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ABSTRACT

This study aimed at assessing the responsiveness of Thingangyun General Hospital, Yangon from patients' perception, in 2019. It was a cross-sectional study using face to face interviews with 180 patients from five wards of this hospital, 36 from each ward. The wards were medical, surgical, obstetric and gynaecological, orthopaedic and renal medical ones. In this study, 72 males and 108 females were involved. Mean age (standard deviation) of patients was 43 (17) years. The majority were married, Buddhists and urban dwellers. More than half of the respondents acquired primary and middle school education. Regarding occupation, dependent respondents and those who ran own business were the most frequent groups. About half of the patients had history of hospitalization. Concerning the duration of hospital stays, minimum stay was 3 days, maximum stay 45 days and mean stay 8.6 days. On calculating mean scores, domains of confidentiality and social support got above satisfactory level. Concerning the overall rate of a domain, the majority of the respondents answered as good for confidentiality and social support. As to doctors and nurses' respect for patients' dignity and communication, the overall rates were good and fair respectively. Regarding the domains of autonomy, prompt attention, basic amenities and choice of health care providers, most of the respondents rated as fair. Confidentiality was the most responsive domain from the perception of the respondents, whereas, the domain of basic amenities the least responsive domain. When a comparison on the responsiveness of the wards was made, most of the respondents rated the renal medical and the medical wards as good for most of the domains. There was a statistically significant association between the admitted wards and the least responsive domain. It is concluded that the domains of basic amenities, provider choice, autonomy, and prompt attention should be identified as the important areas calling for further improvement. To be a better responsive hospital, reform strategies should be focused on these domains in this hospital.

CONTENTS

LIST OF ABBREVIATIONS

MMK	Myanmar Kyat (Myanmar currency unit)
OG	Obstetrics and gynaecology
OPD	Out-patient department
SPSS	Special package for social science
WHO	World Health Organization

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THE RESPONSIVENESS OF THINGANGYUN GENERAL HOSPITAL

MAUNG MAUNG WIN

M.B., B.S

Master of Hospital Administration (MHA)

University of Public Health, Yangon

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the Postgraduate Academic Board of Studies,
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Chief Examiner

Examiner (1) **Examiner (2)**

CHAPTER (1)
INTRODUCTION

1.1 Background Information

Responsiveness is a prime characteristic of a robust and highly effective health system, which concerns with the system's ability to fulfill non-medical legitimate expectations of the patients and embraces not only the interpersonal processes between the health professionals and the clients but also the interaction between the system and the population it serves. A good responsive health system maximizes patients' benefits and satisfaction on their encounter with the system and minimizes the multi-domain problems and conflicts prevailing within the system. The World Health Organization's framework for assessing performance includes three intrinsic goals of health systems, namely improvement in health level and equity, financial fairness and risk protection, and responsiveness to the preferences of the population (Daher, 2001).

Introduced since 2000, the concept of responsiveness has been in use to assess the experiences and perceptions of the individuals about the health system, which have dominance over their general health and well-being. Three main differences occur between responsiveness and patient satisfaction. Firstly, patient satisfaction mainly focuses on clinical interaction while responsiveness assesses the health system as a whole. Secondly, patient satisfaction covers both medical and non-medical aspects of care, but responsiveness highlights the non-clinical aspects of the health system. Thirdly, patient satisfaction is a mixture of one's perceived needs, expectations and experience of care. Responsiveness, however, evaluates how patients perceive the health system from the viewpoint of people's legitimate expectations (de Silva, 2000).

Responsiveness is important in various aspects. Firstly, addressing the legitimate expectations of people is at the core of the stewardship function of health systems. Secondly, responsiveness is fundamental, because it relates to basic human rights. Health systems, education, economic, political and cultural systems share responsiveness as a goal. Thirdly, a health system can improve the elements of

responsiveness without large investments. Lastly, responsiveness shows more rapid improvements than the other two intrinsic goals (Darby et al., 2000). Health system responsiveness is measured by means of eight domains which can be classified into two broad dimensions, namely respect for persons and client orientation. Respect for person domain covers dignity, communication, confidentiality and autonomy. Client-orientation domain includes prompt attention, access to social supports, basic amenities and choice of care provider (Tille et al., 2019b).

