Summary, Conclusion & Recommendations

5.1 Summary

The main objective of the study was to find the applicability of eight elements of responsiveness suggested by World Health Organization in Indian context. The study also aimed to find the current status of responsiveness of Indian health system in the North Indian region. Another important objective was to find whether there are new elements of responsiveness which are of importance to Indian patients and hence need to be included in responsiveness when measuring performance of Indian health system. The opinion from both healthcare providers and users was taken into account in the study.

According to Expectancy Theory and behavioural theory various environmental, cultural, political and social factors influence patient’s expectations and hence satisfaction. There have been studies in the past which prove that expectations from health system vary from one country to another.

A thorough literature review shows that the articles can be categorized broadly into the following categories:

5.1.1 To check applicability of WHO responsiveness elements and find if other elements are also important.

A study was done in Taiwan which clearly reported that eight elements of responsiveness as given by WHO can be rearranged into just five new elements as applicable to Taiwanese population. Two new elements medical ethics and accountability of healthcare providers were found to be of great importance for Taiwanese population. It was concluded that customization of element of responsiveness is needed to suit different cultural backgrounds.
Another study done in Germany by Roettger et al. in 2012 found that besides eight elements of responsiveness given by world Health Organization there are two more elements important for chronically ill patients in Germany—Trust and Coordination.

Njeru et al. (2009) studied the applicability of WHO tool to measure responsiveness in context of HIV voluntary counseling and testing centres in Kenya. It was a combination of quantitative and qualitative methods through WHO proposed questionnaire and interviews respectively. Most users regarded confidentiality and autonomy as very important and highly received too. However through interviews it was revealed that WHO tool does not capture certain aspects of responsiveness elements hence should be revised substantially to capture other dimensions relevant to HIV care.

5.1.2 Studies to develop new Questionnaire

Forouzan et al. (2014) studied ‘Reliability and validity of a Mental Health System Responsiveness Questionnaire in Iran’. Their main aim was to adapt a Mental Health System Responsiveness Questionnaire (MHSRQ) based on the WHO concept. The questionnaire was evaluated for its validity and reliability to the mental health care system in Iran. MHSRQ was tested at 9 public sector mental health clinics in Tehran.

Kooy et al. (2014) developed a responsiveness questionnaire in February 2010 to evaluate perinatal care services by Dutch mothers. It was called Perinatal and Obstetric Health Care Questionnaire (ReproQ). Psychometric properties of feasibility, construct validity were assessed in Dutch women two weeks post partum. The questionnaire was found to have satisfactory psychometric properties.

Perera et al. (2011) developed and validated a tool for ‘assessing Health System Responsiveness of family planning services in Sri Lanka’. Health System Responsiveness Assessment Questionnaire (HESRAQ) in relation to family planning (FP) services in Sri Lanka was developed and validated. Focus group discussions (FGD), in-depth interviews and
a modified Delphi method were used. Exploratory and confirmatory factor analysis (EFA and CFA) were carried out. Literature review was done. 28 items were finalized with expert opinion and EFA with the ratings of 255 respondents. The 28 item instrument with six domains was validated with CFA with the rating of 200 respondents.

In line with these studies current research also goes to prove that WHO elements of responsiveness are applicable to Indian health system but requires customization. Two elements which were introduced in this study as new proposed elements of responsiveness have also been received well by public. The findings of the study suggest that groups of respondents consider both accreditation and Patients’ rights as extremely important.

The results of research show that Indian Health system is responding well to the legitimate expectations of population. The elements of responsiveness are applicable to Indian system though there is a redistribution of items under different factors. It was also seen that the other two elements included in the research are extremely important to patients and are high on their expectation there by justifying need to include these in responsiveness.

