CRITICAL ISSUES ARISING FROM USERS' ASSESSMENT OF THE RESPONSIVENESS OF THE GREEK HEALTH CARE SERVICES

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ПРОБЛЕМИ НА ДОСТЪПА ДО ЗДРАВНИ УСЛУГИ В РЕПУБЛИКА ГЪРЦИЯ

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Summary: *Objective: The concept of responsiveness is a measure developed by the World Health Organization (WHO) in an effort to record the actual patient experience from the interaction with the health system. The purpose of our study was to record the patients' views on the Greek health system in terms of responsiveness and identify the factors that influence the relative attitudes.*

Material and Methods: Data was obtained through semi-qualitative interviews based on a strictly structured questionnaire developed by the WHO, which was administered as a part of the "National Survey on Health and Health Services Evaluation" questionnaire. The survey was conducted in 2006 on a stratified sample of 4003 Greek adults. Descriptive statistics and chi-square tests were calculated with SPSSv15.0.

Results: 51% of those that used inpatient care in the timeframe of the analysis (1year retrospective) rated the responsiveness of the services as "good" or "very good" on a 5-point Likert scale, whereas the corresponding percentage for outpatient care was 62.1%. Inpatient care responsiveness was positively influenced by age and income and negatively by educational level. Views on responsiveness of outpatient care were positively influenced by age, sex (women vs. men) and income. Private health services receive higher scores in all 8 dimensions of responsiveness, compared to public sector.

Conclusions: This preliminary analysis suggests that the Greek health system is characterized by a low level of responsiveness, especially regarding the public health sector. There is much to be done in order for the system to become more responsive and patient-oriented.

INTRODUCTION

Quality of health care is much more than simply the ability to enhance health through better quality of medical care. There are three components in the aspect of quality, namely technical quality which refers to improvement of health outcomes, process quality which deals mainly with the interpersonal process during health services delivery and structure quality which refers to the quality of basic amenities. Patients and all those interacting with the health care system can be regarded as the customers of this system, and as with every service, customers need to be satisfied. Satisfaction derives from the fulfillment of each one of the three quality aspects. In other words, delivery of health services must be performed in a way that meets patients' expectations and values. These values refer to health outcomes and to the nature of the intervention provided, mainly in terms of easy access to care when needed, and being served in a respectful manner in suitable premises.

During the past years, getting information regarding patients' assessments of their experiences with health care systems and their satisfaction with the care received was deemed to be important. Since the 1980s many attempts have been made to measure patient satisfaction with the use of appropriate questionnaires. However, today it is argued that patient satisfaction assessment is usually limited to clinical interaction in a specific health care setting, that it can only capture satisfaction with the care received during a specific experience and that it is more likely to reflect people's personal expectations for the service received than to describe their actual experience. In addition, satisfaction measurement involves both the medical and the non-medical part of the patient's interaction with the health system. For this reason it is doubtful whether satisfaction really measures what it is supposed to measure, given that it is difficult for users to judge clinical effectiveness, due to limited medical knowledge. On the contrary, what is really needed is the description of the actual patient experience, free of subjective needs, which can be reported through patient reports.

For this reason, the World Health Organisation (WHO) developed the concept of responsiveness, which was built on components of patient

satisfaction, quality of care and patient experience literature, in an effort to capture the actual patient experience during interaction with the health system. The concept of responsiveness is a measure of how the system performs in relation to non-health aspects and it does not measure how the system responds to health needs, which is measured by bio-medical metrics. Moreover, responsiveness focuses on universal legitimate expectations formulated by societies and not personal expectations, as is the case with satisfaction, and so it can be used for comparison purposes between countries and also through time. Responsiveness questionnaires are tools for assessing how health systems treat people when they use or want to use health services.

Responsiveness covers not only the interpersonal process between practitioner and patient or client, but also the interaction between the health system and the population it serves. Responsiveness to users is considered as one of the three goals of any effective health system, the other two being improving population health status and ensuring fair financing of the health system. There are two domains included in the notion of responsiveness; the first one is related to respect for human beings as persons and the second refers to whether the system is people-oriented. These two domains include a total of eight subdomains (autonomy, choice of provider, clarity of communication, confidentiality of personal information, dignity, prompt attention, quality of basic amenities and social support).

In the year 2000 WHO has included indicators of responsiveness for health systems around the world in its World Health Report. In most countries, health systems try to find ways to offer more responsive services to the patients and the public, to establish a culture of respecting users and become more people-oriented. For a health system to be effective it has to offer treatment in a responsive, equitable and patient-centered manner.

In this paper we study how the Greek population rates the Greek health care services in terms of responsiveness and explore which factors influence both the level and the distribution of responsiveness. This paper provides the first descriptive results on responsiveness collected in a national household survey.