Health system responsiveness is important for improving Universal Health Coverage. The goal of Universal Health Coverage is to ensure that everyone have access to needed health services without suffering financial impoverishment. For a country to achieve Universal Health Coverage, a strong, efficient, well-run health system is crucial. In such a system, a people-centered, integrated care can be developed by informing and encouraging people to prevent illness and treating them respectfully in the event of diseases. These factors are related to the domains of responsiveness. Improving efficiency of resources including physical infrastructures, an important principle in Universal Health Coverage, is linked with the domain of basic amenities.

Achieving Universal Health Coverage will require efforts to improve the health system responsiveness and the quality of care provided to the population (Geldsetzer et al., 2018). In 2008, the World Health Organization announced the Primary Health Care reforms, where social participation is a key component, which also became a determinant tool in increasing responsiveness of the health system.

Health system responsiveness plays an integral part in achievement of sustainable development goal 3**,** which concerns with health and declares that ensuring healthy lives and promoting the well-being for all at all ages is essential to the sustainable development. The responsiveness is accepted to be one of the key roles in achieving this goal, in a way that good responsiveness creates trust and reliance of the population upon the health system and ensures their solid participation in successful implementation of the golden targets in this goal.

This study aims to assess if the concept of the World Health Organization's responsiveness reflects the non-medical expectations of the patients in Thingangyun General Hospital**.** This hospital is situated in Thingangyun township, Yangon Region. The foundation of this hospital was laid down in April, 1991 and the hospital was commissioned into service as a 300-bedded one in May, 1994. It was upgraded to a

500-bedded general and teaching hospital in 2015. In March 2019, a new six-storied medical complex came into existence in this hospital by the financial support of government. This new building can hold 350 beds. Thus, this hospital accommodates about 850 patients in total. There are 21 facilities in this hospital. In addition to medical services, the hospital also undertakes the disease control activities, research works, rehabilitation works and public health services. Less than three fourths of the sanctioned staff are appointed to operate the machinery of this hospital.

According to the 2018 Annual Report of this hospital, about 650 patients on average visit the outpatient department daily. And, nearly 750 inpatients are receiving the effective medical treatment every day. The annual number of the patients who come to seek care is increasing, indicating that this hospital is providing better health services year after year. Currently, the hospital administration is making every effort in successfully implementing the infection control programs, the injection safety measures and plan for the hospital antibiotics policy. Activities such as continuing medical education sessions, continuing nursing education sessions, lunch time talks and on-job trainings are being regularly carried out with momentum for improving technical efficiency and job satisfaction of the hospital workforce. The 5-year master plan (2017-2022) was launched in 2017. Since then, construction and other development works of the hospital have been underway. In 2018, a proposal was submitted twice to the Ministry of Health and Sports to upgrade this hospital to a 1000-bedded one. In Myanmar, the role of public hospitals in providing health services to the population is essential.

1.2 Problem Statement

Health system responsiveness is a priority goal of health service development. It is one of the hallmarks of high performance health systems and maintaining the responsiveness of health organizations at high level requires constant assessment of its situation as perceived by the patients. The accumulation of data on perception of health organization's responsiveness can help policy makers in developing effective relevant strategies (Kamali, 2014). The domains of health system responsiveness are important indicators of the performance of health systems. They measure how people-centered a health system is and to what extent the legitimate expectations of the clients are being met. Studies show that the higher the health system responsiveness, the greater the chances of treatment success and meeting the clients' expectations and contentment with the services will be (Yakob, 2017).

A responsive health system contributes to health enhancement by ensuring everyone an opportunity to acquire updated information, to get care as promptly as possible and to have better communication with health care providers (Valentine et al., 2003). The health systems in many developing countries are currently bedeviled with many challenges including capacity gaps, shortage of human resources, lack of institutional infrastructures and a conflicting relationship between health care providers and the clients. The upshot of these problems was the stagnation of health service delivery and even a reversal of some previous achievements in health sector.