5.2 **Significance or Contribution of the study**

- Addition to the knowledge pool in terms of responsiveness of Indian Health System there by filling the literature gap. It will help to understand the elements of responsiveness important in Indian context and then prioritize these elements.
- Understanding Responsiveness will help Health authorities to formulate new health policies which will lead to better patient satisfaction and compliance.
- This will help address social justice by guiding the providers to meet the legitimate expectations of patients, thereby increasing patient satisfaction and better utilization of health services.
- Study will help patients to get better services through a responsive health system
- The study will be of National interest with wider appeal to broader audience.
• Will replicate past studies done in other parts of the world
• The study will provide interest in other Researchers to conduct similar studies in their regions
• Most important contribution of study was the development of the Responsiveness measurement questionnaire according to Indian needs which can be used to study and measure responsiveness of Indian health system.

To conclude the research will help all patients, providers of health care and policy makers.

The study on Responsiveness will help all stakeholders in different manners:

• Patients/Consumers: Receive better quality of service or treatment, once the areas with scope for improvement are identified
• Health care Professionals/Providers: Helps them to understand patient satisfaction by identifying the areas they need to improve up on.
• Policy Makers: to formulate new Health Policy, Accreditation norms keeping in mind Patient’s Expectations and rights so as to include all elements of responsiveness.

5.3 Conclusion

The study clearly proves that when measuring responsiveness in different cultural, geographical, social political backgrounds the elements of responsiveness need to be tailored according to the importance the people of a particular area attach to different aspects of responsiveness. The study concludes that overall responsiveness of Indian health system is very good it shows that only certain aspects of healthcare especially quality of basic amenities, prompt attention and choice of healthcare provider, need to be improved so as to improve the responsiveness of Indian health system. Hence government should pay special attention to these areas. This study could illustrate the fact that Indian health system is responsive to patients and only a couple of areas like quality of basic amenities and prompt attention need improvement. The study also suggests addition of Accreditation of hospitals
and Patients’ rights aspects to existing WHO responsiveness concept as these are high on the patients’ expectations list in India. The study is of great significance as the instrument developed in this study by considering the applicability of WHO questionnaire and adding two new domains, accreditation and patients’ rights is a reliable and valid tool to measure Indian health systems’ responsiveness. This instrument can be used in future to measure responsiveness of health system in India.

National Health Policy (NHP) 2017 suggests accreditation and certification are emerging methods, introduced to find out standards of a particular health care unit. Also, the Indian Public Health Standards (IPHS) revised in 2010, lays down the essential and desirable requirements for services, building, equipment, manpower, and drugs for public health facilities across various levels. For ethical practice and patient safety, it is important that rules, standards and notifications are applied to all sectors uniformly. Results of the study can be used as a guideline to improve responsiveness of Indian health system as it highlights the areas which need attention and improvement.

Policy makers can make new patient friendly policies keeping the study results in mind.

5.4 Recommendations

As the study took into account multiple perspectives of consumers, healthcare providers, managers and policy makers, its results can be utilized to give recommendations to improve the responsiveness of Indian health system. The results also indicate that new elements are expected by patients and are important and hence should be added to responsiveness concept when applied to Indian health system.
5.4.1 Recommendations for Policy makers

**Improvement in quality of basic amenities**

The results of this study show that the quality of basic amenities in the hospitals and other health care institutes needs improvement as lesser number of respondents both general public and key informants have given it good and very good rating. The cleanliness of these places, enough ventilation, natural light, potable water, hygienic food are a few of the areas which can be easily improved with little attention.

**Providing prompt attention**

Prompt attention not only for emergency patients but also for others visiting healthcare institutes is expected by respondents and around 25% people felt that it is an area with moderate problem. It could be in terms of access to healthcare close to patients’ residence or being attended to on reaching the hospital, but waiting times need to be reduced for patients to feel reassured and avoid a lot of anxiety while they are waiting for the attendant. Hence, the government can ensure healthcare facilities are available close to people and they do not have to travel to far off places to seek medical help. Also, the healthcare providers can ensure prompt attention when the patient reaches hospital.

