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INVESTIGATING THE LEVEL OF PATIENTS' SECURITY IN THE SELECTED HOSPITAL OF MAZANDARAN PROVINCE USING HOTELING SERVICE APPROACH

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Abstract

Introduction: Providing the patients' security and comfort is an important goal of organization that delivers health-medical services. The present study was aimed at investigating the level of patients' security in the selected hospital of Mazandaran Province using Hoteling Service Approach.

Materials and methods: The present study was a descriptive survey that was carried out on 1083 patients who had referred to public, private, and Social Security hospitals in Mazandaran Province. Data collection was carried out through a researcher-designed questionnaire called Patient's Sense of Security using Hoteling Service Approach. Its content validity was approved by experts and its reliability was checked using reliability test and calculated through Cronbach's Alpha. Data analysis was conducted through ANOVA using SPSS 21.0 Software.

Results: The results of the study showed that the mean score of security sense among the patients who had referred to Social Security, Private, and Public hospitals was respectively 3.73 ± 1.03 , 3.57 ± 0.67 , and 3.17 ± 0.96 . On the other hand, health and sanitation services with a mean score and a standard deviation of 3.67 ± 1.11 , standards of hospitalization beds 3.61 ± 0.87 , green spaces 3.43 ± 0.99 , patient's convenience services 3.41 ± 0.76 , physical factors 3.35 ± 0.81 , and companion's convenience services 3.13 ± 1.15 were respectively the highest to the lowest scores of sense of security.

Conclusion: Providing appropriate hoteling services caused the formation sense of security among patients who had referred to the selected hospitals.

Keywords:

Sense of security; patients; selected patients; hoteling services

Introduction

Security is one of the most important and necessary needs of the community members, and benefiting from it the prerequisite for actualization of other rights. It has two dimensions: an objective one and a subjective one. In objective dimension, security can be defined as being freed from threats; in subjective dimension, it can be defined as the sense of peace or lack of threat against governing values; and in mental dimension, it is the same as the sense of security [2]. In the present study, presence of the mental dimension of security was considered. The role and importance of existence of security sense among individuals (in mental dimension) is along with the presence of security and objective dimension; therefore, most experts believe that the sense of security is prior to the objective existence of security [3] because an individual's reactions depend on his/her perception and understanding of security [4]. The sense of security is a psychosocial phenomenon that results from the individuals' direct and indirect experiences of their surrounding environment and situations [5] and is caused by the balance among the set of variables that place an individual in an appropriate environment [6]. Sense of security can be scrutinized in different sectors of the society and in accordance with different individual, economic, and social aspects regardless of the level of the society's development [4]. The results of the studies carried out before indicated that sense of security is highly important in delivery of palliative care and patient's recovery [7]. Sense of security can be created by providing the patients different medical and nonmedical services. One of the nonmedical aspect of security is the quality of the facilities and equipment that chiefly focus on the general physical facilities of the organization providing services like the general level of sanitation or the appearance of furniture [8]. Achievements in such issues obtained by the organizations that deliver health and medical services are directly effective in the patients' wellbeing, peace, security, and health level [9]. The studies that have been carried out indicate that issues like lack of peace in regard with noises (crowdedness caused by patients, companions, or personnel), smell (blockage of toilet basins in the rooms and the smell of wastewater leak from the pipes), light (leaving the lights on), crises (reviving a dying patient), dark color and appearance of the walls, small and dark environment, and dirty rooms can endanger the patient's sense of security [7]. In various studies that are carried out on determining the needs of the hospitalized patients' families, this point is highlighted that supplying appropriate facilities for patients and their families' stay can play a significant role in reducing the patient's anxiety and accelerating his/her recovery [10]. In their study, Abedi, et (2013) discovered that providing hoteling services as one of the place component indices (a component integrated with service

marketing) plays a significant role in the patients' tendency toward the type of hospitals (public or private) [11].

