

Responsiveness to people's non-medical expectations in southeastern of Iran (comparing educational and non-educational centers)

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ABSTRACT

Background: The regular monitoring in the responsiveness of medical centers will help to identify the weaknesses. By eliminating these deficiencies, the motivation for providing services to clients will also increase. This study was conducted to assess the status of responsiveness to people's non-medical expectations in southeastern Iran. **Methods:** This cross-sectional study was conducted on 112 patients who referred to the medical centers. Sampling was conducted randomly on all clients during a 15-day period. The data were collected by a standardized questionnaire and analyzed by SPSS23. **Results:** Although the scores of many responsiveness dimensions in non-educational centers were higher than educational centers, there was no significant difference between the scores of responsiveness in educational and non-educational medical centers. **Conclusion:** Educational centers need more attention than non-educational centers to improve people's non-medical responsiveness. And, the priority of the actions is focused on providing the required human resources.

Keywords: Responsiveness, Non-medical expectations, Southeast of Iran.

Introduction

Hospitals and health centers are the key institutions to provide the community health and most of their services determine the death or survival of individuals.^[1, 2] Therefore, the quality of services, providing the satisfaction of clients, and observance of

professional ethics in these centers is inevitable.^[3, 4] because the health system should meet the needs of clients. The *World Health Organization (WHO)* has determined the health system responsiveness as the most important component of the policy-makers' and health system managers' discussion.^[5] In fact, the responsiveness system is focused on the rational expectations of individuals in non-medical aspects of health services.^[6]

In order to evaluate the health system responsiveness, a framework is developed by WHO that health systems responsiveness is defined as experiences of health service users along the eight dimensions: dignity, autonomy, confidentiality, prompt attention, access to social support networks during care, communication, quality of basic amenities, and choice of care provider.^[7] WHO also developed detailed survey tools and guidelines which have been used and adapted in multiple countries.^[8]

Access this article online

Website: www.japer.in

E-ISSN: 2249-3379

How to cite this article: Sara Azhdari, Fatemeh Yazdanpanah, Zahra Mahmoudi Kohan, Samira Emadi, Mohammadreza Rajabalipour. Responsiveness to people's non-medical expectations in southeastern of Iran (comparing educational and non-educational centers). *J Adv Pharm Edu Res* 2020;10(3):115-120. Source of Support: Nil, Conflict of Interest: None declared.

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According to the report of the WHO in 2015, although Iran has been well-developed among the countries of the world in the responsiveness, still is not in a good position, and this rank represents a gap between the current and expected qualities.^[9] The results of the previous studies also indicate this status.^[7, 8, 10, 11] This can gradually lead to dissatisfaction, disconnection of people and a reduction of their participation in the health system, which ultimately will reduce the efficiency and effectiveness of the health system.^[12] Of course, there is little difference between the services of the public and private sector.^[13] There are several strategies to improve the responsiveness in the health sector, but the first step is to assess the status of the responsiveness system accurately and then identify the correct intervention point to eliminate these deficiencies.^[14, 15] Regular monitoring of the responsiveness system helps to better identification of weaknesses and, by eliminating these deficiencies, the motivation will be more to provide services for clients.^[16] Therefore, the present study is conducted with the aim of assessing the rate of responsiveness to people's non-medical expectations in educational and non-educational centers in Iran.

Methods

Sampling and study type

This cross-sectional study conducted on 112 patients who referred to the hospitals and health centers of Bam, Iran. In the sample selected by quota sampling, first, we divided all hospitals into two groups of educational and non-educational. We selected 64% of samples from educational and 36% from non-educational hospitals proportional to the total number of beds in each group. Then, samples were selected by random sampling.

Data collection

In this study, data were collected by the WHO responsiveness questionnaire. The validity of the translated version of the questionnaire was confirmed by the previous study.^[17] The questionnaire consisted of 2 sections. The first section included the questions related to patients for example age, sex, etc. The second section included 30 questions in 8 dimensions including dignity, autonomy, confidentiality, prompt attention, access to social support networks during care, communication, quality of basic amenities, and choice of the care provider.

Data analysis

The collected data were analyzed by SPSS Version 23 software at descriptive and analytical levels. At the descriptive level, we used frequency, percent, mean, and standard deviation. In order to achieve the study objectives, t-test, chi-square, ANOVA, and Pearson correlation coefficient were used.

Results

The mean age of participants of the study was 34.35 with a standard deviation of 13.79 years. More than half of the participants in the study were women, and most of them had a high school education and diploma. Likewise, the occupation of most of the male participants was mentioned self-employed, while women were often housewives. The most common reason for referring to the health centers was accidents (Table 1).

The results of the study indicated that although in most dimensions such as the quality of physical facilities, privacy of patients' information, selection of care provider and communication, the score of non-educational centers was higher than educational centers, there was not any significant difference in none of the areas of accountability between educational and non-educational centers (Table 2 and Chart 1).

The results of the correlation analysis between different areas of accountability indicated that all areas are strongly and directly related to each other; meaning that by the increase and promotion of one area, the other areas also increase equally. Only, there was no meaningful relation between independence and autonomy and access to support networks (Table 3).

