole. Furthermore, climate change, air pollution and resource efficiency all are becoming ever more important political issues and there is need for case studies from different parts of the world and evaluating the significance of new insights. Kareem Buyana does exactly that when he analyses energy-health interactions in cities, using a case study from Kampala, where a transient network of neighborhood groups works with academics and municipal actors to take to scale densified biomass and other energy strategies with a health lens. Such cross-actor networks have the potential to demonstrate how energy-health interactions at local level can be the anchorage for realizing sustainability at wider scales. In particular, this study sheds light on the congruence of formal and informal ways of organizing community actors as a resource in co-creating energy solutions for better health. Moreover, cities play a decisive role in finding solutions to these problems and, therefore, the research findings from Kampala obviously are of great interest in many cities facing similar problems.

Kareem Buyana points out that non-institutionalist literature usually focuses on social actors in the shadows of policy-making and formal institutions, but influential in leapfrogging communities towards sustainability due to the reflexive way in which they form and function. For example, in Kibera-Kenya, youth-based associations empowered citizens to use GPS technology to collect data and plot housing and urban health challenges, then used the collected information to influence policy and development by advocating for their needs. In Kampala city, low-income neighborhood groups took the initiative to extract and add value to waste materials for alternative energy, thereby illustrating the gradual shift to neighborhood interdependencies in addressing energy shortfalls and environmental quality provision. In practical terms, the waste challenge sparked off community-led innovations to deal with the health risk of garbage accumulation and energy deficits. These include: re-using peels for livestock feed, vegetable farming, fruit trees, composting, briquette making, recycling plastics to make bags, mats and selling materials to recycling plants. The innovations are progressively growing to a scale that would have a significant impact on turning waste into energy.

The case study also depicts the coherent and contradictory relationships that underlie cross-disciplinary research in cities, especially in the context of integrating biomedical, ecological, economic and socio-cultural approaches to the energy-health nexus. By facilitating and deepening dialogue around what alternative energy provisioning means in Kasubi-Kawaala, and what should be done to address gaps around alternative cooking energy for positive health outcomes in households, both academics and community agents had an equal chance to contribute to the framing of research questions for finding and scalable options for household energy that results into reduced health risks

(for example respiratory infections associated with in-door air pollution) in low-income neighborhoods. The author readily admits the competing rationalities of different actors, stakeholders and institutions, as well as limitations of different disciplines in addressing cross-disciplinary research issues in cities.

In the second article, Michael Sony presents 'A survey on Household Energy Saving Measures for last decade in Western India.' There has been a large interest in household energy saving measures as they are major consumers of energy. Subsequently this results in serious environmental and financial costs the higher level of awareness need not culminate into the household Energy savings. This study investigates the impact of the changes on both home-based and transport-based energy saving measures over a period. In addition, the research also sheds light on the percentage of money spent on these energy saving activities. A postal based self-reported survey is undertaken in Western India. The results suggested that only 24% of the respondents reported that money spent on household energy saving measures have increased in the last 10 years. Whereas 43% have reported they have not spent any money on the energy saving measures.

A pattern, which was seen dominating was that the measure should be economical, the existing human comfort level should not suffer. In addition, the behavioral based measures are more popular compared to technical measures. This is important for the policy makers because behavior-based measures can be easily influenced, by designing a well-planned country wise policy especially, for India. Using house insulation was least popular and it is understandable due to the cost involved of housing insulation in India. Most of the houses in India, to protect from rains and other harsh climate, are made up of stones, brick or concrete blocks. It becomes difficult to insulate those houses merely because of the cost involved. In transport-based energy-saving measures, the frequency of holiday by train was highly popular followed by frequency of driving in fuel-saving speed and walking or cycling short distances. The holiday tourism in India revolves mostly around religious places, followed by other secondary attraction nearby. Therefore, it is understandable that people are using trains as a means of transportation-based energy saving measures. The policymakers can make use of this behaviors, to increase the frequency of trains, availability of rail networks to main religious and other tourist attractions and offering discount mechanisms. This research indicates that there is good reason to find more about actual environmental awareness of consumers/ households and how to promote on household energy saving measures.

In the third article, Riikka Holopainen, Mervi Niskanen and Sari Rissanen focus on the Management Accounting and Profitability in Private Healthcare Small and medium-sized health care enterprises (SMEs). Previous studies suggest that there are often few, if any, comprehensive management control systems (MCS) or there is lack of systematic management accounting or performance management (PM) monitoring in even fairly large SMEs. The data of this study, collected from healthcare companies from Eastern Finland, has many special features. The healthcare industry is labor intensive business and a service business. Traditionally, healthcare companies have been small companies although during the last few decades, many big national and international companies have become involved in this business. Furthermore, in Finland, these companies often have few large customers such as municipal organizations. Based on these features, the healthcare industry has its own challenges to gain growth, profitability and social as well as political acceptance. This paper uses as its primary source nine years of comprehensive financial data of micro companies and also sheds information about the diverse and complex combination of the profitability process in the small healthcare companies and the significance of MA systems. Based on the contingency theory conception, this paper finds that the management accounting practices as a budgeting system or increased cost knowledge of the company greatly influence the company's performance. Further, some other contextual factors such as size and age of the company turned out to be significant for the company's performance.

This study gives interesting points of comparison to researches elsewhere focusing on comprehensive management control systems and performance management. The service sector and, in particular, the healthcare sector, is developing rapidly in many societies, and like in Finland

sometimes testing uncharted waters when the whole healthcare system is in a state of transition. As a result there is a need for fresh ideas and good data about how the mechanisms relating to company's performance can best be understood.

In the fourth article, Afsana Akhtar, Sadrul Huda and Segufta Dilshad pose and answer the question: "Does Perceived Service quality affect Patient Satisfaction?" In Bangladesh the healthcare industry is becoming highly competitive with increasing number of private hospitals and clinics. Apart from visiting the expensive private hospitals and clinics within the country, the wealthy people have also a tendency to go for medical tourism in South Asian, South East Asian and other developed countries. Facing competition at home and abroad, the local healthcare industry has to consider the service quality seriously to meet the increasing expectations of the patients. The authors note that service quality measures are culture-specific. However, there is little research directly focusing on service quality within healthcare services in less developed countries. focuses on the perception of the patients regarding the healthcare service quality of both public and private hospitals and clinics from the perspective of a developing country, Bangladesh. The authors provide both literature analysis and statistical analysis to introduce the situation of service quality measures in Bangladesh.

The research findings strongly supports the view that customers perspective regarding quality dimensions differs from culture to culture. The Bangladesh patients, considered interpersonal and technical quality being the most relevant. Other studies focusing on India, also a relational society like Bangladesh, indicated that reliability, empathy and assurance received much attention whereas tangibility became insignificant. This research clearly proved that patients in Bangladesh are greatly bothered by the rude behavior of the staff at the hospital whereas pleasant interactions are critical for their satisfaction along with the availability of the good technical expertise to treat their diseases.

Mika Merviö
Editor-in-Chief
IJPPHCE