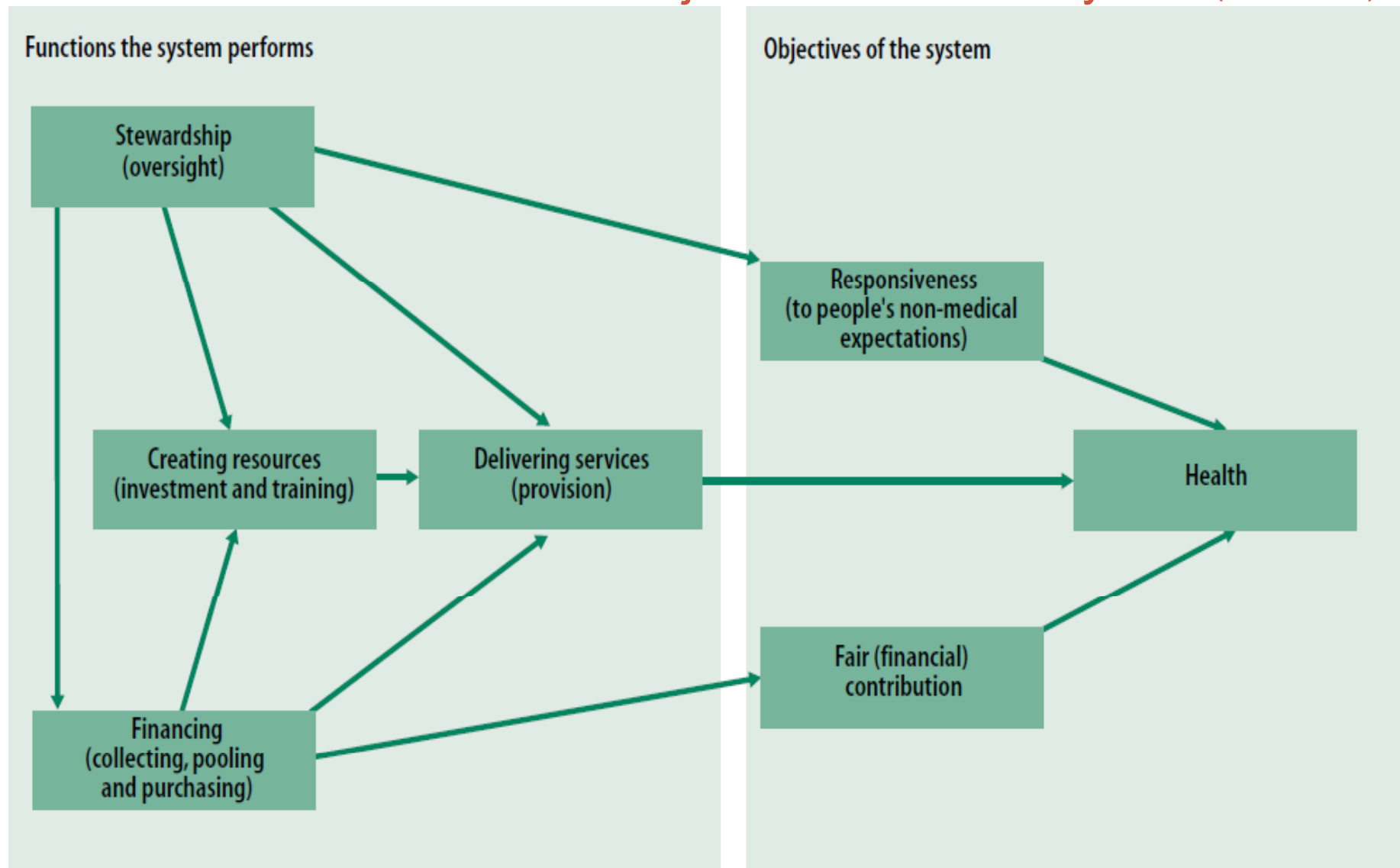




Responsiveness In Health Care


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Relations between functions & objectives of a health system (WHO,2002)



Goals to Measure the Health System Performance (WHO)

1. Improving the health of the population
2. Fair financing.
3. Responsiveness.

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- The 'Responsiveness' means how the health system meets the legitimate expectations of the population for non-health enhancing aspects of the system.


