

# Evaluation of Non-Medical Services' Responsiveness Using a National Model: Patients' Viewpoint

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## Abstract

**Background:** Responsiveness is the main indicator of high performance in every health system. This study was conducted to assess non-medical services' responsiveness from patients' viewpoint through applying a localized responsiveness model in Iran.

**Methods:** This was a descriptive, cross-sectional study, conducted in three hospitals of Yazd province in 2015. To collect data, a standardized questionnaire was used and data were analyzed by SPSS 16 software package, through applying descriptive statistical tests, T-test, correlation and analysis of variance (ANOVA).

**Results:** The study findings revealed that a mean score for responsiveness from patients' viewpoint was  $2.48 \pm 0.26$  at a public hospital,  $2.14 \pm 0.26$  at a private and  $2 \pm 0.27$  at a charity hospital representing an average level for hospitals under study. The highest and lowest mean scores among different aspects of responsiveness belonged to dignity ( $2.5 \pm 0.36$ ) and informed choice ( $1.9 \pm 0.43$ ).

**Conclusions:** Given that responsiveness was evaluated at an average level, appropriate policy interventions and necessary reforms are proposed to increase its status in under study hospitals.

**Keywords:** Patient, Non-Medical Support Services, Responsiveness, Viewpoint

## 1. Background

Health is regarded as one of the main priorities of human beings' life (1). In every health system, patients expect to receive timely services with proper quality (2). To provide such desirable services, health systems of all countries should pursue three main goals including health promotion, financial support against high expenditures of health services and responsiveness of non-medical needs of service recipients (3). Responsiveness as the third important objective is related to patients' satisfaction with non-medical aspects of care, which mainly consists of respect and dignity for individuals, confidentiality of patients' information and autonomy to make decision about their own health issues (4). In fact responsiveness is a measure of how well a health system performs in accordance with patients' expectations of non-medical aspects of care, which requires assessment beyond the provided medical services (5, 6).

Improving the performance of health systems regarding non-medical issues is an important indicator that plays a significant role in patients' wellbeing (7). Emphasis on

this factor has led to growth expectations and attention to patient safety, quality services and equity in health services utilization (8). Consequently, the world health organization (WHO) suggested a responsiveness model consisting of eight domains of non-medical aspects of healthcare including dignity, autonomy, confidentiality, communication, social support, quality of basic amenities, informed choice and prompt attention to patients' needs (9). Patient satisfaction with non-medical aspects of care is mainly related to prompt provision of necessary care, better understanding and maintenance of patients' information (10, 11). The greater the satisfaction of such an aspect, the higher will be the level of patients' comfort and welfare in health service institutions (12).

Many European countries have recognized that the future of healthcare services depends on health system's ability to maintain balance regarding to changing needs of individuals also respond them in an appropriate manner in order to sustain public confidence (13). In this regard, evaluation of health system's performance provides proper information about health services condition for governments. For this reason, many countries have fo-

cused on evaluation and performance reporting, as a tool to facilitate achievement of health goals and development of methods for this purpose (14). Considering the mentioned facts, WHO introduced an evaluation model and encouraged all its members to regularly assess their health system's performance regarding this main aspect of care. To ensure consistency of the model with local conditions of each country, it was suggested to develop a national model designed to evaluate the responsiveness of health systems, which fit the local context. A survey conducted in Turkey and Taiwan concluded that responsiveness dimensions offered by WHO should have been revised to be applicable for evaluating health systems of different countries (4, 15). Therefore, in our study we aimed to assess the responsiveness of non-medical services from patients' viewpoint through applying a national model at hospitals of Yazd province in Iran during year 2015 (16).

## 2. Methods

This was a descriptive, cross-sectional study conducted at three hospitals of Yazd province (one public, one private and one charity hospital) in Iran during year 2015, which were selected through the simple randomized sampling method. The hypothesis of the study was that the importance of responsiveness aspects was different from patients' viewpoint among study hospitals; also there was a significant relationship between patients' demographic variables and their opinion about health system responsiveness. A sample of 264 patients, from selected hospitals, who were older than 18 years and had been hospitalized for at least 72 hours, were included to participate in the research. Participants were voluntarily included in the study and there was no force to retain them in the research process. Based on proportional sampling and admission rate of hospitals, 83 patients from public hospitals, 110 from private and 71 from charity hospitals were selected for the study. Data were collected by a localized questionnaire developed by Askari et al. in 2016 to evaluate the responsiveness of non-medical services from patients' viewpoint (16). The self-made questionnaire consisted of seven aspects including dignity, informed choice, confidentiality, communication and patients' education, access to services, quality of physical amenities and social support. Questions were measured on a five-point Likert scale ranging from one (very poor) to five (very good). To test the questionnaire's reliability, Cronbach's alpha coefficient was calculated, which was 0.97, suggesting that the data collection tool had a proper internal consistency. After explaining the study objective and responsiveness concepts, verbal consent was received from each of the respondents and questionnaires were distributed among study

samples. To analyze data, SPSS version 16 was used through descriptive methods (such as frequency, mean and standard deviation) and analytical tests (t-test, analysis of variance (ANOVA) and correlation coefficients) to study the relationship between variables.

