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Research Article

Managers' Perspective Toward Responsiveness in Nonclinical Services

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Abstract

Background and Objectives: Responsiveness is a measure of how well a healthcare organization performs in accordance with patients' expectations and is a central factor to patient satisfaction. To enhance responsiveness in a health facility, the first step is to identify its current situation. This study was conducted to evaluate the responsiveness of a sample of hospitals in Yazd province (Central Iran) as perceived by their managers.

Methods: Three hospitals of various types (1 public, 1 private and 1 charity) were selected for survey, based on simple sampling. All hospital administrators, matrons, supervisors and head of the departments were asked to complete the study questionnaire. Based on an adapted version of WHO-proposed assessment model, responsiveness was measured in 7 dimensions, including respect and dignity, informed choice, confidentiality, patient education and provider-patient communication, access to prompt services, quality of physical amenities and social support. The data were summarized by descriptive statistical methods.

Findings: A majority of respondents (37.9%) considered dignity and respect as the key responsiveness dimension. The mean score of responsiveness was found to be 2.27 ± 0.39 in a public hospital, 2.02 ± 0.35 in a private and 2.24 ± 0.32 in a charity hospital. Respect and dignity scored the highest among responsiveness dimensions (2.35 ± 0.44), followed by patient education (2.34 ± 0.32), and quality of physical amenities (2.23 ± 0.39). The lowest score was given to informed choice (1.73 ± 0.34), followed by access to services (1.95 ± 0.43), and confidentiality (1.99 ± 0.27).

Conclusions: Responsiveness and all of its dimensions were scored at moderate. Responsiveness and all its dimensions were scored at moderate level by the hospital managers. One should notice that the scores may be even lower from the patients' perspective. Thus, our study in line with previous ones conducted in Iran indicates a large room to improve responsiveness in the health facilities. Based on our data, informed choice, access to the services, and confidentiality are the prime domains for improvement.

Keywords: Responsiveness, Nonclinical services, Hospital management, Patient satisfaction, Health system performance

Background and Objectives

Provision of quality health services is the primary responsibility of every health system. A key criterion to evaluate the performance of health system is responsiveness.[1] Responsiveness concerns the extent to which a health system performs in line with patients' expectations in terms of nonclinical aspects of care.[1-5] High responsiveness will be achieved only when the internal and external organizational relations are properly planned to identify patients' non-clinical expectations and respond them in a maximum level.[4] Evidence shows that the perceived responsiveness brings significant impact on individuals' attitudes toward the effectiveness of health systems' functions.[6-9]

Hospitals are the health system's terminal point of services delivery, and thus the responsiveness as perceived by the hospitals' customers (patient) will shape for the most part the community attitudes towards the responsiveness of the entire health system. Constant monitoring of the perceived responsiveness in hospitals, hence, is crucial to obtain feedback from the potential strength and weaknesses in health services delivery, particularly in nonclinical aspects of care.[10-14]

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Informative evaluation of responsiveness requires reliable measurement tools.[15] The World Health Organization (WHO) has proposed a model to assess nonclinical services responsiveness in 8 dimensions including respect and dignity, informed choice, confidentiality, proper provider-patient communication, social support, quality of physical amenities, access to prompt services and patients' education.[8,9] This organization has encouraged all countries to develop a national model suitable to reflect local contexts. Several countries including Iran have adapted WHO model to make it applicable to their health systems.[16-18]

Previous studies have revealed significant shortcomings in quality of nonclinical services from both providers and patients' perspectives in Iranian hospitals.[18,19] Further studies from various provinces of the country are required to provide a nation-wide insight into responsiveness in healthcare delivery centers. The present study, hence, was undertaken to survey the perception of hospital managers towards responsiveness in a number of hospitals of various ownership types, in Yazd province, central Iran.

Methods

This was a cross-sectional study conducted in three hospitals of Yazd province (Central Iran). Among healthcare institutions with different types of ownership, 3 hospitals including 1 public, 1 private and 1 charity hospital were selected through simple randomized sampling. Study population was all managers working in different organizational levels, including hospital managers, matrons, supervisors and head of different hospital departments. Due to limited number of study population all 58 individuals (18 were from public, 19 from private, and 21 from charity hospital) who met the study inclusion criteria were included. Data was collected by a national evaluation questionnaire developed by Askari et al.[16] The questionnaire is designed to measure responsiveness in seven dimensions including *respect and dignity*, *informed choice*, *confidentiality*, *patient education*, *access to prompt services*, *quality of physical amenities* and *social support*. Additional question asks responder about the importance of each subscale. Questions were answered on a 5-point Likert-type scale (very bad, bad, not bad, good, and very good) ranging from 1 (very bad) to 5 (very good). Calculated scores were categorized in 3 subgroups of low (0-1.33), moderate (1.34-2.66) and desirable (2.67-4). Managers' viewpoint toward the importance of responsiveness aspects was evaluated in four levels ranging from 1 (non-importance) to 4 (very important). Cronbach α coefficient of .97 ensured the adequate internal consistency reliability of the study tool.

Data Analysis

Data was summarized by descriptive statistical methods, using SPSS version 16 software package.

Ethical Issues

An approval of Yazd University of Medical Sciences was obtained for conduction of this study.

Subjects were explained about the study objective and the concept of responsiveness, and their verbal consent to participate in the study was obtained.

Results

Among study participants 53.4% were female, 51.7% had 30-45 years old, 86.2% held B.S. degree and 60.3% were supervisors. Table 1 presents the frequency of responders who considered each responsiveness subscale as important or very important. As seen respect and dignity is perceived to be a key aspect of responsiveness by a majority of public hospital managers (27.5%), patients' education, by private hospital managers (27.5%), and quality of physical amenities by charity hospital managers (34.4%). In all hospitals social support was perceived by the lowest number of managers/senior workers to be an important dimension of responsiveness. As a whole, 37.9% of managers in all study hospitals emphasized on the importance of respect and dignity as a key aspect of responsiveness.

