Determinants of Health System Responsiveness

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Abstract
The responsiveness of the health system is one of its most important goals, and as a social system, the provision of health services ought to live up to the reasonable expectations of the community it serves. This should be its own separate purpose, unrelated to the overarching objective of bettering people's health. Despite the fact that responsiveness is concerned with non-health-related components of health systems, it nonetheless has direct implications for the health state of the population. A health system that is responsive and respectful of patient rights also provides an environment that is conducive to providing excellent medical care. By doing so, it encourages customers to use care, which ultimately results in an improvement in the health of the people that it serves. The establishment of connections that are founded on trust and mutual respect leads to a better possibility of ongoing optimal and desirable health behaviors, which has led to the description of health systems as intrinsically relational social systems. The ability to be responsive lowers obstacles and increases the utilization of health services by creating trust between those who offer healthcare and those who receive it.

Keywords: Responsiveness, Health System, Health Care, Expectations of Patients, Non-Medical Aspects.

Introduction

Responsiveness

Overbroad literature review processes and discussion, WHO (2000) has defined two elements to estimate the concept of responsiveness: respect for persons and client orientation. Respect for people, with the intent of catching the moral aspects of people's contact with the health system, comprises three sub-elements: dignity, autonomy, and confidentiality. Alternatively, client orientation primarily measures consumer satisfaction and has four sub-elements: prompt attention, quality of essential services, access to social support for hospitalized persons, and choice of health workers. The WHO proposed a structured questionnaire to assess responsiveness using these seven sub-elements as a framework. The WHO 1999 conducted investigations on key informants in 35 countries to gather data on responsiveness and then utilized regression models to evaluate the response level for other countries that did not contrivance the survey. Lastly, the WHO published a county-wise ranking of responsiveness in the WHR2000 (Hsu, 2006).

Aspects of responsiveness

Studies on health responsiveness in Turkey and Taiwan perhaps have found that acknowledging the value of distinct cultural aspects, demographic assemblies, and country-definite factors should be considered when evaluating responsiveness. The advice is that countries that classify responsiveness should be based on tools that consider their citizens' opinions (Njeru et al., 2009). Respondents were tested to evaluate their most recent experience in the last year of contact with the health system inside each of the eight domains. The available response categories were very good, good, moderate, bad, and very bad. Responsiveness is seen as a multidimensional concept, with every domain stately as a categorical variable for which an assumption exists underlying the latent scale. The WHO responsiveness index is one of the utmost perfect tools for evaluating responsiveness. The responsiveness indicator is a slanted composite index, which includes eight dimensions. Each dimension is covered in turn by different items in the questionnaire in the responsiveness. The level and distribution of the health system's responsiveness are measured (Fazaeli, 2014).

Methodology

A search strategy was developed according to the Evidence for Policy and Practice Information and Co-ordinating Centre's (EPPI-Centre) guidelines and systematic searching of the following databases occurred between June 8 – 11th, 2012: CINAHL, Embase, Ovid Nursing Database, PubMed, Scopus, Web of Science and POPLINE. Google, Google Scholar, and WHO search engines, as well as relevant systematic reviews and reference lists from included articles, were also searched. Inclusion criteria were: All the research related to responsiveness in the published and unpublished domain, English language publications were only taken. No exclusion criteria were stipulated for comparisons/controls or outcomes. Study characteristics of included articles were extracted using a datasheet and a peer-tested quality assessment. A narrative synthesis of included studies was compiled, with articles being coded descriptively to synthesize results and draw conclusions.

Results and Discussion

Key Features of the Health System

The responsiveness to the individual's non-medical expectations is now considered a key feature of effective health systems. Incidentally, policymakers and healthcare providers should reflect on how to lessen the gap between people's expectations and experiences of healthcare providers. However, the lack of a combined health information system for assessing responsiveness has been an obstacle to measuring health system goals in Iran. Responsiveness is a display used to measure the performance of a health system concerning non-health aspects (Hsu, 2006).

The responsiveness needs that all member states increase levels of responsiveness and reduce injustice in the health system. Assessment of responsiveness is unlike measuring patient satisfaction. First of all, the conception of customer satisfaction was presented in the marketing field (Cardozo, 1965). In addition to the intrinsic goal of health promotion for the people, a receptive health system should be committed to meeting the psychological needs of the people it serves and examining what people are interested in when interacting with the health system. Improving these non-health-related functions of a health system is significant because it is an unchallengeable component for increasing people's welfare, which is a universal and definitive assignment of a health system. Appropriately, the conception of responsiveness was presented by the WHO also designed a correlated questionnaire to measure how much a health system encounters the population's legitimate expectations regarding aspects that are not related to health (Hsu, 2006). Patient opinions are becoming increasingly important in policy formulation. Understanding the population's perceptions of the quality of care is essential to develop measures that increase the use of primary health care services (Peltzer, 2009).