According to the guidelines of enhancing the quality of hoteling in hospitals that are supervised by the Ministry of Health and Medical Education, the major axes of evaluating hoteling services are introduced in 7 cases: (1) buildings and installations, (2) equipment and facilities, (3) welfare services, (4) sanitation and health services, (5) patient's nutrition, (6) administration and workflow, and (7) human resources [12]. The answer to this question (i.e. can delivery of appropriate hoteling services lead to the sense of security among patients referring to the selected hospitals of Mazandaran Province?) is the objective of this study. Therefore, the present study was designed and carried out in order to not only answer the abovementioned question but also add to the rich literature of this field.

Materials and methods

In regard with its objective, the present study was an applied one, and regarding the data collection method, it was a descriptive-analytical research that was conducted on patients who had referred to Public, Private, and Social Security hospitals in Mazandaran Province in 2014. The sample size was 1083 which was determined through Cochran sample size determination with an estimation error of 0.05 ($d=0.05$) and the first type error of 0.001 ($\alpha =0.001$). In order to cover the estimated sample size, first out of the 25 public hospitals, 9 private hospitals and 5 social security hospitals in Mazandaran Province, one from each group (a total of three hospitals) was randomly selected. Afterwards, the sample was selected based on the proportion of the patients in each hospital (Public, Private, and Social Security Hospitals). The selected hospitals were Sari's Imam Khomeini Hospital, Shafa Private Hospital, and Ghaem Shahr's Social Security Hospital, which (according to approximate estimations) respectively covered 40%, 30%, and 30% of the whole study sample. Therefore, the final sample of each hospital was respectively 433, 325, and 325 individuals. In order to collect the required data a researcher-designed questionnaire was employed. It was composed of demographic items (age, gender, hospital, etc.), physical factors in the hospital (10 items), patient's welfare factors (2 items), companion's welfare factors (2 items), factors of green spaces of the hospital (2 items), health and sanitation factors (3 questions), and factors related to the standard of the beds (3 items). The validity of the questionnaire was confirmed by experts and its reliability by internal consistency method using Cronbach's Alpha which was calculated to be 0.91, 0.82, 0.74, 0.94, 0.91, and 0.87 for different sections. The questionnaire used Likert scale for measurement, whose options were arranged from very low to very high (very low=1, low=2, average=3, high=4, and very high=5). The inclusion criteria were patients or their

companions who had referred to public, private, and Social Security hospitals of Mazandaran Province and were willing to participate in the study, and the exclusion criteria included the intendency to participate in the study or answer the questions completely. Finally, 941 questionnaires were completed among the whole 1083 ones, which were utilized in the present study. Data analysis was conducted through MANOVA test using SPSS 21.0 Software.

Results: The results of the study indicated that 409 participants (43.5%) were from the public hospital, 315 individuals (33.5%) from the private hospital, and 217 individuals (23.1%) were from the Social Security hospital. In regard with gender distribution, more women (52.9%) than men (47.1%) referred to the hospitals. Regarding the participants' age, 92 patients (9.8%) were below 20 years old, 222 patients (23.6%) were between 20 and 30, 258 patients (27.4%) were between 30 and 40, 180 patients (19.1%) were between 40 and 50, and 189 patients (20.1%) were over 50 years old. The mean and standard deviation of different dimensions of security sense are presented in Table 1, below. The mean score security sense is Social Security, Private, and Public hospitals was respectively 3.73 ± 1.03 , 3.57 ± 0.67 , and 3.17 ± 0.96 . On the other hand, health and sanitation services with a mean and standard deviation of 3.67 ± 1.11 , the standards of hospitalization beds with 3.61 ± 0.99 , patient's welfare services with 3.41 ± 0.76 , physical factors with 3.35 ± 0.81 , and companion's welfare services with 3.13 ± 1.15 were respectively the maximum and minimum scores of security sense. As was stated, the type of the hospitals influenced the scores of security scores, and patients who had referred to the Social Security hospital obtained the highest means score (sanitation and health factors, standard of hospitalization beds, factors of green spaces, patient's welfare factors, physical factors, and companion's welfare factors) than those who had referred to the private and public hospitals (See Table 1).

Table-1: Descriptive statistics related to the dimensions of security sense.

