Research Journal of Medical Sciences 10 (5): 425-428, 2016
ISSN: 1815-9346
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Patients and Public Priorities and Values of Toward Various Aspects of Health Care System

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Abstract: In the post-modern medicine and clinical governance framework a new perspective was developed to the concept of quality of the health services. Among the important issues in clinical governance is promotion of patient and public participation in health care delivery. This study was designed to determine values and priorities of patients in this issue. This study is a health system research. Target group were selected from the residents of Tehran municipality. Tehran was divided to 4 stratum (North-South, East-West) and samples opinions were investigated with a questionnaire about the characteristics of a good hospital and doctor. The questionnaire had two parts with 11 questions related to physician and 19 questions related to hospital. The first-choice "important" was selected more than any other choice for all the questions. A successful quality-oriented health care system in the framework of clinical governance needs paying attention to values and priorities of the customers. The results of this study are a useful tool to assist administrators and healthcare providers for designing such systems.

Key words: Clinical governance, patient and public involvement, health, care, Tehran

INTRODUCTION

Clinical quality has become a crucial movement in health systems of all countries. The main concern is to ensure the highest possible standard for the services provided and to meet the needs of individual service users and communities. In the post-modern medicine and clinical governance framework a new perspective was developed to the concept of quality of health services. In 1997, the UK Department of Health introduced Clinical Governance (CG) as a strategy for improving quality of health care services. The clinical governance model developed in Iran consists of seven interlocking components including: clinical effectiveness, clinical audit, risk management, patient and public involvement, education and training, staff and staff management and use of information (Nicholls *et al*., 2000). Regardless of historical attention to the patient and public view points as the main clients of the health care system and development of patient-oriented services and patients' satisfaction and similar entities, the concept of service provision with respect to the patients and public viewpoints in the clinical governance and in line with the interaction with the patients and society has attracted attention (Longtin *et al*., 2010; Ravaghi *et al*., 2012; Scaly and Donaldson, 1998). In fact, health systems has reached to the conclusion that every individual has his/her specific combination of values and beliefs.

Recognition of these values can help the clinical staff to better understand the patients. It is important to avoid considering the ideas and opinions against the patients' values and beliefs as worthless (Coulter and Ellins, 2007; Bastiaens *et al*., 2007). When obtaining the satisfaction of the health clients becomes a mainstay for quality in health care, the next step is to define the method for improving this satisfaction as well as its measurement (Hopkins, 2000). The current question is how to implement this aspect of qualification and define its role in every level of providing health service in our current systems that is based on the quantitative indices for assessment, management and programming with their own standards (Ouwens *et al*., 2010). In other hand, experts believe that epidemiological studies are the first step to design health planning programs (Ardestani *et al*., 2015; Alavijeh *et al*., 2015, 2015; Jalilian *et al*., 2016).

A similar problem is also seen in Iran as a developing country. What is important in Iran, is the lack of clarity of these demands, values and priorities as the initial and the most important step. There has been no systematic plan to reach to these goals in Iran and even no attention was

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paid toward the most basic non-clinical requirements of the clients. Therefore, the first step for correcting this problem would be obtaining and gathering data on priorities, values and particularly demands of the health care clients.

MATERIALS AND METHODS

This study is a health system research performed in Tehran municipality, Iran. The study population was selected by stratified randomized sampling and 5% error and was equal to 400 individuals in total. Then, Tehran was divided into 4 stratums (North, South, East and West) and 100 individuals were selected from each stratum. The only inclusion criteria were tendency to take part in the study. Based on the expert's opinion, we randomly selected 50 patients from those who were admitted in the hospitals of each region and 30 individuals of the 50 healthy people included the family caregivers of the admitted patients to improve the validity of the study because these people were in contact with the health care system.

Due to the lack of a proper domestic questionnaire on this topic and absence of a similar national study, our questionnaire was prepared based on the literature review, international evidence, similar experience in other countries and expert's opinion. The reliability coefficient (Cronbach's alpha) was estimated as 0.88. The questionnaire included the description of the study, guide to the questionnaire and finally the questions in two parts. The first part consisted of questions about the opinion of the responder about the criteria of a good doctor (11 questions) and the second part was about his/her opinion about a good hospital (19 questions). The questionnaire consisted of multiple choice questions with three choices as follows: very important, important and unimportant.

Statistical methods: Continuous variables are presented as mean±standard deviations and compared between the groups using the student's t-test. Categorical variables are presented as counts and percentages and were compared with the Chi-square test. SPSS Version 18.0 (Chicago, Illinois, USA) was used to conduct statistical analyses.

RESULTS AND DISCUSSION

From a total of 400 questionnaires, all of them were answered completely. Selection of the very important answer was nearly equal for all questions. A short glance at the questions with non-clinical purposes shows that the presence of these characteristics in the health care system is important for the responders. This means that the non-clinical features of a physician or a hospital is even sometimes more important than the clinical features for the patients. The results of the survey are shown in Table 1 and 2.