Discussion

This study was conducted to evaluate the responsiveness to people's non-medical expectations in educational and non-educational centers according to the opinion of patients. Based on the obtained results of the present study, the responsiveness score of the studied health centers was 72.22%, indicating that on the opinion of patients, the health centers of Bam responded to the patient's non-medical expectations more than average and at the optimal level. These findings are consistent with the results of similar studies.^[18-20] The study by Seyedin *et al.* reported the responsiveness level of educational hospitals as medium to high.^[18] Likewise, in the study by Yousefi *et al.*, the responsiveness of hospitals was moderate to high.^[19] Of course, paying attention to satisfaction of clients in the scope of medical and non-medical expectations is one of the main indexes of evaluation and reliability of hospitals, which has led the officials of health centers and hospitals to pay special attention to this area, which usually keeps the level of overall satisfaction as moderate.^[21] Likewise, the development of social networks and increased awareness about the rights of patients have made health centers and hospitals to be more exposed to general monitoring and evaluation, and this factor, along with others, will cause environmental enhancement and increase the responsiveness of health care personnel.^[22, 23]

In this study, the responsiveness level of non-educational and private centers was slightly higher than public and educational centers, because for non-educational and private health care centers, the satisfaction of clients is considered as one of the most important issues and has a great impact on accreditation, income generation and competition with other hospitals.^[24-26] Likewise, individuals expect more from the private sector to provide services with better quality than the public sector.^[24, 27]

In this study, “honor and human dignity” had the highest score. The score of non-educational and private centers in this area was higher than the educational and public health centers. In the study by Gohari, the responsiveness was in good status, and preserving human dignity had a good score.^[28] In a similar study by Peltzer in Africa, respecting dignity had the best score in terms of responsiveness dimensions.^[29] In non-educational hospitals, in comparison to public and educational hospitals, the low number of clients and the reduction of work pressure on health care personnel provides more time for treatment and better focus on the provision of health care and non-medical services, which ultimately leads to the improvement of the honor status of patients.^[30, 31] The level of public awareness about the patients' rights and the code of ethics is another significant point in the area of human dignity and honor.^[32] Patients of public health centers in small cities with low facilities like Bam are often from neighboring villages and towns with low educational level and are unable to cover heavy expenses in non-educational and private sectors.^[18, 24] Therefore, they do not have enough knowledge about ideal conditions and are satisfied with the minimum requirements. Therefore, sometimes they regard the present situation as ideal and do not have any objection.^[20] Of course, recent attention to public hospitals has also been a major factor in strengthening this area and achieving greater satisfaction.^[33] The selection of the service provider has the lowest score in the present study. In the study by Gohari et al.^[28] and Rashidian et al.^[25], the lowest responsiveness was also for the selection of the service provider. On the contrary to this result, in the study of the ten OECD countries, the best responsiveness operation was observed in the area of the service provider, which is not consistent with the present study.^[32] This indicates the impact of the economic situation on this dimension. This dimension is directly related to the index number of service providers and nurses to the population.^[34] The low score of this dimension indicates the limitations and shortage of human resource in health centers of Bam, since the number of nurses and personnel providing services to the population in these centers is lower than the national average, so patients have no option to choose, and sometimes a nurse has the direct responsibility for responding to several patients.^[35] The score of this dimension is important for health officials and policymakers to provide the required human resources and assess future needs.

Conclusion

The rate of responsiveness to people's non-medical expectations in different educational and non-educational medical centers of Bam was about 65% and more than average. Although the total score of responsiveness in non-educational centers was higher than that of educational centers, no significant difference was observed between them. However, paying more attention and equipping the public and educational centers will help to enhance responsiveness. According to the obtained results, providing the required human resource is in priority.

Acknowledgment

In this study, we express our gratitude to the Deputy of Research and Technology of Medical Sciences of Bam University and all the staff of the aimed medical centers who sincerely and responsibly cooperated in completing the data collection process. Likewise, we are grateful to the Public Health Department of the Medical Sciences Department of Bam University for the issuance of the letter of introduction for the cooperation of students.

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Table 1: Summary of demographics variables

no	variables	Educational centers		Non-Educational Centers	
		frequency(%)	p-value	frequency(%)	p-value
1	Age	16 to 25	15(20.8)	13(32.5)	
		25 to 35	27(37.5)	13(32.5)	
		35 to 45	14(19.4)	9(22.5)	<0.0001
		45 to 55	7(9.7)	3(7.5)	
		Upper than 55	9(12.5)	2(5.0)	
2	Sex	Female	36(50.0)	21(52.5)	<0.0001
		Male	36(50.0)	19(47.5)	<0.0001
		illiterate	7(9.7)		
3	Educational level	Primary school	18(25)	12(30.0)	<0.0001
		High school	34(47.2)	15(37.5)	
		Collegian	13(18.1)	13(32.5)	
		Employee	2(2.8)	2(5.0)	
		business person	26(36.1)	12(30.0)	
		Retired	2(2.8)	1(2.5)	
4	Job	student	(1.4)	5(12.5)	<0.0001
		workless	6(8.3)	5(12.5)	
		Military	1(1.4)		
		housewife	33(45.8)	15(37.5)	
		Other	1(1.4)		
		Infectious disease	9(12.5)	9(22.5)	
5	Cause of referral	gastroenteric diseases	10(13.9)	8(20.0)	
		respiratory diseases	7(9.7)		
		Cardiovascular disease	4(5.6)	2(5.0)	<0.0001
		Accidents	22(30.6)	13(32.5)	
		Children and infant's disease	12(16.7)	3(7.5)	
		Obstetrics and Gynecology	8(11.1)	5(12.5)	
6	Location of referral	Urban areas	30(41.7)	19(47.5)	<0.0001
		Rural areas	42(58.3)	21(52.5)	<0.0001

