

KAP Study on Responsiveness among Nursing Officers in Secondary care hospitals, Central Province, Sri Lanka

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DOI: <https://doi.org/10.5281/zenodo.6782731>

Published Date: 30-June-2022

Abstract: Health System Responsiveness is one of the major goals in assessing Health System Performances. This has been evolving and objectively introduced into the Global Health System since year 2000 by the World Health Organization. Sri Lanka with its remarkable achievements in Health sector has much focused on the “Non health aspects of patients” or responsiveness.

In this background “Knowledge, attitudes & practices of Health care workers regarding Health system responsiveness” is paramount of importance.

Objectives

To assess the knowledge, attitudes, and certain aspects of practices on Health System Responsiveness (HSR) among nursing officers at secondary care hospitals in Kandy district.

Methodology

The study was an institutional based descriptive cross-sectional study. A self-administered questionnaire was used to assess knowledge, attitudes, and practices of nursing officers of Secondary care hospitals. Secondary care hospitals were District General Hospital-Nawalapitiya, Base Hospital- Gampola and District Base Hospital Teldeniya (n=303).

Discussion

Response rate was 90.7% and majority (80.5%) was female nursing officers. Level of knowledge on responsiveness among study population was good and means score was 83.5 and median was 86.9. However, their attitudes and practices were relatively poor. Statistically significant association was found between the status of programme participation and level of knowledge ($\chi^2 = 9.243$, $p = 0.002$).

The study shows the need for further improvement of existing programme on or related to Health system responsiveness. Further it is recommended to introduce responsive as a subject to the training curriculum of the health care workers and development of a policy document and its integration in to the Sri Lanka health system.

Keywords: Global Health System, World Health Organization, health care workers.

1. INTRODUCTION

Health is a fundamental human right as well as a wide social goal; that is essential to the satisfaction of basic human needs and to improve the productivity of the nations. According to the WHO definition, health is the state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or any infirmity. This definition has unchanged since 1948¹(WHO).

Health is provided to the people through the health system, and it has multiple components.

As similar to global context, Sri Lankan health sector consists of multiple healing systems. It includes Allopathic or Western Health System and Non-allopathic or Indigenous Health System.

Great majority of the people in the country meet their health care needs from the Allopathic health system.

The WHO Health System Performance Framework defines the goals of health systems as ² (WHO, 2000):

- Improving the health of the population they serve
- Enhancing the Responsiveness or responding to people's legitimate expectations
- Fair financing or providing financial protection against the costs of ill-health.

Health System Responsiveness is the meeting of legitimate non-health expectations of the people. In a simple sense, it can be described as how well the health system deals with the non-medical expectations of the people.

Today, health systems have come under criticism for not meeting non-medical expectations of people, despite the provision of best health care in the technical sense ² (WHO, 2000).

In this background, the World Health Organization (WHO) introduced the concept of Health System Responsiveness (HSR) which was defined in the World Health Report 2000 as how health systems respond to legitimate non-medical expectations of the patients.

In Sri Lankan public health sector, despite of all the commitment provided by the Ministry of health several significant deficiencies have been identified. Those include, not providing services focused on expectations of the patients by some hospitals, providing services which are not attractively packaged and presented by the hospitals, ignoring 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 ignoring prompt attention in emergencies. Also, there are number of complaints about deaths and / or disability of a patient due to inappropriate care and negligence ³ (Kaluarchchi, 2009).