This concept of 'Responsiveness' is clustered into two:

1. Respect for persons:

Dignity, Autonomy, Confidentiality, Communication.

2. Client orientation:

Prompt attention, Social support, Basic amenities, Choice of provider.



Responsiveness Elements

Respect for persons:

Dignity

- ◆ Individuals should be **treated with respect**: welcomed at the health care unit, addressed respectfully at all times, not shouted at or abused.
- ◆ Individuals should be **treated with concern**
- ◆ Individuals should be examined and treated in a manner that **respects their privacy**.
- ◆ The **rights of Individuals** with communicable diseases such as HIV+ and leprosy or any other type of diseases should be safeguarded and not violated

Autonomy

- ◆ Individuals should be told about **alternative treatment options**
- ◆ Individuals should be allowed to **make decisions** regarding the type of treatment, after discussion with the health care provider
- ◆ Individuals should be **encouraged to question**
- ◆ Patients of sound mind should have the **right to refuse treatment.**

Confidentiality (*of information*)

- ◆ Consultations with patients should be carried out in a manner that protects their privacy.
- ◆ Health care providers should maintain the confidentiality of any information that is provided by the patient (except if the information is needed for treatment by other health care providers).
- ◆ Health care providers should keep information in patient medical records confidential (except where such information needs to be given to another health care provider).

Communication

- ◆ Health care providers should **listen to patient** carefully.
- ◆ Health care providers should **explain things** simply and clearly so that patient can understand.
- ◆ Patients should have a chance to **ask questions** and clarify any doubts.

Client orientation:

Prompt Attention

- ◆ Health care facilities should be **geographically accessible** – taking account of distance, transport, and terrain.
- ◆ Patients should be able to **get care fast in emergencies**.
- ◆ **Waiting times** for consultation and treatment should be short.
- ◆ **Waiting lists** for consultation and treatment should be short.
- ◆ Waiting times for appointments should be reasonable

Provision of Social Needs

Procedures within in-patient health care units should allow

- ◆ Visits by **relatives and friends**
- ◆ **Provision of food and other consumables** by relatives and friends, if not provided by the hospital
- ◆ **Religious practices** that do not prove to be a hindrance to hospital activities or hurt the sensibilities of other individuals
- ◆ Access to **radios, newspapers** or some reading materials
- ◆ Some type of support for patients suffering from ongoing illness or illnesses from which they will die
- ◆ **Post-hospital support**


Basic Amenities

Environment in which health care is provided should include:

- ◆ Clean surroundings
- ◆ Adequate furniture
- ◆ Healthy and edible food
- ◆ Sufficient ventilation
- ◆ Clean Water
- ◆ Clean toilets
- ◆ Clean linen
- ◆ **Regular procedures for cleaning** and maintaining hospital buildings and premises

Choice of Provider Doctor/Nurse/Care Provider or Facility

- ◆ Patients should be able to reach health services of choice without much difficulty
- ◆ Within a health care unit individuals should be able to choose their health care provider
- ◆ Individuals should be able to get a second opinion in cases of severe or chronic illness or surgery
- ◆ Individuals should be able to get general and specialist care as appropriate

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- When 'Responsiveness' is improved, patients are satisfied which results in **good compliance**. (Charlises et al,2000)
 - Good compliance will always lead to good **Outcomes** in healthcare services.



RESEARCH TOPIC:

Responsiveness perceived
by the Patients in Medical
wards in GH Matara.

JUSTIFICATION FOR THE STUDY:

- Responsiveness of the health system in Sri Lanka needs strengthening.
- In Sri Lanka studies are not adequate on this topic.
- Very few studies in Sri Lanka have been published on responsiveness per se.
- If the level of responsiveness is measured necessary steps could be taken for improvement.

Three main differences between the responsiveness and the patient satisfaction.