Table 2 shows the score means of responsiveness and its dimensions as perceived by the hospital managers surveyed. The total responsiveness scale scores at around the mid-point. The highest responsiveness score is seen in the public hospital followed by the private hospital.

Respect and dignity has gained the highest score mean in all hospitals. In public and private hospitals, informed consent scored the lowest while the corresponding score was related to prompt services in the charity hospital.

No significant difference in responsiveness was observed between different demographic groups.

Discussion

The aim of this study was to survey the view point of hospital managers/senior workers on the relative importance of factors contributing to responsiveness and the status of their hospital in responsiveness. The responsiveness and all of its dimensions scored within the moderate range. While some of our results are congruent to the previous studies, some others differ. Responsiveness and all of its dimensions were scored higher in public hospital as compared with charity and private hospitals. This observation agrees with results of Bleich et al[20] who compared responsiveness between public and private hospitals in 21 European countries and at the same time contrasts with

Table 1. The Importance of Responsiveness Subscales from Hospital Managers' Perspective

Responsiveness Aspects	Public Hospital		Private Hospital		Charity Hospital		Overall	
	No.	%	No.	%	No.	%	No.	%
Dignity	16	27.5	10	17.2	14	24.1	22	37.9
Informed Choice	12	20.6	6	10.3	8	13.8	5	8.6
Confidentiality	10	17.2	12	20.6	5	8.6	8	13.8
Patients' education	8	13.8	16	27.5	5	8.6	8	13.8
Access to services	6	10.3	4	6.9	4	6.8	4	6.9
Quality of physical amenities	4	6.9	8	13.8	20	34.4	8	13.8
Social support	2	3.7	2	3.7	2	3.7	3	5.2

Table 2. Score Mean and SD of Responsiveness and its 7 Dimensions as Perceived by Hospital Managers

Responsiveness Aspects	Public Hospital	Private Hospital	Charity Hospital	Overall
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD
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

Abbreviation: SD, standard deviation.

findings of Peltzer et al[21] and Pongsupap and Lerberghe[22] who observed higher responsiveness in private hospitals and those of Adesanya et al[10] who identified charity hospitals to be more responsive.

A majority of respondents considered dignity as an important aspect of responsiveness. Consistently, the study of Ebrahimipour et al emphasizes the importance of these factors and highlights the need to improve patients' respect and dignity by focusing on privacy, proper communication, giving care recipients the opportunity to access adequate information and effectively being involved in their treatment decisions.[23,24] Similarly, Karimi-Tanha et al identifies dignity as a key dimension of responsiveness which will be manifested as the ability of hospitals in providing respectful care to the patients and confidential environment for care recipients.[25] There are also studies that identify factors other than respect and dignity as the most important contributors to responsiveness.[26-28] For instance de Saliva and Valentine[27] report confidentiality and prompt services as the most important aspects of responsiveness, respectively.

Patient education together with confidentiality and quality of physical amenities gained the second rank as important factors of responsiveness. Managers/senior workers of the public hospital perceived the status of patient education to be higher than that in the private or charity hospitals. Previous studies underscore education as an integral part of responsiveness and highlight the need for training of clinical staff in this regard.[23,29] Patient education gained higher score in public hospitals compared with private and charity hospitals.

Quality of physical amenities was among the important factors of responsiveness as perceived by the hospital managers. There is evidence that quality of basic welfare facilities not only improves the patients' recovery, but also promotes the feeling well-being among care recipients.[23,30] Previous research has indicated that lack of adequate amenities will result in patients' dissatisfaction and poor hospital responsiveness as they perceive.[30,31] Quality of physical amenities in the surveyed hospitals scored the third importance rank by the hospital managers. While this subscale scored the highest in the public hospital, the participants from the charity hospital expressed their dissatisfaction with amenities by the relatively low score. The observation that in the most important responsiveness factors, the private and charity hospitals received lower scores suggests the impact of ownership on responsiveness. Replication of this result in future studies will help

validation of our results and will render these two hospital types the prime targets for intervention.

The least important aspect of responsiveness, as perceived by our participants was the social support. Similar result was reported by Valentine et al in their survey of responsiveness in many countries.[26] The lowest value of social support was again observed in our surveyed charity hospital whereas like most other factors, public hospital scored the highest in this dimension.

We did not find any difference in perceived responsiveness among various demographic groups. While Rashidian et al[33] report similar results, other studies have identified different level of responsiveness among various demographic groups.[23,25,34]

Study Limitations

One of the limitations regarded for current research is limited number of hospitals survey and small sample size which recommends caution in generalization of the results.

Conclusions

The purpose of this study was to provide data on hospital responsiveness as perceived by the managers of hospitals of various ownership types from Yazd province. A majority of participants deemed dignity and respect as the key aspect of responsiveness. Responsiveness and all of its dimensions were scored at moderate. The responsiveness level may be even lower is assessed from patient's perspective. Therefore, within the limits of its scope, our study uncovers a gap between the present and desirable situation. Based on our observations, informed choice, access to the services, and confidentiality are the prime field for intervention. Our results thus motivate further provincial-level studies by involving both health providers and patients as well as other socio-demographic/clinical variables to gain more comprehensive insight into responsiveness in health organizations.

Abbreviations

(OC): organizational commitment; (PE): psychological empowerment.

Competing Interests

The authors declare no competing interests.

Authors' Contributions

MI and FS gathered data and other authors contributed to data analysis, drafting the manuscript and finalizing it. All authors read and approved the final manuscript.

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