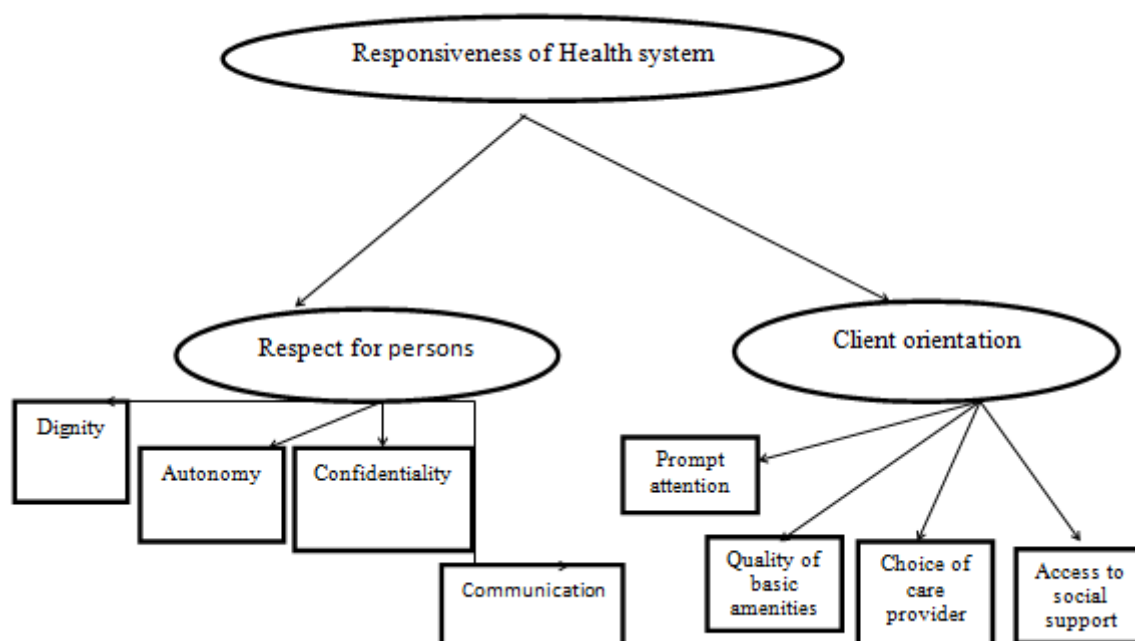


Figure 1: Conceptualization of Responsiveness of the Health System

Justification

Knowledge, attitudes & practices of health care workers regarding the non-health expectations of the patients or Health System Responsiveness (HSR) is very important as it directly affects patient satisfaction and patient satisfaction is the

essential indicator that indicates the service quality at any level of health care services. The last 20 years have witnessed an accelerating increase in attention given to patient satisfaction within health services ⁴ (Pawaribu, 1996).

It is compulsory to provide thorough knowledge and develop healthy attitudes among health care workers about non-health aspects or responsiveness ⁵ (National Health Policy, 1996).

Nurses are one of the key categories who spend more time with patients in the process of Health care delivery and it is a need to study their knowledge, attitudes, and practices on Health System Responsiveness.

General Objective

To assess the knowledge, attitudes & certain aspects of practices on Health System Responsiveness and associated factors among Nursing Officers in Secondary care hospitals in Kandy district.

Specific Objectives

1. To assess the level of knowledge of nursing officers regarding Health system responsiveness.
2. To describe attitudes of nursing officers regarding Health system responsiveness.
3. To describe certain aspects of practices of nursing officers regarding Health system responsiveness.
4. To determine the socio-demographic & professional factors associated with the level of knowledge of nursing officers regarding Health system responsiveness.

2. METHODOLOGY

This study is an institution (hospital) based descriptive cross-sectional study and it was conducted at the Secondary care hospitals in Kandy district in Central province of Sri Lanka. Namely,

1. District General Hospital Nawalapitiya (DGHN).
2. Base Hospital (Teaching) Gampola (BHG).
3. District Base Hospital Teldeniya (DBHT).

Nursing officers are one of the key technical categories who are directly involving patient care management in these hospitals which is a parallel situation to the Sri Lankan Health sector.

The duration of the study was from preparation of the research proposal and commencing on 25th of March 2013 to the completion of dissertation on 18th of November 2013.

Therefore, the study population consisted of special grade nursing officers, supra grade nursing officers, grade 1 nursing officers, grade 2 nursing officers and grade 3 nursing officers.

Nursing officers, who had been released for training or on leave for a long period (e.g., maternity leave, leave for training out of the institution), were excluded.

The distribution of total eligible study population according to their hospitals is shown in the Table 1

Table 1: Distribution of total eligible study population in three hospitals under study

Hospital	Frequency	Percentage
DGHN	151	45.2
BHG	158	7.5
DBT	25	47.3
Total	334	100

A structured self-administered questionnaire was designed to achieve the specific objectives of the study after consulting relevant experts and thorough literature review. It was not possible to survey any questionnaire which was used for "KAP study" regarding all domains of responsiveness.

