

Compliance of healthcare services with religious values accepted by patients in the hospitals affiliated to Jahrom University of Medical Sciences in 2014

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Abstract

Background: The aim of the health system of Iran is to provide the people with health. The compliance of the services provided to the patients is one of the basic principles in the management system of the hospitals, which should be given great attention, as it is very effective in the satisfaction of the patients and the duration of their treatment.

Materials and Methods: This descriptive-analytic study was conducted in 2014 in affiliated hospitals of Jahrom University of Medical Sciences. Sampling was random performed on 204 staff members present in hospital shifts according to the alphabetical order of their first names. The inclusion criterion was being the personnel in the medical centers of Jahrom and the exclusion criteria included lack of cooperation in filling out the questionnaires by the staff and their reluctance to enter the study. The questionnaires filled out by the researcher (according to a 5-option Likert scale scored from zero to 4 with standard level of 2) and the result of his observation in the hospital wards were compared with the responses given by the personnel. All the collected data were analyzed using SPSS 21 at the level of descriptive statistics (mean and standard deviation) and analytical statistics (t-test).

Results: The mean age of participants was 32.49 ± 16.19 with 61.8% women and the rest men. The mean score of compliance with the religious values accepted by patients was 2.35 ± 0.45 . The results showed that the health care services complied with the religious values accepted by the patients (p -value <0.05) above the standard level 2. The results of the t-test showed that the men cited the compliance of the healthcare services with religious values accepted by the patients higher than the women did (p -value <0.05).

Conclusion: The results of this study indicated that healthcare services conform to acceptable religious values and are at an acceptable level. This means that healthcare personnel in the study were well aware of the values and ethical needs of patients. Therefore, it is recommended that studies be conducted at other health centers, so that if necessary, to upgrade personnel information in this regard.

Key words: Ethical standards, Healthcare personnel, Compliance of health services, Religious values

BACKGROUND AND PURPOSE

The aim of the healthcare system of Iran is to provide health of the people (1). The compliance of the services

provided to the patients is one of the basic principles in the management system of the hospitals that should be given great attention (2). Considering the values and the beliefs of the patients, as well as attention to issues such as gender differences are important points to be addressed in the provision of services to patients (3). Various studies have shown that assessment and monitoring of care lead to improvement of practical skills, identification of the weaknesses, and provision of services more accurately, and removal of the problems and discontent in the wards, which ultimately leads to the motivation to provide higher quality care and to meet the needs of the patients (4).

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According to nursing ethics codes, the first professional responsibility of the nurses is to care for the needs of patients and to provide an environment that respects the values, beliefs, rights and dignity of humans (5). Nurses face many issues in provision of care, and the decision they make for patients, in addition to the care dimension, should have ethical dimensions (6). Religion fulfills many of human needs, fills existential vacuum (7), helps people understand the meaning of life events, especially painful and distressful events, and give rise to encouraging and satisfying pleasures in their psyche and mood (8). In addition to the role of religion in adapting to the illness, treatment decisions of patients may also be influenced by religion (9). In fact, religious beliefs in the time of illness become more important than any other time of the personal life (8, 5). Thus, preserving religious principles, creation of the necessary facilities for religious practices, and meeting religious needs of patients when the patient is admitted to the hospital are necessary (8). Therefore, the purpose of conducting this study was to determine the compliance of health care services with religiously accepted values of patients in affiliated hospitals of Jahrom University of Medical Sciences in 2014.

MATERIALS AND METHODS

This descriptive-analytic study was conducted in 2014 in affiliated hospitals of Jahrom University of Medical Sciences. Sampling was random performed on 204 staff members present in hospital shifts according to the alphabetical order of their first names. The inclusion criterion was being the personnel in the medical centers of Jahrom and the exclusion criteria included lack of cooperation in filling out the questionnaires by the staff and their reluctance to enter the study. First, some questions regarding the quality of the provision of healthcare services in terms of compliance with religious values of the patients were raised, and then, by inquiring the medical staff of the medical centers of Jahrom, as well as unobtrusive observation of their behavior, the data were collected. The questionnaires filled out by the researcher (according to a 5-option Likert scale scored from zero to 4 with standard level of 2) and the result of his observation in the hospital wards were compared with the responses given by the personnel. All the collected data were analyzed using SPSS 21 at the level of descriptive statistics (mean and standard deviation) and analytical statistics (t-test).