Considering public hospitals, policy makers need to be tactical and efficient in coping with the problems in these hospitals such as undermanned staff and heavy workload due to disproportionate numbers of patients, low pay and poor working conditions, lack of incentives and job dissatisfaction, unending complaints and poor compliance of the refractory patients. These problems are, indeed, interrelated to the domains of responsiveness. Problems of poor communication and diminished respect for patient's dignity, dilemma in cases of confidentiality regarding patients with communicable diseases are main issues to be resolved. Lack of the effective flow of information between the health system and the patients put them at a disadvantage.

Patients' dissatisfaction for their poor involvement in decision-making of their diseases and lack of prompt care in some cases and unreasonable waiting time for receiving examination, treatment or counseling become the major conflicts of health system. Social and family support in some health facilities such as mental health hospital or specialist hospital for communicable diseases is limited. Physical infrastructures and basic amenities of health facilities are insufficient in the developing countries. There are also discrepancies between customers' perceptions and doctors' opinions regarding choice of provider or institution.

Nowadays, in Myanmar, responsiveness of most public hospitals towards their patients still remains unsatisfactory in the case of some domains. Due to this weakness, patients' satisfaction, reliance and perception towards responsiveness of public hospitals are decreasing gradually. As a result, the role of private hospitals is becoming more prominent. Therefore, more researches on health system responsiveness should be conducted in order to accelerate the rate of responsiveness of public hospitals.

1.3 Justification

Responsiveness of health care system at hospitals is an important parameter for evaluating patients' perception of quality of health care (Bazzaz et al., 2015). A responsive health system well adapts to the present and future health needs, thus contributing to better health outcomes. The idea of responsiveness revolves around the actual experiences of patients' interaction with their health system (Mirzoev and Kane, 2017).

Patients' views and opinions are considered as most appropriate source of information for assessing the non-clinical aspects of health care delivery (Robone, Rice and Smith, 2011).The patient orientation is one of the most important components of hospital quality initiatives. Patients' expectations, opinions and satisfaction are the key issues which significantly help improve the quality of health care services. Nowadays, though the importance of responsiveness is being increasingly recognized, there are still limited studies concerning patients' perception on responsiveness of public hospitals. Knowing the current situation of the health system responsiveness, necessary interventions can be performed to improve the image of the hospital. The aim of this study was to investigate the responsiveness of Thingangyun General Hospital from patients' perception.

As regards a hospital, constant awareness of how the patients judge its responsiveness domains from their perception is essential. It facilitates the hospital administration to improve the quality of services and meet patients' expectations. The more satisfied the patients are with the services of a hospital, the higher the level of utilizing its services will be in the future. Moreover, hospital administration should therefore know how to respond to their clients' needs, thereby ensuring that they can provide the most efficient services within limited resources.

Since Myanmar is moving towards the Universal Health Coverage, accessibility to the health services is one of the major factors that contribute towards accomplishing it. Therefore, it is important for the hospital administrators and policy makers to gear up the responsiveness of the public hospitals. This will help reduce the impact of many different barriers patients come up against in the search of care, attract more and more patients to visit the hospitals year after year and promise them most benefits. Assessing the responsiveness of this hospital is expected to provide valuable information for improving the overall performance of the hospital and further planning and policy making of the hospital administration.

CHAPTER (2)
LITERATURE REVIEW

2.1 The Concept of Health System Responsiveness

The health system responsiveness, defined as non-medical aspect of treatment relating to the protection of the patients' legitimate rights, is the intrinsic goal of the health system. It consists of two components which are domains of respect for patients related to dignity, autonomy, communication and confidentiality and domains of patient orientation including the quality of basic amenities, choice of health care provider, access to social support networks and prompt attention (WHO,2000).

On the creation of the World Health Organization in 1948, its constitution defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In 2000, WHO refined and broadened the concept of patient experience to cover not only the interpersonal process between practitioner and patient or client, but also the interaction between the health system and the population it serves. This concept was called responsiveness (WHO, 2000).

