ORIGINAL PAPER

Comparison of Responsiveness Level in Iranian Public and Private Physiotherapy Clinics: a Cross-Sectional Multi-center Study

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ABSTRACT

Introduction: Responsiveness is a main goal of health systems. Responsiveness focus on the non-medical aspects of health services delivery. This study was aimed to assess responsiveness level in public and private physiography clinics. **Methods**: In this multicenter cross sectional study, 403 patients refers to 16 public and 64 private physical therapy clinics were studied randomly in Ahvaz, Iran, from 2013 to 2014. Data were collected based on a valid health system responsiveness questionnaire that was developed by WHO. Health system responsiveness questionnaire for outpatients care includes seven components and 25 questions. Statistical relationship between responsiveness level of centers and patients characteristics was analyzed using Pearson coefficient, Independent t-test and one-way ANOVA. **Results:** Out of 403 patients, 299 (74.19%) patients were women. The mean (±SD) age of the patients was 42(±14.18) years and 92.1% of patients were 65> years. Responsiveness status in private and public physiotherapy clinics was assessed excellent (26.93±5.2) and very well (21.08±5.8) respectively. In private clinics, the mean score of communication dimension (3.96±1) and autonomy dimension (3.95±0.9) was higher than other dimensions. In public clinics the mean score of dignity (3.30±0.8), autonomy (3.16±0.9), and prompt attention (3.12±1) was higher than other areas respectively. In public and private clinics, quality of basic amenities area had the lowest score. **Conclusions:** The results showed that the some patients and center characteristics such as gender and work shift were factors affecting assessment of responsiveness. Responsiveness level in private centers was better than publics.

Keywords: Responsiveness level, physiotherapy Clinics, Public and private centers.

1. INTRODUCTION

The health systems must pay attention to the medical and non-medical needs of patients simultaneously. Patients-providers relationship is one of the important non-medical needs (1). Non-clinical aspect of healthcare is associated with services quality and responsibility (2). In the year 2000, WHO called the non-medical needs as responsiveness, and considered it as a main goal for the assessment of health systems performance, besides the three overall goals including good health and fair financial contribution (1, 3-6). Responsiveness was a main goal to evaluate the health system performance on non- medical expectations of patients. Of course, Responsiveness is different from patient's satisfaction. Patients' satisfaction is limited aspect of responsiveness (7). Blendon analyzed data from 17 European countries to demonstrate significant differences between the national ranking of WHO defined responsiveness and the satisfaction (8). Responsiveness be assessed in both outpatient and inpatient care (1). The WHO framework for responsiveness assessment identified eight domains for the responsiveness including "autonomy", "prompt attention", "confidentiality", "choice of provider", "dignity", "clarity of communication", "quality of basic amenities" were shared between outpatient and inpatient care. The "social support" domain is used for inpatient care (4, 7, 9, 10). Similar to many countries, responsiveness level is a challenge for Iran's health system. According to WHO report, responsiveness level of Iranian health system was ranked 100 among 191 countries (7, 11). Therefore, Iran's ministry of health has considered to health system responsiveness in the 3th, 4th and 5th National Economic Development Plan (NEDP) (11). Rehabilitation services are one of the

Variable	N (%)	Mean ± SD*	P.Value
sex			
Male	103 (25.7%)	25.52±5.7	0.009
Female	298 (74.3%)	23.67±6.3	
Age			
18-41	206(51.8%)	24.41 ±6.4	0.51
42-65	165(40.3%)	23.70 ±5.9	
>65	31(7.9%)	24.60 ±6.1	
Marital status			
Single	56 (18.1%)	26.21±6.9	0.49
married	253(81.9%)	24.32±6.3	
Shift work of center			
Morning	73(18.2%)	22.38±6	0.008
Evening	329 (81.8%)	24.52±6.2	
Living area			
Urban	362(96.3%)	24.28±6.2	0.30
Rural	14(3.7%)	23.08±5.3	
Educational level			
under diploma	224(61.7%)	23.97±6.2	0.13
Upper diploma	139(38.3%)	25.01±6.4	
Type of medical Insurance fund			
Uninsured	28 (7.4%)	22.63±5.3	
Social Security insurance	229 (60.4%)	24.16±6.2	
Iranian Health Insurance	72 (19.0%)	24.05±6.2	0.28
Armed Forces Insurance	13 (3.4%)	26.14±4.9	
Supplementary Insurance	13 (3.4%)	27.30±5.2	
Other	24 (6.3%)	24.48±8.2	

