

## View of Societal Expectation towards Health Care Service System for Quality of life

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### Abstract

**Background:** *The conceptual framework for a collaborative healthcare service could be reached precisely only by determining what is expected by society concerning healthcare service.*

**Objectives:** *The study aims at determining the possible societal expectations towards healthcare service system from various stakeholders.*

**Methods:** *Three focus groups based on their character involving final year medical students, public health internship students and healthcare providers/patients, are performed on the subject of societal expectations towards healthcare service system.*

**Results:** *The results are being analyzed by descriptive analysis. The leading expectations are quality and equity of the care received, in which impact of urbanization is well aware and seen as inevitable. Lack of coordination of public sector, private sector and community as well as failure of collaborative partnership of implementing modern medicine and alternative medicine are pitfalls of the healthcare service system.*

**Discussion:** *The framework of societal expectations should include the real voice of society apart from that perceived by healthcare providers. Expectations often overlooked are collaborative partnerships of certain stakeholders and under concern of mental, social and spiritual dimensions of health.*

**Conclusion:** *Healthcare can reach the expectations of society through holistic, coordinated and collaborative approaches provided by multiple stakeholders, particularly academics, service providers, involving both public and private sectors as well as the society itself.*

**Keywords:** societal expectations, healthcare, healthcare service system

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## Background

The conceptual framework for a collaborative healthcare service could not be reached without determining the voice from society concerning perception of health needs and expectations towards healthcare delivery. Primary care, the port of entry to the entire healthcare system, demonstrates its effort in promoting health, giving diagnosis and treatment of illness, as well as enhancing quality of life in the population. Changes in society's environment results in evolution of the service given, thus, it can be implied that societal expectation is one of the main performance indicators used in molding a particular healthcare service character. Health is often mentioned as basic human rights, which in this particular way, quality of life should be paid attention to in terms of general population's understanding of health demand and service supply. Even though, in studies about healthcare expectations and health service provided, what is being observed is health policy includes monitoring of health situation, health promotion, elimination of health disparities and access to quality health service, still, feedbacks on healthcare service often do not demonstrate satisfaction. This study is carried out to determined views of societal expectations through various parties about what should be included in healthcare service for improving quality of life.

## Objectives

The objective of this study is to determine the framework of the possible societal expectations toward healthcare service system from the view of various stakeholders.

## Methods

Three focus groups on the subject of "Societal Expectations for Healthcare Services System" are being performed independently using eight key questions. The duration for each focus group is approximately 30 minutes, with the use of a digital voice recorder. Focus groups are enrolled by purposeful sampling. The first group is comprised of 6 final year medical students which are formed in a group studying a healthcare system – based subject at Thammasat University. There are five more groups in this subject which are not recruited in this study. The second focus group's members are student taking elective internship courses in public health at Thammasat University. These 5 students are entirely foreign students from the University of California. The first two focus groups share some activities in their own course outlines. The final focus group is comprised of 2 nurse practitioners and 5 patients that the students from the University of California (second focus group) have worked with during their CSR (Corporate Social Responsibility) session.

The results are being analyzed by descriptive content analysis and adjusted into meaningful categories of data.

## Results

The data from the three focus groups are processed into 6 categories concerning the followings.

1. Expectation of Healthcare System
2. Urbanization's impacts on health
3. Co-ordination of stakeholders in healthcare
4. Collaboration of Modern Medicine and Alternative Medicine

5. Satisfaction of healthcare service      focus groups are shown and labeled using the  
 6. Trends for healthcare re-orientation      code in Table 1  
 Some of the sentences discussed in the

**Table 1 Character of focus groups**

Group 1	A1-6	(n = 6)	6 <sup>th</sup> year medical students	32 minute session
Group 2	B1-5	(n = 5)	final year student participating electives internship in public health	29 minute session
Group 3	C1-7	(n = 7)	health care providers and patients	34 minute session

**Expectations of healthcare system**

The leading expectations of healthcare system involve service quality, equity to accessibility of health service and coordinated care by multi-professional teams, communities as well as the patient. The focus group involving Thammasat University medical students also pay attention to comprehensive care and continuous care while the University of California's students are aware of a more cost-effectiveness model in the opinions of both the patients and the healthcare system.

".....Quality may be the first (concern) but continuity of care is also important because of chronicity of disease.....if one-stop service, the better" (A<sub>2</sub>)  
 "Comprehensiveness, not care in just parts is wanted..... No! not just "want", but "need" ....(A<sub>6</sub>)  
 ".....cost-effectiveness is important because in the US high cost is accepted if the quality is good ..... sometimes feeling of not being cost-effectiveness may lead to filing lawsuits" (B<sub>1</sub>)

**Urbanization's impacts on health**

Urbanization leads to a negative attitude response from each focus group, except for the patient group that also show positive attitude towards urbanization concerning better transportations, better incomes and improved sanitary conditions.