MATERIALS AND METHODS

Data was obtained through the national household "Survey Study of Health and Health Services Evaluation" conducted by the Department of Medicine of the Democritus University of Thrace, in collaboration with the Department of Health Economics of the National School of Public Health, Athens. Conducting national surveys of population samples is a relatively new initiative, whereas individual providers have been undertaking patient surveys for some years. The sample consisted of 4003 individuals from the adult Greek non-institutionalised population and was stratified by county, age and gender in order to obtain a representative sample.

The survey was carried out with the aid of a structured questionnaire developed by the two institutions involved in the study. Topics covered in the questionnaire were derived after extensive literature review and research on what issues are crucial for both the people and health policy makers. An initial draft questionnaire was produced, which was pilot-tested before producing the final version which was then made available for the research purposes of the study. The responsiveness section of the questionnaire was built on the questionnaire used by WHO in the "WHO Health and Health System Responsiveness Postal Survey" executed in 28 of its 191 member states in 2001, as part of WHO preparation for the World Health Report.

The fieldwork involved household interviews (door-to-door) and was conducted from a market-research institute based in Greece, in June 2006. Household interviews are considered to be one of the most reliable methods of data collection.

A basic aim of the "Survey Study of Health and Health Services Evaluation" was to identify the way people are treated and the environment in which they are treated when seeking health care, by eliciting reports on people's experiences with care in inpatient and outpatient settings. Among many questions on a variety of issues, people were asked about their views on the country's health care system responsiveness.

The statistical analysis of the data included two stages: in the first stage, which is presented here, descriptive statistics and chi-square tests were used in order to obtain information on people's opinions regarding the health system's functioning and the level of responsiveness in relation to demographic, socioeconomic and other characteristics. In the second stage logistic regression was used, in order to determine the factors affecting responsiveness of the Greek health care system.

RESULTS

1. Responsiveness of inpatient (hospital) care

Among those who had been hospitalized during the previous year of the research, almost 49% said that hospital care responsiveness is moderate, poor and very poor. There were not statistically significant differences between men and women, but it seems that middle-aged people (>56 years old) tend to rate hospital responsiveness more favorably than younger ones, with the exception of those older than 76 years of age, who gave poor ratings. Age and educational level are statistically significantly associated with hospital responsiveness evaluation ($p<0,05$). It seems that the lower the educational level the better the rating for hospital

responsiveness. Chi-square analysis suggests that income is statistically significantly associated with inpatient care responsiveness ($p<0,05$), with higher income status being associated with higher hospital services responsiveness. However, the effect of income needs careful explanation, mainly due to the small sample size that answered this question and was hospitalized at the same time. The literature shows that data on income suffers from relatively high non-response rates.

2. Responsiveness of outpatient care

A relatively high percentage of individuals who used outpatient care services rated responsiveness as very good and good (62,0%), while 38% rated responsiveness as moderate, poor and very poor. All demographic and socioeconomic factors are statistically significantly associated with outpatient care responsiveness ($p<0,05$). More specifically, women, older people, those with higher educational level are more likely to consider outpatient care services more responsive than men, younger people and poorly-educated ones. Accordingly, there is an opposite direction between education and outpatient care responsiveness from the one observed for inpatient care responsiveness. Finally, individuals in higher income status report better responsiveness for outpatient care.

On the whole, it seems that responsiveness of outpatient care is rated higher than inpatient care responsiveness. It is worth noting that this trend is marked for all sub-domains; the highest rates of responsiveness are reported for outpatient care. Note that social support is evaluated only by inpatients, since it is not applicable to outpatients.

3. Non-utilisation of health services

One of the most striking findings of this study is the fact that 528 persons (14,3% of respondents) reported that they did not seek health care services, although they needed to, because they could not afford them. On average, more women than men are included in this group of people, as well as people of the older age categories (>56), with 34% of those aged 76 and more not seeking a necessary health service due to lack of money. The same applies for those least educated (primary school graduates) and of course those in the two lowest income categories ("no income" and "up to 500 € per month"). All four factors (sex, age, income, education) are statistically significant in relation to non-utilisation of health services due to unaffordability ($p<0,05$), despite the existence of a health problem. Other reasons for not using health services include lack of time for visiting the doctor (5,8%) and long distance to the health facility (2,1%).

4. Importance of responsiveness sub-domains

Respondents were asked their opinion on the most and the least important sub-domain of responsiveness. Prompt attention was identified as the most important by the majority of the respondents and access to social support as the least important.

5. Being treated in an improper way by the health care system

By this question we are trying to locate how many people on average had been treated in an improper way from the health system and what are the possible reasons, according to their own opinion.