Table1. Means of responsiveness level in deferent people groups
*Mean score of responsiveness level

Domains	Public clinics (Mean± SD)	Private clinics (Mean± SD)	All patients (Mean± SD)
Dignity	3.30±0.8	3.88±0.7	3.61±0.8
Autonomy	3.16±0.9	3.95±0.9	3.57±1
Confidentiality	2.80±1.2	3.71±1.18466	3.27±1.3
Communication	3.08±1.1	3.96±1	3.54±1.1
Prompt attention	3.12±1	3.98±1	3.57±1.1
Quality of basic amenities	2.64±1.1	3.61±3.6	3.14±1.1
Choice of care provider	2.92±1.1	3.82±1	3.39±1.1
Responsibility	21.08±5.8	26.93±5.2	24.13±6.2

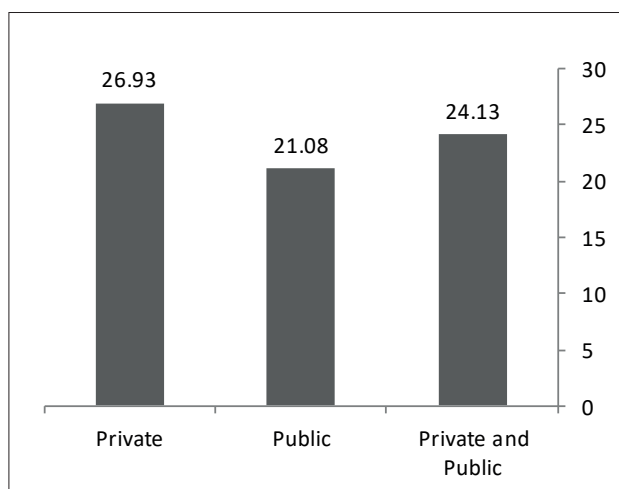Table2. Comparison of responsiveness level in private and public clinics

Diagram 1. Comparison of responsiveness status in public and private physiotherapy clinics. *Poor (1-7), Moderate (7.1-13.1), Good (13.2-19.1), Very good (19.2-25.1), and Excellent (>25).

important paramedical and outpatients services in health systems. Rehabilitation centers have a complementary role for medical centers. Assessment of rehabilitation centers can help to improve their services quality. This study was aimed to assess responsiveness level in public and private physiography clinics in Ahvaz, Iran.

2. METHODS AND MATERIALS

Sample and setting

In this multicenter cross sectional study, 403 patients refers to 16 public and 64 private physical therapy clinics were studied randomly in Ahvaz, Iran, from 2013 to 2014.

Data collection and instrument

Data were collected based on a valid health system responsiveness questionnaire that was developed by WHO (4). Health system responsiveness questionnaire for outpatients care includes seven components and 25 questions including dignity (5 questions), autonomy (3 questions), confidentiality (3 questions), prompt attention (2 questions), communication (3 questions), and quality of basic amenities (6 questions) and choice of care provider (3 questions). Items of each component were rated based on a 5-rating Likert scale (from 1=the least to 5=the most). Responsiveness level of clinics was divided into 5 groups: poor (1-7score), moderate (7.1-13.1), good (13.2-19.1),

very good (19.2-25.1), and excellent (>25). The questionnaire also included questions on patients' characteristics.

Validity and reliability of questionnaire

Content and face validity was evaluated by expert opinion. Also, we assessed internal consistency of items of questionnaire using Cronbach's alpha (correlation coefficient was 0.7).

Statistical analysis

According to Kolmogorov–Smirnov test, distribution of data was normal. Therefore, data were analyzed using Pearson coefficient, Independent t-test and one-way ANOVA test. Data were analyzed by SPSS software, version 20.0 for Windows (Chicago, IL, USA). Significant level was determined 0.05.