With a view to measuring responsiveness level as a criterion of health system performance, the World Health Organization has developed a questionnaire, which has been used in several studies all over the world (WHO, 2000).The WHO strategy is designed to achieve a clear understanding of the conceptual framework of responsiveness, develop reliable and valid measures of responsiveness, keep the costs and burden of data collection on responsiveness as low as possible and link the measurement of responsiveness with its improvement.(Darby et al., 2000)

Determining the Domains of Responsiveness

Dignity

Dignity is derived from the Latin word dignus, meaning worthy, defined as the "state of being worthy of honour or respect. This domain refers to the right of every individual to be treated with respect, courtesy and interest by every health care provider. This is a crucial aspect to be considered in the delivery of care in many health systems, especially in multicultural setting. Dignity implies that discrimination

of any nature has to be avoided and that health care providers are responsible for treating individuals with full respect. At the system level, appropriate legislation helps to enforce this type of treatment (Valentine et al., 2003).

Clarity of Communication

Clarity of communication is defined as the clarity in conveying information from health system to its customers and evoking mutual understanding between them. This domain includes the perception that providers explain in clear terms about the patients' condition, its treatment, and implications. It also implies that the providers listen carefully to the concerns of the patients, respond their questions accompanied by appropriate advice and permit them to ask follow-up questions (Valentine et al., 2003).

Confidentiality

Confidentiality is defined as being entrusted with secrets. It is equated with privacy. As a domain of responsiveness, confidentiality is about individuals' expectation that the information provided to the health care provider will not be shared with others. The right of confidentiality needs to be promoted through securing privacy of the environment in which consultations are conducted and following guidelines to keep the personal information provided to health personnel confidential, including confidentiality of medical records. The training of health personnel and the existence of physical infrastructure that protects privacy during consultations are prerequisites for the safeguarding of confidentiality. Health professionals sometimes face a dilemma between safeguarding patient confidentiality and the need to inform other people, particularly in transmissible conditions (Valentine et al., 2003).

Autonomy

Autonomy is derived from the Greek words autos (self) and nomos (law). It has two components: decision- making (autos or self-directing) and the value system by which decisions are made (nomos or natural law). It is also defined as "the freedom of the will". In philosophy, this concept relates to being self-determined instead of being determined from outside. The principle of autonomy implies that the individuals must have the right to receive medical information about their health status and risks, to make informed choices about their treatment options, including the choice of refusing treatment. The right to autonomy does not force patients to be autonomous (Valentine et al., 2003).

Prompt Attention

Prompt attention is defined as care provided readily or as soon as necessary. Prompt attention occurs when individuals who seek care receive it in time or as soon as necessary. Access to health care, including rapid care in emergency cases, short waiting periods for treatment, and convenient times and modes for accessing curative and public health interventions contribute to wellbeing and are the key determinants of patients' perceptions of the quality of care. This dimension is not limited only to personal medical services. The lack of prompt attention in an administrative process surrounding an encounter can also affect people's well-being (Valentine et al., 2003).

Social Support

Social support can be defined as the feeling of being cared for and loved, valued, esteemed, and able to count on others if the need arises. Patient welfare is best served when individuals have regular access to their families and other community support networks during care. Receiving support from family members, friends and the community helps patients cope better with the stress of illness and its consequences. This domain includes visiting rights of family and friends to inpatients, as well as the right to receive food and other consumables from family members if desired. It also comprises the opportunity to carry out religious and cultural practices that are not contrary to the sensitivities of others, and the right to practice alternative therapies (such as traditional medicine) which are not contrary to the hospital health care regime (Valentine et al., 2003).

Quality of Basic Amenities

This domain measures the quality of physical infrastructure of health facilities including clean surroundings, regular maintenance of buildings, adequate furniture, sufficient ventilation, enough space in waiting rooms, and clean water, toilets and linen, etc. These factors are important to provide a comfortable and pleasant environment to patients, whether they are in inpatient or outpatient facilities (Valentine et al., 2003).

Choice of Health Care Provider

This domain relates to the power or opportunity to choose the preferred health unit or health provider. Choice also includes the ability of a patient to have a second opinion regarding his condition. In many health systems, the liberty to choose among providers is very limited because of financial and geographical barriers and because of the way that health provision is organized (WHO, 2003). Choice of health care

provider can play an important role in improving patient satisfaction and health outcomes (Valentine et al., 2003).