In total, 412 individuals (11,5% of respondents to this question) reported having been treated in a poor manner. The number of times this has happened is 734, meaning that a number of individuals were treated improperly more than once. Lack of money was the predominant reason for people being treated improperly by the health care system.

6. The public versus the private health sector

In all sub-domains of inpatient responsiveness most people feel that the private health sector is more responsive. It can be observed that the difference is greatest for the more important sub-domains and becomes almost non-existent for social support, which however is the least important one.

DISCUSSION

Even though a number of studies on patient satisfaction with health services have been conducted in Greece, there is still limited information on the views of Greek health service users about their actual experiences and health system responsiveness. Asking patients direct questions about what happened rather than how satisfied they were with treatment can elucidate the problems that exist and so enable them to be solved.

The percentage of Greeks that evaluated inpatient care responsiveness as moderate, poor or very poor reached almost 49%, while it was less for outpatient health services (38%). Overall, outpatient care responsiveness is higher than inpatient for all responsiveness sub-elements. Ratings tend to be higher for older people and those of higher income. However, younger people are generally considered to be more likely to report problems than older people are. There is no marked difference by sex in the assessment of inpatient care, but women tend to rate outpatient care higher than men. More people of higher education enjoy better responsiveness for outpatient services, while the opposite happens for inpatient care.

In a multi-country survey carried out in 2003 (the European Quality of Life Survey - EQLS) respondents from Greece rated the quality of health services with 5.1 on a scale of one to ten, where one means very poor quality. This score is below the mean score for EU-25 countries, which is 6.2. According to the results of the Eurobarometer survey in 1998, 54% of the Greek

population reported being disappointed and very disappointed by the Greek health care services.

Discrimination in the health system exists and 11,5% of respondents reported discrimination of some sort, mainly due to lack of money (68,7%), health status (25%) and social class (almost 23%). Discrimination due to lack of health security and nationality are also prevalent but not so usual. In addition, 14,3% of the surveyed population reported not seeking care due to unaffordability.

Lack of time or long distance to health services facilities resulted in 5,8% and 2,1% of people respectively not using health services despite a health problem.

Access to health services seems to be a persistent problem in the country. In the past, 11% of respondents in a survey reported having difficulty in accessing health services due to long distance, 16% due to delay in getting appointment, 16% due to waiting time to see a doctor on the day of the appointment and 21% due to cost.

Prompt attention is considered to be the most important responsiveness domain (27,4%), followed by dignity (22,8%) and communication (19,6%), but it seems that they perform relatively poor in inpatient hospital care (59,6%, 59,3%, 54,5% of the respondents evaluate these domains respectively to be good/very good). In ambulatory care all three domains perform relatively good (prompt attention 65,5%, dignity 69,2% and communication 64,6%). The least important aspect of responsiveness is social support, which is reported as the most important element by 0,4% of the respondents.

Also, respondents expressed the opinion that public health sector responsiveness for inpatient hospital care is worse than private sector responsiveness, in all sub-domains. The weakest domains were choice of provider and communication in the public sector, and choice and autonomy in the private sector.

CONCLUSIONS

Most of the expected trends are observed, since our data suggest that wealthier people and those of older age seem to enjoy more responsive health care services. The role of education is not straightforward, since those more educated report better responsiveness of outpatient services but worse responsiveness of inpatient services. Concerning age, it is relatively difficult to interpret the favourable ratings generally made by older people in this and other studies. In this study, it was emphasised that many old people cannot use necessary health services despite a health problem, due to lack of money. Also, in another study Greek people aged 65 and over had more difficulty accessing the doctor due to distance, but they tend to rate quality of health services higher.

The fact that those in greater need of health services (old people, poor people, those least educated) are experiencing inability to use them, mainly due to socioeconomic factors and especially lack of money, raise equity issues, which are aggravated by discrepancies in the health system due to socio-economic and health status. This and other studies suggest that money as a barrier to use of services has not been overcome in Greece. The issue of socio-economic inequalities in access to services is crucial and needs to be addressed immediately.

Preliminary analysis of the data suggests that the Greek health care system has a law level of responsiveness to people and this applies in the public hospital care in particular. A lot has to be done, if the health system is to become more responsive and patient-oriented. However, it should be stressed that data on hospital inpatient experience must be handled with special attention, since the sample size is relatively small, due to the fact that hospital admission is an unlikely event for most people during a year. The same does not apply to ambulatory care, which is more frequently used during a year.

Further analysis of the results is being undertaken, in order to explain how the independent variables influence aspects of responsiveness in primary and secondary health services (both public and private). Special attention will be given in those sub-elements valued as the most important by the people, so that it would be possible for policy makers to narrow the gap between people's legitimate expectations and their actual experiences in the health care system.

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