- (1) **Scope:** patient satisfaction focuses on clinical interaction in specific health care settings whereas responsiveness evaluates the **health system as a whole;**
- (2) **Range:** patient satisfaction generally covers both medical and non-medical aspects of care while responsiveness focuses **only on the non-health** enhancing aspects of the health system;

- (3) **Rationale:** patient satisfaction represents a complex mixture of perceived need, **individually determined expectations** and experience of care. Responsiveness evaluates individual's perceptions of the health system against '**legitimate**' **universal expectations** (Amala de Silva)

- During the last two decades, successive governments of Sri Lanka have attempted to fulfill their Obligations by improving the health care provisions in the preventive and curative sectors.
- However, despite all these commitments of the Ministry of Health, the following **significant deficiencies still prevail in the services provided by the public hospitals in Sri Lanka.**

- The services provided by some hospitals are **not focused on the expectations** of the patients.
- The services provided by the hospitals are **not attractively packaged** or presented to the people.
- Many of the hospitals **ignore the non-health expectations of the people** such as basic human needs, dignity, kindness and compassion, proper communication with the patients and their relatives, and prompt attention in the emergency care unit. (KALUARACHCHI, 2009)

OBJECTIVES:

- GENERAL OBJECTIVE:

To assess the level of 'Responsiveness' perceived by the patients in the medical wards in GH Matara.

SPECIFIC OBJECTIVES:

- 1. To describe the selected **socio-demographic characteristics of the patients** admitted to the medical wards of General Hospital, Matara;
- 2. To assess the level of **responsiveness** and its elements **in relation to the socio-demographic characteristics** of patients in the in medical wards;
- 3. To assess the responsiveness in relation to selected **characteristics of the service delivery system** in the medical wards of General Hospital, Matara.

METHODOLOGY.

- A descriptive cross sectional study.

STUDY POPULATION:

A sample of patients in the male and female wards in all Medical wards.

- SAMPLE SIZE CALCULATION:

- Calculation of sample size : (Luwanga and Lemeshow, 1991)

$$\text{Sample Size (n)} = \frac{Z^2 p (1-p)}{d^2}$$

Z= Critical value for the specified confidence & considered as 1.96 at 95% confidence level.

P= Estimate population proportion of patients satisfied with hospital care

- SAMPLE SIZE CALCULATION:

$$\text{Sample Size (n)} = \frac{Z^2 p (1-p)}{d^2}$$

$$n = \frac{1.96^2 * 0.5 * 0.5}{0.5 * 0.5}$$

$$n = 384$$

10% will be added for non responders(**n=422**)

Study instrument

- ✓ An interviewer administered questionnaire
- ✓ Check List
- ✓ Focus Group Discussion using Guidelines.

LIMITATIONS

- Our casualty admission system & Ex-ward system-renders no place for 'choice of care provider'.
- As the study will be carried out in the medical wards, finding cannot be generalized.
- As patients are inward, their answers will be biased.
- Some elements of responsiveness are subjective in nature.

THANK YOU



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- Any Clarification?

SAMPLING METHOD

- List out all patients who stayed at least for 24 hours according to admission register.
- The 1st patient will be selected with a random selection from the sample frame.
- All the patients fitting the criteria mentioned above will be taken until the required number of the sample is met (422 candidates).

INCLUSION CRITERIA

- All the patients over the age of 18 years who have been admitted to the hospital, and to the medical wards, for a period of at least for 24 hours.
- **Exclusion criteria:**
- Patient who are severely ill, unable to respond, unconsciousness.
- Patients suffering from acute mental illness and other neurological deficits.

Methodology...

- Sampling Technique:
A simple random sampling method is used.
- Pilot Test:
Translated questionnaire will be pretested by interviewing 10 patients in the medical wards.
- Data Collection:
 - Primary data will be collected using the questionnaire prepared in an interviewer basis.

Methodology.....

- **Administrative requirements:**

Prior permission will be taken from the Chairman of the National Thalassaemia committee, Provincial Director of Health services – NWP, Director -Teaching hospital, Kurunegala, Consultant in charge of National Thalassaemia Center, Kurunegala

- **Ethical issues & Clearance**

Ethical clearance will be taken from the Ethical Review Committee of SLMC