The most ambitious attempt to measure and compare health systems responsiveness is the World Health Survey, an initiative launched by the World Health Organization in 2001. Seventy countries participated in the World Health Survey 2002-2003, consisting of a combination of 90-minute in-household interviews (53 countries), 30-minute face-to-face interviews (13 countries) and computer assisted telephone interviews (4 countries) (Rice, Robone and Smith, 2008).

Responsiveness and Related Spheres

Responsiveness and Human Rights

A concern with responsiveness is consistent with a concern about human rights in health. Being treated with dignity whether one is suffering from HIV/AIDS, leprosy, or mental illness, is an important theme of human rights. Likewise, discriminating against the physically, mentally, educationally, socially, economically, and politically disadvantaged, in their encounters with the health system, is considered a violation of the human rights of these individuals. The domains of responsiveness map well with the principles of a rights-based approach to health (Valentine et al., 2003). The relation of responsiveness domains to the evaluation of health services is justified by human rights principles in three principal ways which are synergy, authority and accountability and cohesion (Gostin, 2003).

Responsiveness and Patient Rights

The domains of responsiveness map well into patient rights laws and charters. Obtaining patient consent, related to autonomy, has assumed a prime importance in health care system. Thus, autonomy allows patients to have the right to self-determination about care. The right to information about the patient's health status and treatment options connects with clarity of communication. The rights to confidentiality and being treated with dignity are both domains of responsiveness. The right of a patient to enjoy family and spiritual encouragement corresponds to the domain of social support. The right to humane terminal care becomes a part of dignity (Valentine et al., 2003).

2.2 Studies on Health System Responsiveness in other Countries

In 2006, Hsu and other researchers conducted a study to assess whether the dimensions of responsiveness were applicable to evaluate the health system of Taiwan. The study revealed that prompt attention, choice of health providers and communication between providers and patients were good responsive domains. The study presented some key features of the uniqueness of Taiwanese views. The idea of autonomy was difficult to conceptualize, prompt attention and choice of providers were on the same track and accountability of health providers was regarded as essential (Hsu et al., 2006).

Peltzer did a study to evaluate the degree of health care service responsiveness for both out-patients and in-patients and compare experiences of individuals who used public and private services in South Africa in 2009. The study disclosed that regarding health care utilization, patients who attended public health facilities were more than those who went to private hospitals. Prompt attention, communication and autonomy got the lowest responsiveness scores, different from the other domains such as dignity, confidentiality, basic amenities (Peltzer, 2009).

Kowal et al., (2011) conducted a study with a view to examining differences in health system responsiveness across different sectors in China and other Asian countries. The results showed that in China the overall health system responsiveness was better for the inpatient than the outpatient health system. Prompt attention and respectful treatment performed better than the other domains. Women and younger respondents rated inpatient systems more responsive. The research also found that the mean overall inpatient responsiveness score for China was similar to Malaysia and the Philippines (Kowal et al., 2011).

In 2011, Forouzan and other researchers undertook a study for assessing whether the WHO responsiveness concept reflected the non-medical expectations of mental healthcare users in Teheran, Iran. They discovered that among the responsiveness domains, confidentiality and dignity were the best performing factors, whereas, autonomy, access to care and quality of basic amenities were the worst performing. This study concluded that attention and access to care, which were rated high in importance and poor in performance, should be the priority areas for intervention and the restructuring of referral systems and admission processes (Forouzan et al., 2011).

Adesanya et al., (2012) carried out a research to compare the levels of responsiveness experienced by users of private and public hospitals in Lagos, Nigeria. They found that private hospitals performed better. Users of private hospitals reported a higher level of overall satisfaction particularly on the domains of dignity, waiting times and travel times. The finding had an implication that public hospitals should focus their efforts to improve their performance in low scoring domains by emphasis on staff training and better management (Adesanya et al., 2012).

In 2013, Mohammed and other scholars examined the insured users' perspectives of their health care services' responsiveness in Nigeria. Its results showed that communication, dignity and quality of facilities were rated as very important responsiveness domains. Enrolees indicated lower contentment on other domains. The domains of autonomy, communication and prompt attention were identified as priority areas for action to improve the responsiveness. For the Nigerian context, the authors suggested that health care providers should pay attention to these domains (Mohammed et al., 2013).