Findings

Two hundred four medical personnel of the hospitals affiliated to Jahrom University of Medical Sciences participated in the study. Their mean age was 32.49 ± 16.19 with 61.8% women and the rest male. The academic fields

of 34.8% of the staff was nursing, 24.5% anesthesiology, 25% operating room, and the rest were from other disciplines.

The mean score of compliance with the religious values accepted by patients was 2.35 ± 0.45 . The results showed that healthcare services conformed to religious values accepted by the patients (p -value <0.05) and were higher than the standard level 2 (Table 1).

The results of t-test showed that the viewpoints of men and women were different towards the compliance of healthcare services with religious values accepted by patients (p -value <0.05). Men reported higher compliance rates of healthcare services with religiously accepted values than women (Table 2).

The results of t-test in Table 3 showed no significant difference between the viewpoints of healthcare personnel with different disciplines regarding the conformity of

Table 1: The test of compliance of healthcare services with religious values accepted by patients using one-sample t test

	Frequency	Mean	SD	p-value	CI
Compliance of healthcare services with the religious values accepted by patients	204	2.35	0.45	<0.001	(0.296-0.422)

Table 2: Comparison of the degree of compliance of the healthcare services with the religious values accepted by patients from the point of view of men and women

	Gender	Frequency	Mean	SD	t	p-value
Compliance of healthcare services with the religious values accepted by patients	Men	78	2.44	0.465	2.152	0.033
	Women	126	2.31	0.44		

Table 3: The viewpoints of medical personnel with different disciplines in terms of compliance of healthcare with religiously accepted values of patients

Discipline	Frequency	Mean	SD	F	p-value
Nursing	71	2.33	0.46	0.342	0.887
Anesthesiology	50	2.35	0.53		
Surgery room	51	2.36	0.39		
Emergencies	20	2.51	0.40		
Medical	12	2.32	0.52		

healthcare with religious values accepted by the patients (p -value>0.05).

DISCUSSION

Providing healthcare services in accordance with patients is very valuable in terms of physical and mental health and affects the length of the treatment process. Thus, the medical staff should do their best to adapt the medical care to the religious values of the patients to bring about the satisfaction of the patients and their trust in the healthcare personnel. Therefore, it is important to pay attention to this issue. The present study showed that healthcare services were in line with the religious values accepted by the patients and in a favorable state. It was also shown that the views of men and women regarding the compliance of healthcare services with the religious beliefs were different with men noting the compliance with the religious values accepted by patients more than the women. Basiri *et al.* (2015) conducted a study aimed at determining the status of providing religious care to patients admitted to one of the selected educational-treatment centers of Rasht. The results showed that most of the samples were more than 45 years old, mostly female and housewives. Patients had the highest gender compliance with nurses (the patient and nurse were both females or males) and the lowest gender compliance with the physicians, but the difference was not statistically significant, and it was also stated that the observance of patient privacy and visiting status was not desirable (10). In another study by Ghasemi *et al.* (2013) aimed at comparing women and men's satisfaction with their physician, it was found that gender matched among 231 patients (54%), 83% of patients were male and 70% were female who referred to male physicians, and there was no significant differences in gender selection of the physician. Patient satisfaction with the physician was low (11). In other studies, a direct relationship was observed between gender match and patient satisfaction with the healthcare system (12-14). Despite slight differences, it can be stated that this difference is because women, compared to men, are more likely - due to their specific physical and emotional conditions - to feel the need for religious care in line with their own needs. In fact, one can state that gender match is more important in the women's group. It can also be argued that more care of female physicians in the diagnosis and treatment of the disease can justify this difference in results. The other results of this study showed no significant differences in the perspective of healthcare staff with different disciplines in terms of compliance of healthcare services with religiously accepted values of patients. Furthermore, in the study of Basiri *et al.* (2015), there was no significant statistical

difference in different wards in the provision of religious care to the patient (10). Another study showed that the highest satisfaction of patients was from nursing staff and the relationship was significant. The reason for this could be due to the availability of nurses when needed (15).

CONCLUSION

The results of this study showed that healthcare services were in line with accepted religious values of the patients and were at an acceptable level. This means that the treatment personnel in this study were well aware of the values and ethical needs of patients. Thus, it is recommended that studies be conducted at other health centers to upgrade personnel information in this area if necessary.

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