Hoteling Services	Hospital	Mean	Standard Deviation	Number
Health and Sanitation Service	Public	3.15	1.1	409
	Private	4.22	0.73	315
	Social Security	3.84	1.13	217
	Total	3.67	1.11	941
Standard of	Public	3.44	0.89	409

Hospitalization Beds	Private	3.62	0.71	315
	Social Security	3.92	0.97	217
	Total	3.61	0.87	941
Green Space Services	Public	3.22	1.01	409
	Private	3.52	0.82	315
	Social Security	3.69	1.08	217
	Total	3.44	0.99	941
Patient's Welfare Services	Public	3.25	0.79	409
	Private	3.32	0.48	315
	Social Security	3.85	0.87	217
	Total	3.41	0.76	941
Physical Factors	Public	3.24	0.82	409
	Private	3.13	0.58	315
	Social Security	3.87	0.87	217
	Total	3.35	0.81	941
Companion's Welfare Services	Public	2.74	1.17	409
	Private	3.57	0.71	315
	Social Security	3.22	1.35	217
	Total	3.13	1.15	941

Table-2: ANOVA test related to the dimensions of security senses in different hospitals.

Test		Value	Absolute F	df	Sig.
Hospital	Pillai	0.173	14.75	12	0.000
	Wilks	0.833	14.84	12	0.000
	Hoteling	0.192	14.93	12	0.000

	Roys	0.136	21.10	6	0.000
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As indicated in Table 2, the hospital variable as the fixed factor was entered the model. According to the amount of F statistic and Sig. value that is below 0.05 and significant, in other words, the type of hospital affects the sense of security, and patients who had referred to the Social Security hospital had a higher level of security sense in regard with hoteling services (sanitation and health factors, standard of hospitalization beds, factors of green spaces, patient's welfare factors, physical factors, and companion's welfare factors) compared to those who had referred to Public and Private hospitals.

Discussion

The present study was aimed at investigating the level of security sense in the selected hospitals (Ghaem Shahr's Vali Asr, Sari's Imam, and Sari's Shafa) using a Hoteling Service Approach. The results of the study indicated that sense of security that was caused by providing hoteling services among the patients who had referred to the Social Security hospital was more than that of those who had referred to Private and Public hospitals. Sense of security that was resulted from health and sanitation services like cleaning the toilets, hospitalization wards, and hospital environment was more than other factors. The results of the study carried out by Ridelburg, Roberk, and Nilsen indicated that when health services are not well provided, patient's recovery will be faced with serious barriers [13]. Boshoff's study showed that the quality of health care services had a significant effect on the patients' satisfaction [14]. Abedi et al's study indicated that patient satisfaction is a combination of expectations, experiences, and needs perceived [15]. Ya'ghubi et al stated that health and sanitation services play an effective role in the patients' tendency toward hospital, which confirms the results of the present study [16]. Seyyed Hasani and Dehghani discovered that health care services in special wards of educational hospitals can affect the quality of care and indirectly reduce the hospitalization duration [17]. The results of the present study indicated that the standards of the hospitalization beds including the quality and comfort of the hospitalization beds, the number of the beds in the room, and the fence of the beds were in the second priority to create the sense of security. In this regard, Najafi believes that the rotation distance of the beds indicates the rate of the patient's return to the hospital and indicates the hospital's performance in the treatment and quality of the delivered services [18]. The results of the present study showed that green space services (the largeness of the green space of the hospitals and improvement and beautification of such spaces), patient's welfare services (availability of welfare facilities like

refrigerator, television, and telephone in the room and the quality of the food), physical factors (like the hospital age, appearance, and interior decoration, beauty of the wards, presence of heating and cooling systems, nearness to their home, noises, smell, light, color, and parking lot), and companion's welfare factors were place in next priorities.

Conclusion

The results of the present study that was carried out in the selected Social Security, Public, and Private hospitals of Mazandaran Province indicated that providing hoteling services can create the sense of security among hospitalized patients in a way that it was more in the Social Security hospital compared to the Public and Private hospitals.

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