Ebrahimipour et al., (2013) undertook a research to investigate the responsiveness of general public and private hospitals in Mashhad, Iran. It was observed that access to the social support during hospitalization as well as confidentiality of the patient's information achieved the highest score. However, the patient participation in decision-making process of treatment received the least score. There was no significant difference between the overall responsiveness scores of public and private hospitals. The authors suggested a number of measures for improving responsiveness which included the use of educational courses for health staff, changing the resource allocation method, and reengineering of the healthcare delivery processes (Ebrahimipour et al., 2013).

In 2014, Kamali carried out a study to survey the perceived responsiveness of the teaching hospitals of Zanjan City, Iran. It was found that more than half of the inpatients rated overall responsiveness as good. The confidentiality dimension gained the higher score (82.5%), followed by communication (72.3%) and prompt attention (70.3%). The dimension of choice of provider was evaluated as the weakest aspect (22.8%) of the responsiveness. The study revealed that the areas such as social support, autonomy, and choice of provider are needing further attention to improve (Kamali, 2014).

In 2014, a study was attempted in Poland to describe the patients' opinions on treatment they received in hospitals with respect to the domains of responsiveness. The results showed that over (80%) patients gained respect for dignity and (70-80%) the respect for privacy and confidentiality. Over (90%) perceived simplicity of the formalities of admission and short waiting time. The majority of patients assessed good condition of hospital followed by hospital meals, furniture (60-70%), availability of personal hygienic articles, cleanliness of hospital rooms, toilets, showers and bathtubs, and availability of soap (40-50%). Less than half of patients reported that they had influence on choice of the hospital (Gromulska, Supranowicz and Wysocki, 2014).

In an Iranian research undertaken by Bazzaz et al., (2015), the researchers tried to assess the health system's responsiveness in academic and non-academic hospitals. They found that private hospitals had higher responsiveness score than other kinds of hospitals and that the charity hospitals the lowest score. It was also discovered that choice of health care providers, autonomy, clear communication and confidentiality received lower responsiveness scores (Bazzaz et al., 2015).

Yakob conducted a research in 2017 to find out the health system responsiveness and correlates of HIV/AIDS treatment and care services in the Wolaita Zone of Ethiopia. The study revealed that the health facilities performed low on the autonomy, choice of providers, attention and amenities domains while the overall responsiveness percent score showed an overall good performance. It was highlighted that the domain specific responsiveness scores were better ways of measuring responsiveness and that improving quality of care, client satisfaction and financial fairness would be important interventions to improve responsiveness (Yakob, 2017).

Chao et al., (2017) did a study to evaluate both the responsiveness of the healthcare system in Jiangsu Province, China. The result of the study was that the two highest scoring domains were dignity and confidentiality, while the two lowest scoring domains choice of care providers and prompt attention. The responsiveness regarding basic amenities was rated worse by the elderly than by younger respondents. Responsiveness ranked better by those with a poorer economic status. The authors recommended that the responsiveness of the Jiangsu healthcare system was supposed to be satisfactory but could be further improved by providing more prompt attention and choice of providers (Chao et al., 2017).

For assessing the level of clients' perceived responsiveness of tertiary hospitals in the provision of specialist health-care services in Nigeria a research was carried out by Ughasoro et al., (2017). The study disclosed that the choice of care provider and autonomy were the lowest responsiveness domains while prompt attention and dignity were rated highest. The researchers pointed out it was important to strengthen poorly performing domains of services especially by upgrading the quality of basic infrastructure so as to improve the performance of the tertiary hospitals (Ughasoro et al., 2017).

In 2018, some researchers carried out a study to assess and compare the responsiveness levels of private and public hospitals in Tehran, Iran. It was found that the responsiveness of private hospitals was better than that of public hospitals. The highest and lowest mean scores of responsiveness were pertinent to the provider choice and prompt attention. The research discovered that patient participation in treatment decision-making, improvement of the patients' right for provider choice, reducing waiting time by reorganizing human resources, computerized appointment system and reengineering patients' admission process could create higher responsiveness (Daneshkohan, Zarei and Ahmadi-Kashkoli, 2018).