**Choice of care provider**

Respondents feel at times they are not given the opportunity to decide and choose the care provider. As they meet a different physician each time they are unable to develop a rapport with the care provider. This is more true for public sector where the patients are compelled to seek care from a provider available on the day of their visit and the provider of their choice is not available even on call. The patient should be provided the right to choose the care provider as it will reassure him and will also improve outcome and utilization of health services.
Compulsory Accreditation of Laboratories and Hospitals

There is a need to recognize the importance of accreditation and hence improve the standards of healthcare. An important step in this direction could be making accreditation mandatory for all service providers, public as well as private. This may include clinics, nursing homes, hospitals, laboratory and diagnostic services. Once accreditation is provided periodic inspections to ensure adherence to standards is required.

Protection and Provision of Patients’ rights

Patients’ rights should be advocated by policy makers another area which needs to be ensured through patient friendly policies. There is a need to make patients aware of their rights and help them exercise these rights. The rights of patients should be displayed at all public and private healthcare facilities. This will contribute tremendously to improvement of responsiveness of Indian hospitals.

Hospital Performance Monitoring

A forum can be established by the government for monitoring hospital performance. Performance indicators can be prepared and patient satisfaction with emphasis on responsiveness domains can be included in it. The information gathered from such tools can be used while formulating policies at higher levels.

Patients’ complaints and grievance redressal system should also be strengthened. The patients should be reassured that their complaints will be looked into fairly and redressed in time. Complaint cells with social workers as the members should be made and information provided by these cells should be used identify and prioritize issues important to patients. Monthly reports from each hospital can be sent to higher levels for analysis.

5.4.2 Recommendations for Future Research

The study of responsiveness offers a lot of opportunities in a variety of areas for future researchers. Researchers may study:
• Similar studies at country level to find overall responsiveness of Indian Health system and if there are any differences region wise
• Whether there are other elements besides those confirmed by this study which are important to Indians and should be included in responsiveness
• Studies to find responsiveness to different vulnerable groups which are usually discriminated, for example, HIV/AIDS patients, disabled.
• Responsiveness of health system to hearing impaired, visually impaired or intellectually impaired
• Comparison of responsiveness of health providers in the public vs the private sector, or the non government sector
• The relative importance of various elements of responsiveness can also be studied based on patients’ perceptions.
• Rankings of district health systems on responsiveness can be done after district level surveys. These rankings can become a useful indicator of health system performance.
• Longitudinal studies to see responsiveness changes over a period of time will be very important to hospital sector

The study findings indicate that a lot needs to be explored and future research will help better understand responsiveness process and also improve the quality of healthcare services.

5.5 **Strengths of the Study**

In spite of above few limitations the study has many strengths.

• In India it is the first study to find the current status or level of responsiveness of health system.
• It explores the importance of responsiveness elements and their application in Indian society.
• Besides this the study has emphasized that new elements like accreditation and patients’ rights need to be added and concept of responsiveness needs to be broadened.

• Another strength of study was collection of data from multiple sources, consumers, providers, managers. This provided depth and richness to data. It also increases trustworthiness of findings which were similar for all the respondents.

• This study gives a new questionnaire to measure responsiveness of Indian health system which can be used for future studies.

• Hence this study can be considered as an important step to identify areas which are performing well and areas which need improvement so as to give patients a more responsive health system.

5.6 Limitations of the Study

Since the study was conducted in two districts and one Union territory of Northern India transferability of its results to whole of India has to be explored. Secondly only two new elements were short listed and tested for their importance to Indian patients and then inclusion into responsiveness. There may be several other elements like medical ethics, trust, coordination between care takers and others which may be on expectation list of patients in India and need to be tested on importance scale and then may be added to existing responsiveness elements.

Another, limitation is that only one methodology of data collection through questionnaire was used as per WHO protocol but to add depth and more insight into patients’ psychology qualitative methods like Focus Group discussions (FGDs) can be conducted. This would help record actual interactions between the consumers and providers of healthcare.

The questionnaire used was shortened in consultation with experts from the field and its reliability and validity tested through a pilot study. This was done to capture the correct responses keeping in mind the attention span of respondents. Adding vignettes could have added better responses as was done in WHO questionnaire used for WHS.