The responsiveness to people's legitimate expectations of aspects that do not improve health is a goal of the health system, as is health and equity in funding. Responsiveness improves individual well-being through better relations with the health system. Responsiveness is not a measure of how the system reacts to health needs, which is manifested in health outcomes, then how the system works about non-health aspects, whether or not fulfilling the population's anticipations of how it should be treated from suppliers' prevention, care, or non-personal amenities. Some systems may be highly insensitive; recognizing responsiveness as a fundamental goal of health systems inaugurates that these systems are there to work for people and involve more than one valuation of people's satisfaction with the medical care they obtain (Ugurluoglu & Celik, 2006).

WHO Country Scores

The country scores have also been adjusted according to some country features, such as the level of freedom and the level of progress and the male-female ratio of the countries. It is a point that countries have different features and that people living in different countries have different health system expectations. This fact must be considered when comparing the response level of healthcare systems; this is why WHR2000 has been criticized primarily by many authors. For example, the question of comparability across countries would mean that differences in their responses could reflect alterations in their expectations rather than changes in the system's responsiveness. Another criticism is using a survey of approximately 2000 key informers

in particular countries without considering the severe limitations of having data from only 35 countries to classify. Furthermore, informants were exclusively professionals working in the field of health half were WHO staff members, and many were people who had access to the WHO home page; presumably, for some reason, informants were asked to complete a questionnaire. Blendon and colleagues criticize WHO for no naturalized citizen or patient was interviewed in the 191 countries ranking in WHR 2000. Relatively, the report was based on a survey of public health professionals, many of them did not live in countries their ability to respond to patients and the poor were qualified (Ugurluoglu & Celik, 2006).

Responsiveness refers to responding to people's non-medical outlooks when interacting with the health system, containing the way individuals are cured and the setting in which they are treated. Until now, there is little-published work available on this topic, and the use of the tool in this empirical work is poor, while more work has been done in assessing patient satisfaction and quality of care. Responsiveness is unlike patient satisfaction and quality of care, as it conceals the health system. It focuses on doctors of medical care and assesses individuals' experiences. On the contrary, satisfaction is generally limited to a specific health facility like the hospital, reflects both medical and non-medical aspects, and signifies a complex mix of needs, expectations, and perceived experience. Quality of care is also an extensive concept that includes technical and structural processes and results. Therefore, some of the interpersonal dimensions of the quality of care have been useful in describing the dimensions of responsiveness; however, it is stated that no single quality framework of care integrates all domains considered necessary for care (Rashidian et al., 2009). Responsiveness is a fundamental goal of national health systems. Recipient health systems expect and adapt to present and future health needs, contributing to improved health outcomes. Among all the objectives of health systems, responsiveness is the minimum studied, possibly reflecting the lack of complete frameworks beyond the regulatory characteristics of hospitality services (Mirzoev, 2017).

Quality of Care

Appreciative health service users' observation of the quality of care is essential to developing measures that escalate the use of health services. To relate the patient's experiences with a public set of standards, the WHO has developed the concept of responsiveness of the health system. Measure what happens during user interactions with the system utilizing a standard scale and require the consumer to have a specific meeting (Forouzan, 2015). Current knowledge of the responsiveness of health systems can be drawn-out across all three extents. Firstly, responsiveness implies an authentic experience of people's contact with their health system, which confirms or does not confirm their primary expectations of the system. Secondly, the interaction experience is shaped by mutual people and aspects of the health systems of this interaction. Thirdly, the different effects shape the interaction of people with their healthcare system, ultimately influencing their experiences. Consequently, recognizing the interaction aspects of people and health systems and their key determinants would increase the conceptualization of responsiveness (Mirzoev, 2017). Recipient health systems expect and familiarise themselves with changing needs, take advantage of opportunities to promote access to effective interventions and increase the quality of health services, ultimately leading to better health effects. There is increasing literature on the responsiveness of health systems, although it broadly refers to responsiveness as several other concepts. For instance, responsiveness has been labeled as a broader principle of governance and an outcome of the relationship among people and providers of state services. The fundamental literature on accountability, acceptability, and trust also touches on various aspects of the responsiveness of health systems.

The flexibility of healthcare systems

Responsiveness has also been used in conjunction with the concept of flexibility of health care systems, for instance, in the Global Health Systems Research Symposium 2016 and current research. Although both responsiveness and resilience highlight the typical characteristics of systems, such as their adaptive and changing nature, and address people's needs, it is an essential aspect of the ability of a

system to resist daily crises. Most importantly, they are usually explored discreetly or in combination with broader concepts, such as governance. The responsiveness of health systems is a different concept, complex and not yet adequately explored. This possibly explains the lack of universal frameworks beyond the regulatory characteristics of health services' responsiveness and justifies the investigation of responsiveness as a separate phenomenon. Practically, it includes two aspects; first of all, there are the primary expectations of people that are people" s human rights, users and non-users of services, citizens and other actors in health systems obviously, service providers and others, such as managers and policymakers of how people should be treated and, in that environment, (Mirzoev, 2017).