## 3. Results

Among study participants, 57.6% were female, 43.2% were in an age group of higher than 45 years old and 40.5% had diploma or associate degree. The majority of the study sample (95.6%) had insurance coverage, among which 71.9% were under coverage of social security insurance.

Table 1 indicates the importance of responsiveness regarding each of the model aspects from patients' viewpoint in under study hospitals. As the findings reveal, the most and least importance were related to patients' education (95.2%) and social support (10.8%), respectively. Similarly, the least emphasis in a private hospital was given to social support (10%) while the most importance was allocated to quality of physical amenities (94.6%). Similar to the above-mentioned results, the most and the least important aspects of responsiveness from patients' viewpoint were quality of physical amenities (92.9%) and social support (5.6%) in the charity hospital.

Table 2 presents the average score of responsiveness in each of its seven aspects from service recipients' viewpoint in under study hospitals. The findings confirmed that patients had allocated the highest score for dignity ( $2.45 \pm 0.33$ ) and the lowest for informed choice ( $1.73 \pm 0.34$ ). In the public and private hospitals, the highest and lowest mean scores were related to dignity ( $2.7 \pm 0.48$ ,  $1.75 \pm 0.35$ ) while in the charity hospital, access to healthcare services obtained the lowest mean score from respondents' viewpoint ( $1.7 \pm 0.41$ ). Overall, the reported values represent moderate level of responsiveness in almost all aspects.

As Table 3 confirms, there was no statistical significant relationship between demographic variables and responsiveness mean score. Although reported mean scores in each group of variables indicated that respondents, who were male evaluated responsiveness at a higher level, this value was not different for various age groups. In addition, the best and the worst evaluation of hospitals' performance regarding non-medical services belonged respectively to students who were studying in lower than fifth grade of elementary school (2.23) and those studying in third grade of secondary school (2.14).

## 4. Discussion

Evaluating the responsiveness of non-medical services through the use of a national model is considered as one

**Table 1.** The Importance of Responsiveness Aspects from Patients' Viewpoint in the Study Hospitals<sup>a</sup>

Responsiveness Aspects	Public Hospital	Private Hospital	Charity Hospital	Overall
Dignity	69 (83.2)	102 (92.8)	58 (81.7)	229 (86.8)
Informed Choice	56 (67.4)	71 (64.5)	54 (76.1)	181 (68.6)
Confidentiality	34 (40.9)	42 (38.2)	45 (63.4)	121 (45.8)
Patients' Education	79 (95.2)	100 (90.9)	66 (92.9)	245 (91.8)
Access to Services	77 (92.8)	107 (97.2)	66 (93)	250 (94.7)
Quality of Physical Amenities	78 (94)	104 (94.6)	66 (92.9)	248 (94)
Social Support	9 (10.8)	11 (10)	4 (5.6)	24 (9.1)

<sup>a</sup>Values are expressed as No. (%).**Table 2.** Mean Scores of Responsiveness in Each of its Seven Aspects from Patients' Viewpoint<sup>a</sup>

Responsiveness Aspects	Public Hospital	Private Hospital	Charity Hospital	Overall
Dignity	2.7 ± 0.36	2.42 ± 0.34	2.31 ± 0.34	2.45 ± 0.33
Informed Choice	2.17 ± 0.48	1.75 ± 0.35	1.87 ± 0.4	1.73 ± 0.34
Confidentiality	2.28 ± 0.4	1.96 ± 0.32	1.86 ± 0.45	1.99 ± 0.27
Patients' Education	2.69 ± 0.4	2.31 ± 0.36	2.25 ± 0.31	2.34 ± 0.32
Access to Services	2.3 ± 0.47	1.49 ± 0.33	1.7 ± 0.41	1.95 ± 0.43
Quality of Physical Amenities	2.57 ± 0.47	2.18 ± 0.42	1.91 ± 0.4	2.23 ± 0.39
Social Support	2.33 ± 0.49	2.08 ± 0.32	1.97 ± 0.37	2.08 ± 0.28
Total Responsiveness	2.48 ± 0.26	2.14 ± 0.26	2 ± 0.27	2.16 ± 0.24

<sup>a</sup>Values are expressed as mean ± SD.**Table 3.** Relationship Between Demographic Variables and Health System Responsiveness