Table 2: Responsiveness domain scores in educational and non-educational centers

no	Area	Educational center	Non-Educational center	P-value
		Score (%)	Score (%)	
1	The quality of physical facilities (out of 24 scores)	12.29(51/21%)	13.17(54/88%)	0.22
2	On time attention (out of 16 scores)	10.51(65/69%)	10.25(64/06%)	0.62
3	Privacy of patients' information (out of 8 scores)	4.15(51/88%)	4.40(55/0%)	0.41
4	Independence and autonomy (out of 16 scores)	10.25(64/06%)	9.72(60/75%)	0.33
5	Honor and human dignity (out of 12 scores)	11.05(92/08%)	11.10(92/50%)	0.92
6	The access to social support networks (out of 12 scores)	10.09(84/08%)	9.80(81/67%)	0.67
7	Selection of care provider (out of 8 scores)	3.76(47/0%)	4.00(50/0%)	0.49
8	Communication (out of 16 scores)	9.41(58/81%)	9.90(61/88%)	0.29
9	Total accountability (out of 112 scores)	71.54(63/88%)	72.35(64/60%)	0.92

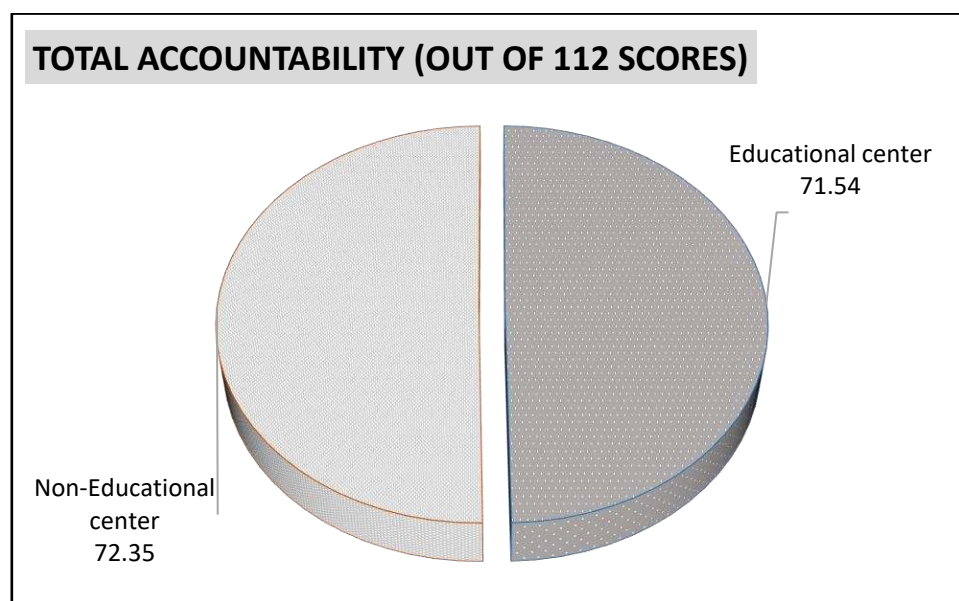


Chart 1: Total accountability scores in educational and non-educational centers

Table 3. The Relation between Different dimensions of responsiveness based on the Pearson Correlation Coefficient

Accountability		1	2	3	4	5	6	7	8
quality of physical facilities (1)	Pearson co.	-							
	p-value								
On-time attention (2)	Pearson co.	.737	-						
	p-value	.000							
Privacy of patients' information (3)	Pearson co.	.549	.611	-					
	p-value	.000	.000						
Independence and autonomy (4)	Pearson co.	.307	.412	.533	-				
	p-value	.002	.000	.000					
Honor and human dignity (5)	Pearson co.	.560	.664	.571	.515	-			
	p-value	.000	.000	.000	.000				
Access to social support networks (6)	Pearson co.	.517	.490	.429	.201	.487	-		
	p-value	.000	.000	.000	.045	.000			
Selection of care provider (7)	Pearson co.	.588	.668	.629	.538	.644	.486	-	
	p-value	.000	.000	.000	.000	.000	.000		
Communication (8)	Pearson co.	.508	.541	.442	.291	.654	.479	.598	-
	p-value	.000	.000	.000	.003	.000	.000	.000	