To identify overall levels of health system responsiveness and the associations with social determinants for ambulatory health care in Germany from a user perspective, Tille et al., undertook a research in 2019. It was observed that the majority of all patients assessed their last general practitioner and specialist practitioner visit as good regarding trust, dignity, autonomy and communication, but only half concerning confidentiality. The study recommended although overall responsiveness levels for ambulatory care are high, ratings of confidentiality are distressing. Particularly, patients' young age and bad health are associated with a poor assessment of responsiveness (Tille et al., 2019a).

Baharvand (2019) conducted a study to assess the responsiveness of the health system towards patients admitted to hospitals in Khorramabad city, Iran in 2017. It was found that the highest responsiveness was related to social support networks dimension and the least responsiveness to choice of therapist and autonomy dimensions. Patients viewed prompt attention and dignity as the most important dimensions. The author recommended that it was important to pay more attention to patients' rights, in particular, regarding the domain of health provider choice and considering their autonomy (Baharvand, 2019).

2.3 Studies on Health System Responsiveness in Myanmar

Myat-Khine (2008) did a study to assess the level of responsiveness of the health care providers assessed by outpatients and inpatients of the Ear, Nose and Throat Hospital, Yangon. The research revealed that the overall level of responsiveness was satisfactory for both outpatients and inpatients. However, explanations about investigations and treatments were not frequently given to patients and waiting times satisfactory for inpatients but longer for OPD patients. The provision of infrastructures and basic amenities were considered as moderate. The most important domains of responsiveness were found to be prompt attention, respect to dignity, communication and quality of basic amenities (Myat-Khine, 2008).

In 2015, Min Min conducted a study to describe the level of responsiveness of the health care providers perceived by the inpatients of otorhinolaryngology, head and neck surgery specialist hospital, Yangon. It was reported that the respondents chose communication and prompt attention as first and second most important elements of responsiveness, whereas choice of care providers and basic amenities were weak domains of responsiveness. This study revealed that the level of responsiveness of health care providers needed improving further in this hospital (Min-Min, 2015).

With the objective of describing the level of responsiveness of the health care providers from the perception of the inpatients of North Okkalapa General and Teaching Hospital, a study was done by Lay Phyu Pyar Aung in 2016. The results showed that prompt attention and communication were the most important elements and that no much difference was found regarding overall rate of responsiveness across different wards. Patients desired provision of basic amenities and warm communication from the providers. Gender of the respondents had a relation with the level of responsiveness of health care provider (Lay-Phyu-Pyar-Aung, 2016).

In order to assess the level of responsiveness of health care providers of West Yangon General Hospital from the perceptions of patients, Aye Pyae Pyae undertook a study in 2017. The results pointed out that the best performance domain was confidentiality. The patients held a positive view on responsiveness of this hospital particularly on their privacy during the consultation sessions and confidentiality of information. On the contrary, it was disclosed that the worst performing domain was the choice of health care providers. The study suggested that reforms should focus on such domains as autonomy, communication, choice of health care provider in this hospital (Aye-Pyae-Pyae, 2017).