For example, the questionnaire used by the World health organization in order to assess overall country responsiveness through Key informant survey was thoroughly studied and aided as a base for the formation of the questionnaire for this research. It was reviewed and assessed by several experts in the field.

The questionnaire was prepared under four broad sections.

The questionnaire was pretested among 20 nursing officers at District General Hospital, Nuwaraeliya to determine the acceptability, comprehensibility, feasibility and appropriateness of the content. According to their understanding, comments and criticisms, minor improvements were made to the final instrument. The amended questionnaire was finalized.

Data collection period was from 1st of August to 30th of September 2013. During this period data collection was done by the Principal Investigator and 2 Resident House Officers (RHO) who has been trained by the principal investigator.

Nursing officers were explained about the purpose and nature of the study by the Principle Investigator and 2 RHOs at unit level. Every participant was given the “Information sheet” and “Consent form” and was assessed about the understanding of the information provided before his/her involvement. Participation in the study was on voluntary basis with the informed written consent. Every participating nursing officer was assured about the confidentiality of the information provided.

The level of knowledge was assessed by 24 questions. For each correct answer one (01) mark was given whereas a wrong answer or “Don’t Know” option was given zero marks. Maximum mark that one could get was 100 as correct answer marks were calculated as a total mark of 100 marks.

Therefore, the respondents were categorized into two groups depending on their level of scores on knowledge as follow.

Category	% score
Poor	less than 39.9
Moderate	40 to 69.9
Good	over 70

Twenty-four (24) attitudinal types of statements were assessed by five option Likert scale. Responses to the attitudinal statements were grouped according to the respective domain and presented using frequency tables and all domains were discussed separately.

Six (06) practices were decided by a “case scenario” covering domains of” dignity”, “autonomy”, “communication”, “confidentiality” and “prompt attention”. The level of practices of nursing officers were presented using frequency tables and discussed separately.

The research proposal was submitted to the Ethic review committee of the faculty of medicine, university of Colombo.

3. RESULTS

Total nursing officers at D.G.H.N, B.H.G and D.B.H.T were 372 and out of them 24 nursing officers were on maternity leave, 07 were on foreign leave and 06 were released for training programmes. Out of 372, 334 nursing officers were able to participate in the study.

303 participated in the study from 334 nursing officers and response rate was 90.7(303/334).

Nearly four fifth of the study population (80.5%) was female nursing officers.

54.1% of nursing officers had highest educational qualification as GCE (A/L) and 38.0% of them had Diploma as the highest educational qualification. Nearly, 5% of nursing officers were graduates.

Comparatively, similar proportion of nursing officers participated from District General Hospital Nawalapitiya(44.9%) and Base Hospital Gampola(47.5). As the District Base Hospital- Teldeniya was a smaller institution, its percentage of participation was 7.6%.

3.1 The level of knowledge regarding Health System Responsiveness among nursing officers

Maximum obtainable mark was 100 while the minimum was zero. Mean knowledge score was 83.5 marks, median was 86.9 and mode was 91.3 marks.

The distribution of the scored showed a negatively skewed distribution. The minimum score was 47.8 and maximum was 100. So, median was selected as the best central tendency value for the comparison.

Table 2 shows the distribution of overall level of knowledge on Health System Responsiveness.

Table 2: Distribution of the study population according to the overall level of knowledge

Overall level of knowledge	Frequency	Percentage
“Comparatively Less knowledge group”	141	46.5
“Comparatively High knowledge group”	162	53.5
Total	303	100.0

53.5% of nursing officers had “comparatively high knowledge” and 46.5% of them had “comparatively less knowledge”.

Attitudes of the study population towards health system responsiveness were assessed using 24 attitudinal statements with responses given on Likert scale. Attitudes towards a domain were assessed by 3 attitudinal statements for each domain. Each attitudinal statement was described separately as “favorable” and “unfavorable” attitudes.

The extent of practices was assessed using a “case scenario” and set of statements related to it. Four point “Likert scale” was used and marks were given accordingly. Two questions for “dignity” and a question for each domain of “autonomy”, “communication”, “confidentiality” and “prompt attention” were designed.