Ethical approval

The study was approved by the ethical committee of Ahvaz Jundishapur University of Medical Silences (AJUMS).

3. RESULTS

Out of 403 patients, 299 (74.19%) patients were women. The mean (±SD) age of the patients was 42(±14.18) years and 92.1% of patients were under 65 years. The most of patients (96.3%) were urban. The majority of patients (60.4%) were covered by Social Security Insurance (SSI). According to the results, there was significant relationship between sex of patients and work shift of clinics with responsiveness level of clinics (p<0.05). The mean score of responsiveness had significant deference in male and female groups. The mean score of responsiveness

in view of male was more than female (25.52±5.7 vs. 23.67±6.3; p=0.009). The mean score of responsiveness in evening shift work was more than morning shift work (24.52±6.2 vs. 22.38±6; P=0.008) (Table 1).

In private clinics, the mean score of communication dimension (3.96±1) and autonomy dimension (3.95±0.9) was higher than other dimensions. In public clinics the mean score of dignity (3.30±0.8), autonomy (3.16±0.9), and prompt attention (3.12±1) was higher than other areas respectively. In public and private clinics, quality of basic amenities area had the lowest score (Table 2).

According to Diagram 1, responsiveness status in private physiotherapy clinics was assessed excellent (26.93±5.2). Responsiveness status in public physiotherapy clinics was assessed very well (21.08±5.8).

4. DISCUSSION

Responsiveness and fair financial continue (FFC) are key indicators of health system performance (4). Assessing responsiveness and customer satisfaction is a useful tool to Improving quality for inpatient and outpatient. This study was aimed to assess responsiveness level in public and private physiotherapy clinics in Ahvaz, in view of patients. According to the result, in public and private clinics, the score of responsiveness level was very good and excellent respectively (21.08±5.8 vs. 26.93±5.25). Also, in private clinics, the mean score of communication and autonomy was higher than other dimensions. In public clinics the mean score of dignity, autonomy, and prompt attention dimensions was higher than other areas respectively. In public and private clinics, quality of basic amenities dimensions had the lowest level. According to James et al. in Tanzania, in private clinics score of confidentiality, communication, and respect dimensions were more than other dimensions in view of patients (12). Sajjadi et al. showed that the most important domain of responsiveness was "communication" in outpatient services (1).Bazzaz et al. reported that dignity had the highest score in public centers and quality of basic amenities had the highest score in private centers. The health care responsiveness score was higher in private than other public and charity medical center (13). Peltzer and Kavosi showed that Communication, autonomy, and discriminatory experiences were key areas to improve responsiveness of health services in South Africa (14, 15). Adesanya et al reported that the communication and choice of healthcare provider had the highest and lowest score in public medical centers respectively. Also, communication and prompt attention had the highest and lowest score in private medical centers respectively (16). Also Pongsupap et al. in Thailand, found that the responsiveness level of private clinics were higher than publics (17). Therefore, the some studies showed that responsiveness level in private hospital and medical centers was better than public centers. Generally, the patients have high expectations in private medical centers, similar studies in Iran (18), Cyprus (19), Turkey (20) confirmed these results. Private hospitals and medical centers have paid attention to the physical evidence of services delivery. This tangibility of medical services is considerable for patients (18). Finally, the results of current study showed that responsiveness in view male was better than female (p<0.05). In a similar study, Tremblay et al. reported that the mean score of cancer

services responsiveness from the females' perspective was higher than men (21). Anyway, this deference of perspective between male and female patients May be due to psychological differences. The results of responsiveness assessment of outpatients and inpatients medical centers in view of clients can help to improve patient satisfaction and services quality.

5. CONCLUSIONS

The results showed that the some patients and center characteristics such as gender and work shift were factors affecting assessment of responsiveness. According to the result, in public and private clinics, the score of responsiveness level was very good and excellent respectively. Responsiveness level in private centers was better than publics. We recommend that public medical and paramedical centers improve their responsiveness level by reducing in services quality gap and developing patients' right dimensions.

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