Variable	Sub Groups	No. (%)	Total Score of Responsiveness <sup>a</sup>	P Value
Gender	Female	152 (57.6)	2.19 ± 0.32	0.6
	Male	112 (42.4)	2.24 ± 0.32	
Age	Under 30	63 (23.9)	2.22 ± 0.28	0.79
	30 - 45	87 (33)	2.19 ± 0.35	
	Upper 45	114 (43.1)	2.22 ± 0.32	
Educational Level	Elementary school	72 (27.3)	2.23 ± 0.34	0.21
	Secondary school	21 (8)	2.14 ± 0.32	
	Diploma and associate degree	107 (40.5)	2.20 ± 0.3	
	BS or upper degree	64 (24.3)	2.22 ± 0.32	
Income	Poor	14 (5.3)	2.27 ± 0.39	0.41
	Moderate	11 (4.2)	2.25 ± 0.27	
	Good	132 (50)	2.18 ± 0.35	
	Very good	7 (2.7)	2.27 ± 0.33	

<sup>a</sup>Values are expressed as mean ± SD.

of the priorities in every health system. In this study, the level of responsiveness was evaluated at three hospitals of Yazd by a localized model to reflect local circumstances of

Iran health system. Study findings revealed that patients regarded the most importance for access to services and the least for support during care. Similarly, Valentine et

al. concluded that the least important aspect of responsiveness from patients' viewpoint was support during care while the most important was prompt access to services (10). Study results also implied access to services as an important aspect of responsiveness and the main concern for patients.

The next priority was related to shortening of waiting time for visits and hospital admissions, and prompt and easy access to nursing care and para clinic services. Unfortunately most of service provider institutions are facing problems and restrictions in this regard. High burden of patients' referrals and shortage of nurses or other clinical personnel, particularly in the public sector, demand policy makers to pay much more attention to this issue. In our study, support during care had the least importance from patients' viewpoint. However, care recipients' awareness of their rights, especially through including patients' rights in hospital accreditation standards, could increase the importance of this aspect among patients. However, in the current situation, both care providers and patients ignore their legal rights and place more emphasis on other aspects of responsiveness.

Comparison of mean scores related to responsiveness of non-medical services in under study hospitals revealed that although the index in all three hospitals was evaluated at a moderate level, a significant difference was seen among them ( $P < 0.05$ ). The study findings confirmed that the status of responsiveness at the public hospital was better than private and charity hospitals. Also, the mean scores of responsiveness at the private hospital in all aspects, except for informed choice, were higher than the charity one. These results were not confirmed by Adesanya et al. (2012), who conducted a similar study in Nigeria. They found that significant differences exist between the performance of public and private hospitals, with privately run hospitals performing better (17). Inconsistent with our findings, Pongsupap and Van Lerberghe (2006) found that responsiveness was higher in private hospitals compared to public ones (18). In a study conducted by Malhotra and Kyung (2013), findings confirmed type of hospital as a significant factor in all aspects of responsiveness (11). In this regard, Pongsupap and Lerberghe (2006) declared that although private hospitals are more patient-centered than public ones and they consider service recipients' preferences more seriously, yet these institutions do not necessarily offer better services (18). However, similar to our findings Bleich et al. (2009) compared the satisfaction rates of care recipients in public and private hospitals in 21 European countries. Study findings revealed lower satisfaction rates amongst private healthcare users, which is in contrary to Peltzer's findings (19, 20).

In the study of Karami-Tanha et al. (2014), confiden-

tiality and dignity had the best scores indicating the ability of studied hospitals in provision of respectful care in a confidential environment; while autonomy and informed choice obtained the least mean score from patients' viewpoint (21). In a study conducted in Iran, best performance was regarded for confidentiality, which was not similar to our study findings (22). Dissimilar to our findings, Saliva and Valentine (2005) found that autonomy was rated at a low level of performance in different health provider institutions, while confidentiality was rated high in many contexts (23).

In an analysis of the relationship between demographic variables and responsiveness mean score, our study revealed no statistical significant correlation. Similarly, Rashidian et al. (2011) confirmed our findings (24). Dissimilar to our study, Karami-Tanha et al. (2014) found that patients, who were male and older than 60 years old, also with lower income, perceived responsiveness to be at a poor level (21). Also, a health system responsiveness survey revealed important factors on patients' viewpoint toward non-medical responsiveness as income, social class, health status and private insurance coverage (25).

#### 4.1. Conclusions

Contrary to general perception, our study results indicated that patients in public hospitals were more satisfied with non-medical services than those at private hospitals. Such a finding was probably due to lower costs for patients. Given that in all studied hospitals, especially private and charity ones, responsiveness was evaluated at an average level, while care recipients assessed the status of some aspects at a lower level (including informed choice, access to services and confidentiality), more attention should be paid for existing weaknesses, and an opportunity to choose health providers and access to prompt services must be given to patients.

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