

## **Integrity Plan Verification from the Perspective of the Experience of Health Care System Service Users**

### **Methodology**

The verification of integrity plans (IP) was carried out through research on the experience of a total of 1,452 users of services provided by health care institutions. In view of the established draft integrity plans, the verification was carried out in three types of institutions pertaining to the health care system:

1. Health care centers (a total of 25 organizational units of this institution type were sampled);
2. General hospitals/clinical centers/clinical-hospital centers/clinics/institutes (a total of 25 organizational units of this institution type were sampled);
3. Units of the Republic Institute for Health Insurance (a total of 10 organizational units of this institution type were sampled).

In order to provide a representational overview, samples included health care institutions from all parts of Serbia, with equal regional representation. Moreover, during the participant selection stage, sex and age ratios of the service users, and occupation or profession ratios (nurses, doctors, administration) among employed persons were taken into account. A description of the samples for each of the six target subgroups is detailed at the end of individual reports.

The research was conducted using the method of direct interviews. A total of 37 interviewers were trained for the requirements of the research.

### **Key research findings**

When it comes to the evaluation of different elements of integrity of the health care institution staff, their **professionalism** received the lowest grade by patients. According to the responses, a conclusion may be drawn that patients are less suspicious of our educational system not providing sufficient knowledge to the medical staff or of their lack of work experience. What the patients find the staff do lack is a professional relationship with the patients, that is to say, conveying their medical knowledge and experience to a humane relationship to the patients and respecting human rights.

The responses to the question about the most common ways of obtaining information about admission for examination in health care institutions are very interesting. Almost two thirds of patients obtain information through medical personnel working in administration or at registry counters; this is followed by informal information sources, such as word of mouth, and lastly, by publicly announced written information on procedures. This fact could mean at least two things – first, that the institutions do not publish such information at all, or, if they do, that patients do not read them, cannot access them, or are not in the habit of obtaining information in this manner. It is also possible that the information published by health care institutions is incomprehensible or incomplete, or that it misleads the patients. In any case, it is the institutions' responsibility to either publish this information or help patients find and read it. Otherwise, a situation could occur where a large number of patients come to registry counters to have their questions answered, when the same registry counters need to take care of other administrative activities, leading to congestion, over-crowdedness, and dissatisfaction on both sides of the counter. Written information on procedures that is clear, comprehensive, and relevant to obtaining health care services, is one of the most efficient ways of fixing the situation. The information would

need to be uniform at least at the primary level of health care in the public sector across the whole country. It would be very useful to precisely define the procedures in the form of a printed manual, which would be delivered to every insured person, as well as to make the procedures available on the websites of the Republic Institute for Health Insurance, Ministry of Health, and every health care center and hospital. In the same way that private institution patients get a precise overview of the rights they are entitled to for the amount of money paid, the public sector as well should provide clear information regarding patients' rights, and the procedures by which they can exercise those rights.

A cause for particular concern is the fact that a large number of patients claim that the staff does not always follow the same procedures regarding admission for examination, that is to say, that they carry it out in different ways according to circumstance. This undermines the exercise of patients' rights, and leaves a lot of space for speculation on why and how it is possible to perform an examination in different ways (for instance, by pulling strings, through acquaintances, bribery, etc.).

The biggest problem for most patients when it comes to making examination appointments is the waiting time between making an appointment and the actual examination. This finding was to be expected, considering the fact that all those who come for examination think the waiting time should be shorter, that is to say, that their health condition should be treated as soon as possible. The number of those who consider poor organization of the examination process and the admission itself to be the worst hindrance is not negligible, either. In one specific case, patients claimed that the time of appointment is frequently disregarded, because it is often the case that despite having made an appointment patients must wait for admission in the health care center waiting room longer than they would have waited without an appointment. These cases are proof of relatively poor organization of work, which has considerable influence on integrity, and leaves space for speculation that the procedures in health care institutions are respected only superficially, and that essential examinations and services are being obtained in other, alternative ways, which fail to take ethics and integrity into consideration.

The section dealing with patients' complaints about failure to comply with procedures points to two very important issues – the first is that at least half of the patients feel the need to file a complaint about the work of the staff; the second component of the question concerns the fact that those who do feel the need to complain still do not do so, because they either lack knowledge or do not trust that the system can provide meaningful action on complaints or a change of situation in their advantage upon filing a complaint. Patients either lack trust that anyone will act on their complaint, or do not know where to address their complaints and in what way. The fact that there is no habit of filing complaints not only threatens the exercise of patients' rights, but also takes away an important source of information from health care centers about the existence of critical issues in the organization and hierarchy of the institution that are in need of intervention and change.

Patients' reactions in situations where they must offer or pay a bribe were also analyzed, and interesting results have been reached. Most of them decide to concede in such situations, their health being of primary importance, and what they pay is considered a much lower stake than what they gain in return. This example reveals one of the most important reasons for the health care system's placement at the very top when it comes to both perception and experience of corruption. The medical personnel in institutions counts on this kind of mindset in patients, as well as the fact that patients are at their mercy, and will thus accept any means of resolving their health problems. The best thing that patients can do in this kind of situation is ignore it, and at

the very least report such cases, which puts them at risk of being refused necessary health care services.

What is present even more in health care institutions than corruption and bribery originating with doctors and nurses is giving minor presents to the staff (coffee, drinks, sweets...). As much as one third of the patients said that they sometimes engage in this, and one tenth that they do it regularly. Bearing in mind that the public views this type of behavior as socially unacceptable, it is to be expected that these figures are actually much higher, that is to say, that patients are not always ready to admit entirely that they turn to such means, whether it is a way of expressing their gratitude for a service, or of influencing doctors' and nurses' treatment by "cheering them up" in advance.

Giving presents is not only part of tradition and culture, as is frequently assumed by the public, but a rather rational goal-oriented type of behavior – half of the people interviewed (50%) think that it definitely or probably facilitates the procedures and affords better treatment. The other half either does not consider that it affords better treatment, or feel unable to estimate in what way this step influences the final outcome and their status in the institution.