Socio-Demographic features

Some studies have explored how typical socio-demographic features (for example, gender or education) can impact the heterogeneity in the notification of the reactivity of health users (Rice et al., 2012; Sirven, 2012). The results of these studies show that the heterogeneity of relationships is a problem in the case of self-information on the question of responsiveness. Investigate only some response domains that to study in analysis; for example, do not consider dignity, confidentiality, or social support. There is confirmation in the literature that the experience of discomfort has a negative influence on patient satisfaction with clinical conclusions, then not on non-medical results, such as responsiveness (Sirven et al., 2012).

Patients with a critical state of health, in similar conditions, are more likely to report a lesser level of response than those with better health. In contrast, patients suffering from pain are more likely to use extreme types when assessing their responsiveness, i.e., the categories completely satisfied or entirely not satisfied (Fiorentini et al., 2015).

The survey results displayed that over 90% of respondents consider responsiveness an essential issue (Rashidian et al., 2012). Other results indicate that the response in outpatient services is better than in hospital services (Kowal et al., 2011). In Pakistan, patients choose private hospitals over public due to improved experiences in terms of privacy, autonomy, decision-making, communication, and cleanliness (Naseer et al., 2012). In China, the response capacity of the health system in hospital services is much better than outpatient services. The dignity, patient respect, prompt attention, and care have also reflected the strengths of the provision of health care services in China. There are socio-economic disparities in the health system's responsiveness, regardless of the public and private health service users. The degree of socio-economic inequality increases when detailed heterogeneity is represented by socio-economic status. These differences exist among customers in the country's public and private health sectors. Moreover, the responsiveness was more relevant for private hospitals than the public in general, both in higher and lower education (Malhotra & Do, 2012).

Socio-demographic features describe dissimilarities in responsiveness level. It is supposed that the elderly population will pressure health systems and that governments should use responsiveness to lead systems improvement policies and efforts when funds are limited (Kowal et al., 2011). Pelzer and his colleagues studied the data collected after the World Health Survey of 2352 public and private health users in South Africa. They identified that the degree of response is significantly lesser in public hospitals than in private hospitals (Peltzer, 2009).

Healthcare Capital

Healthcare capital is the percentage of total health spending consumed by assisting the public sector. Earlier studies have tried to explain the variation between countries in the proportion of publicly delivered health care (Epple & Roman, 1996), its distributional impact and the relative efficiency of the public against isolated provision, have recommended that health care is financed by public funds characterized by a practical quality superior to the norm financed with private funds. Regarding responsiveness, the hypothesis was put forward that the quality of health services is subject to appropriate incentives. Meanwhile, governments frequently do not subsidize private providers and are contingent on payments from customers. Public providers are more likely to meet patient expectations on non-medical aspects of care. This hypothesis seems to be supported by first-hand

evidence (Andaleeb, 2000; Angelopoulou et al., 1998).

Concern about the increase in healthcare spending led to a debate about the relationship between age or closeness to death as the power factor. Requires a health system will have repercussions for the resources available for aspects of care that may not improve health, for example, the ability of the system to respond to patient expectations and preferences and consequently to achieve the demographic structure of a population that uses the percentage of the population above 65years. Furthermore, as it is likely that even educated people will demand more from health services, including how they respond to legitimate quality expectations, it also includes the average education level of the population. Furthermore, responsiveness should be more significant in economically more developed countries due to the greater availability of human resources and a well-developed infrastructure (Valentine et al., 2009).

Conclusion

The health system has been demarcated as all people, institutions, and resources undertaking actions to improve the population's health (Murray & Evans, 2003). Responsiveness is a vital goal of the health system, and as a social system, health services should fulfill the legitimate expectations of the population they serve. This should be a stand-alone goal, independent of the goal of health improvement. Even though responsiveness relates to the non-health aspects of health systems, it has a direct bearing on the population's health status. A responsive health system respects patients' rights and offers an environment conducive to optimal healthcare services. In doing so, it encourages consumers to utilize care, thus improving the health of the population it serves (De Silva, 2000). Health systems have been described as inherently relational social systems, where the development of relationships based on trust and mutual respect leads to a higher likelihood of continued optimal and desirable health behaviors (Gilson, 2003). Responsiveness reduces barriers and promotes health service use by fostering trust between the providers and consumers of healthcare.

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