Association between overall level of knowledge on Health System Responsiveness and following selected factors were assessed; age, gender, civil status, educational qualification, institution (hospital), grade in nursing service, duration of service at department of health and status of participation to any HSR related programme.

Association between the levels of knowledge on Health system responsiveness and status of programme participation which was regarding or related to responsiveness is shown in Table: 3

Table 3: Association between the levels of knowledge on Health system responsiveness and status of programme participation which was regarding or related to responsiveness

Programme participation	Level of knowledge				Total	
	“Less”		“High”		No	%
	No	%	No	%		
Yes	58	37.9	95	62.1	153	100
No	83	55.3	67	44.7	141	100
Total	141	46.5	162	53.5	303	100

$$\chi^2 = 9.243 \quad df = 1 \quad p = 0.002$$

The proportion of nursing officers (62.1%) who was found to have 'high' knowledge and had participated programme regarding or related to responsiveness was greater than that of nursing officers (44.7%) who had not participated regarding or related to responsiveness. This association was found to be significant.

4. DISCUSSION

As this topic was very important for the optimum performance of a health system and as poor knowledge in one aspect of responsiveness could adversely affect the overall responsiveness, it was expected nursing officers to have a very high level of knowledge about the topic. Majority of nursing officers (53.5%) had comparatively 'high' knowledge and 46.5% had comparatively 'less' knowledge.

Nursing officers had relatively higher proportion of favourable attitudes towards

A case scenario was designed to understand the extent of practices.

Domain of dignity, autonomy, confidentiality, communication and prompt attention were assessed in term of practices. Practices were discussed as "having standard practices" and "having practices which were not up to the standard".

In the present study even though the knowledge was good, there were huge gaps in attitudes and practices towards Health system responsiveness among nursing officers.

The association between the level of knowledge and participation of programme on or related to Health system responsiveness was found to be highly significant

($\chi^2 = 9.243$, $df = 1$, $p = 0.002$). This was a positive sign which indicates possibility of achieving highly performing Health system through enhancing the Health system responsiveness by increasing the education programmes for Health care workers. Even if the programmes are available, non-participation is a major issue among Health care workers and it has to be addressed.

Association between the age of the study population and the level of knowledge was found to be statistically significant ($\chi^2 = 5.833$, $p = 0.016$). Two age groups were defined using the mean age for the population and two groups were 25 to 40 years and 41 to 60 years. In the age group of 41 to 60 years, the proportion of nursing officers (60.7%) having good knowledge was higher than those in the age group of 25-40 years (46.8%). This difference could be due to more learning responsiveness through past experiences among older age group than the younger age group. Further, Health system responsiveness is a non-technical subject, and it could be learnt through related programme.

There were no significant association between overall level of knowledge and gender, civil status, grade in nursing service and service duration in the department of health.

5. CONCLUSIONS AND RECOMMENDATIONS

Mean knowledge score was 83.5, median was 86.9 and mode was 91.3. Knowledge of the subject among nursing officers was found to be high.

Attitudes of the study population were described under eight domains of the responsiveness. Their attitudes towards patient dignity were moderate.

The association between the level of knowledge and participation of programme on or related to Health system responsiveness was found to be highly significant.

Association between the age of the study population and the level of knowledge was found to be statistically significant.

There were no significant association between overall level of knowledge and gender, civil status, grade in nursing service and service duration in the department of health.

5.1 Recommendations

According to the present study, nursing officers at secondary care hospitals in Kandy district had a higher level of knowledge regarding eight domains of Health system responsiveness. But their overall level of attitudes and practices were relatively poor.

Study revealed that there was a statistically significant association between level of knowledge and increasing age. There was also a statistically significant association between level of knowledge and participation of programme about or related to responsiveness.

As the Health system responsiveness does not come under learning curriculum of Health care workers including nursing officers, it has to be included in their curriculum in order to enhance the responsiveness of the system.

In order to improve knowledge, attitudes and practices of the current Health staff special training programmes should be arranged in Sri Lankan health sector.

Improving responsiveness is one of the major aspects in Sri Lankan health sector according to Mahinda Chinthana-2010. Domains of responsiveness are human rights of the people. However, development of a policy document is vital for its clear recognition.

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