Table 1: Opinion of the responders about the characteristics of a good physician

	No. of the responders				Percentage of the responders	
Characteristics	Very important	Important	Unimportant	Very important	Important	Unimportant
Importance of the physician's degree	240	100	60	60.00	25.00	15.0
Good reputation	370	20	10	92.00	5.00	3.0
Kindness and good behavior	384	16	0	96.00	4.00	0.0
Satisfaction of the patients	273	126	2	68.00	31.00	1.0
Easy access to the physician in emergency situations	309	80	10	77.00	20.00	3.0
Proper waiting time in the office	373	22	2	93.00	5.00	1.0
Healing after completion of the treatment	373	27	0	93.00	7.00	0.0
Transfer of information by the doctor	382	9	4	95.50	2.50	1.0
Mentioning the patient's priorities and values by the physician	390	8	4	97.50	2.00	0.5
Considering the patient's economic situation in the payments	398	2	0	99.75	0.25	0.0
Cultural concordance with the patients	302	90	8	75.50	22.50	1.0

Table 2: Opinion of the responders about the characteristics of a good hospital

	No. of the responders				Percentage of the responders	
Characteristics	Very important	Important	Unimportant	Very important	Important	Unimportant
Having all the specialties in a single hospital	320	53	24	80.0	13.00	7.00
Satisfaction of the patients	207	102	83	51.7	13.20	6.00
High degree and education of the physicians	263	121	16	65.7	30.20	4.00
Good attitude of the staff	383	10	4	95.7	2.50	1.00
Considering the patient and his family's priorities and values in the treatment process	391	7	2	97.7	1.70	0.50
Informing the patient about the treatment process	382	3	1	95.5	2.50	0.75
Healing after discharge	391	6	2	97.7	1.60	0.50

Table 2: Countinue

	No. of the responders			Percentage of the responders		
Characteristics	Very important	Important	Unimportant	Very important	Important	Unimportant
Sufficient beds, particularly in ICU	392	5	3	97.8	0.75	1.25
Comfort of the patients while transferring between the wards	394	3	3	98.5	0.75	0.75
Phone calls after discharge for further information	400	0	0	100.0	0.00	0.00
Practical queuing system	370	16	12	93.0	4.00	3.00
Fair prices	396	2	2	99.0	0.50	0.50
Good coordination between the staff	273	122	5	67.5	30.00	2.50
Good access to the physicians during hospitalization	303	72	11	75.5	18.00	2.50
Good reputation of the hospital	301	78	17	75.3	19.50	4.20
Proper physical space of the hospital	263	117	19	65.0	30.00	5.00
Meals and facilities	282	111	3	70.5	27.70	0.75
Cleanliness of the beds and instruments	383	13	4	95.7	3.20	1.00
Appropriate visiting time for the families and friends	321	17	7	80.2	17.70	1.70

Based on our results, we observed that the item “very important” was the most chosen answer for all questions; almost all of these answers are positive sentences that reflect the desire of the responder for an anticipated health care system. In fact, this study wants to show that beside the traditionally considered characteristics of a practical heath care system, other characteristics such as appropriate waiting time, proper clinical informing by the doctor, implementation of the values and priorities of the patient in the treatment process, considering the patients’ economic situation in taking the charges, cultural compatibility between the patient and the doctor, good behavior of the staff, phone calls to the patient, good queuing system, adequate coordination between the personnel, rapid access to the physician and accessibility of the facilities exists that sometimes are even more important. These characteristics have been proposed under clinical governance in recent years and it aims to signify that the patients are among the major team members and can be included in the decision making process (Vincent and Davis, 2012). Reaching to this important belief is actually reaching to the excellent standards of a patient-oriented service in quality discussions such as clinical governance (Squire and Hill, 2006). Delbanco *et al*. (2001) define patient care as follows: a novel method for planning, delivery and assessment of health care that stems from bilateral effective cooperation among health care professionals, patients and their families.

Based on the studies in 1993 by Picker institute in collaboration with Harvard medical school, 8 aspects of patient-oriented care was defined as: respect to the patient’s priorities and values, emotional aid, physical comfort, information, communication and education, continuous care, care coordination, contribution of families and friends and access to care. It should be noted that these elements first described the patient-oriented care and were used as the basis for the survey. Moreover, world health organization used the term response instead of patient-oriented care and defined its elements as service with respect based on the patient’s desire and wishes, contact between the patient and the staff and waiting time. Several studies were performed in the United States to define the main elements of patient-oriented care and finally the framework consisted of the following items: education and knowledge sharing, contribution of the family and friends in the treatment process, cooperation and team management, considering non-clinical and moral aspects of care, respect to the needs and priorities of the patient and availability of the information (Goodrich and Cornwell, 2008).

Similarly, Rob and Sedon used the following terms to define patient-oriented care: good communication and patient contribution, respect to the patients’ priorities, contribution of the patients in the treatment process, treatment accompanied by respect to the patients, designing care procedures based on the patients’ needs, access to health information and continuity of care (Robb and Seddon, 2006).

Based on our findings, we noticed that the patients and public opinion and what makes them satisfied about the health system is not necessarily the goals of the governors and health care givers. Type of communication that the health care providers have for obtaining the opinions and priorities of the patients is very crucial to the patients. For example, in the patient’s view, kindness of the physician or respectful communication of the nurses, even easy transfer of the patient has a similar and even more value to remission and cure of the disease. Analysis of the data from the first and second levels of the health care system show that one eighth of the patients declare negligence or medical fault that is not related with the physician’s skill. Decision of the patient about complaining from the clinical team or not depends on how much the physician could communicate with the patient and his/her family (Mira *et al*., 2014). Even in case of an incident or an adverse event, effective

communication could reduce the risk of complaining or official claim (Sandars and Cook, 2009). So we can say that beyond beginning to provide a service under clinical governance, what can be deduced from this research is developing a change in the physicians and other health care staffs' opinion as well as the health governors (Rahimi *et al*., 2012). However, this has not yet happened in Iran but when it happened, it is our duty in future to provide all the above-mentioned items.

CONCLUSION

The first step for working in the Iranian society in order to improve the patient and public contribution is to evaluate the patients' demands and desires. Although the results of this study do not contain all the standards for patient and public contribution, its most important aspect is to draw the attention of the governors and health care providers toward a neglected subject so far. We recommend further study in this context to provide a good picture of our current situation.

ACKNOWLEDGEMENTS

The researchers thanks all the patients and their relatives and all people answered study questionnaire for their cooperation with researchers.

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