".....Urbanization may leads to stress, traffic jams, But the advantages is better residence, schools, hospitals and roads....." (C<sub>2</sub>)

"Urbanization is inevitable, but we can be prepared. Illness in urban areas is difficult to treat because the cause and precipitating factors are lifestyles and unawareness, you can say they are in pre-contemplation stage ....." (A<sub>2</sub>)

"..... mental and spiritual health worsen, not much time to make merit and no spiritual attachment ....." (A<sub>2</sub>)

**Coordination of stakeholders in healthcare**

Coordination can occurs in a multi-professional manner or can be seen as a joint participation of government, private and

community sector. Most of the coordinated programs in healthcare are by chance, without an encouraging system that enforce coordination.

“coordination (of multiple sectors) can reduces scarcity in health personnel, but this (coordination) is loose and temporary” (B<sub>5</sub>)

“For a health educator, multi-professional approach benefits the patients a lot ..... sometime they (the patients) don’t know from whom to seek advice, we must provide them names .....” (C<sub>6</sub>)

### **Collaboration of Modern Medicine and Alternative Medicine**

Alternative Medicine is an emerging key player due to patients’ rights to receive service and traditional wisdom is encouraged according to all focus groups. The University of California students also raise concerns on how to assure quality and safety of Alternative Medicine.

“Alternative medicine, particularly Thai traditional Medicine is gaining popularity (in Thailand) because patients fear side effects of modern medicine” (A<sub>5</sub>)

“Traditional Medicine will improve adherence ..... because patients are already used to it. (A<sub>2</sub>)

### **Satisfaction of healthcare service**

Most of the members in each focus group found this category quite subjective and

prone to get the answer as non-satisfaction. Quality is a major concern, in which treatments are not comprehensive and treating physical disease are more likely in reality, instead of seeing a patient’s quality of life as priority.

“..... not satisfying because it seems to be non-holistic .....” (A<sub>1</sub>)

“ ..... service is terrible, unfriendly. Universal coverage may be free of charge, but a sick patient is more than a sick body” (C<sub>1</sub>)

### **Trends for healthcare re-orientation**

Major trends would be regarding a more holistic healthcare service that pictures a concentrated degree of humanized medicine with various stakeholders such as academics, service sectors and community workforce. The so-called soft science would be in consideration apart from the already established knowledge in medical sciences.

### **Discussion**

The study reveals the view of societal expectations towards healthcare service system via the focus groups comprising of medical students, public health students, health personnel and patients. The population in this study may not represents the overall society but the interesting part for this purposeful recruitment of the focus groups is the inclusion of not only health service workers and patients, but also public health students and medical students, in which these students have been studying through a problem-based learning curriculum and receive the opportunity to practice under supervision in real healthcare environment. Perhaps nothing better captures the difference

between quantitative and qualitative methods than the different logics that undergird sampling approaches. These students' opinions are influenced by their experiences, both in the form of healthcare personnel's perception of healthcare and reflective observation on patients during receiving healthcare services. According to the results summarized into categories in the three focus groups, all of the categories seem to have the same responses from each group, which may be a result from three possibilities.

1. Students in both groups may not have direct experience in receiving care, but they are encountering in a curriculum based on experiential learning as well as exercising healthcare scenario studies.

2. Healthcare service system contains rooted social problems in the country, so common that an individual can perceive the degree and occurrence of the problems.

3. Health is considered as basic human rights. In the same manner, health needs are primarily similar, in which slight difference may be observed due to population character, culture and beliefs.

Quality and equity in assessing healthcare services are the priority of expectations. Quality as defined in the focus group does not confine only to positive health outcomes, but also includes the process in which healthcare is being given. Quality in this perspective leads to questioning of healthcare provider's awareness of such definition. This point of view should raise concerns on the care given whether it is able to fulfill the dimensions of "health", i.e. physical, mental, social and spiritual health. Equity of accessibility to care from the focus groups' point of view seems to

reach satisfaction, especially in the two groups with Thai natives, based on the past decade after introduction of the national universal coverage. In the United States, universal coverage has not been fully established, this leads to health policies debates during each presidential candidate election to cover the holes in the healthcare systems.

Urbanization is inevitable and is becoming a megatrend, as shown in the study that all focus groups are aware of the impact from urbanization. This correlates with the fact that urbanization or even globalization should make collaborative partnership easier. However, in reality, such collaboration undergoes obstacles from the level of collaboration of professions, collaborations of science or body of knowledge (i.e. modern medicine and alternative medicine) to the difficulty of creating partnership between public and private sectors. Expected trends of healthcare service proposed by the focus groups include holistic approaches in re-thinking health, health needs, healthcare as well as to encourage academics, health service providers and the community to work together.

## Conclusion

Healthcare can reach the expectations of society through holistic, coordinated and collaborative approaches provided by multiple stakeholders, particularly academics service provider, involving both the public and private sector as well as the society itself.

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