2.4 Conceptual Framework

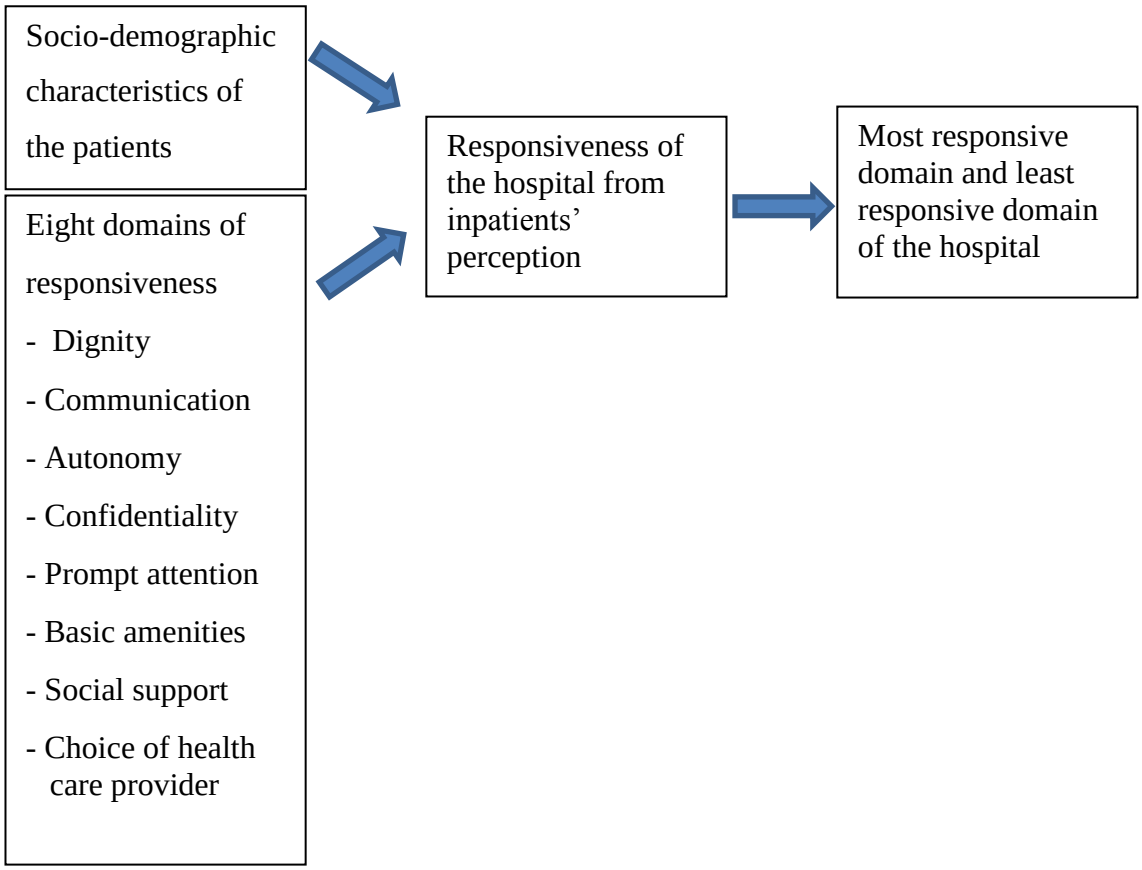

Figure (2.1) Conceptual framework of assessing the domains of health system responsiveness

CHAPTER (3)
OBJECTIVES

3.1 General Objective

To assess the responsiveness of Thingangyun General Hospital

3.2 Specific Objectives

1. To assess the responsiveness of health care providers in different wards of the hospital
2. To find out the most responsive domain and least responsive domain of the hospital
3. To describe the relation between the socio-demographic characteristics of the patients and the most and least responsive domains

CHAPTER (4)
RESEARCH METHODOLOGY

4.1 Study Design

Study design was a hospital-based cross-sectional descriptive study.

4.2 Study Period

Study period was from August to November 2019.

4.3 Study Area

Study area included medical ward, surgical ward, obstetric and gynaecological ward, orthopaedic ward and renal medical ward in Thingangyun general hospital.

4.4 Study Population

Study population included the in-patients from medical ward, surgical ward, obstetric and gynaecological ward, orthopaedic ward and renal ward in Thingangyun general hospital, who had at least 3 days of stay at hospital.

Exclusion criteria included seriously ill patients and patients who were under age of 18 years.

4.5 Sample Size Determination

The formula, $n=z^2\ pq/d^2$ (Daniel and Cross, 2013) was applied to determine sample size.

n = sample size

z = reliability coefficient
(1.96 for 95% confidence in two sided test)

p = 0.787, the proportion of importance of basic amenities domain of responsiveness from the study of West Yangon General Hospital (Aye-Pyae- Pyae, 2017)

q = (1-p) = 0.213

d = margin of error =0.06

n = (1.96) (1.96) (0.787) (0.213) / (0.06)(0.06)

n = 178.88

Therefore, 180 samples were collected during the study.

4.6 Sampling Procedure

Thingangyun general hospital was selected purposively. Patients who had at least 3 days of hospital stay were selected by consecutive sampling method until required sample size was obtained. On average, 36 patients were chosen from each ward.

4.7 Data Collection Methods and Tools

Face-to-face interview method was employed with the application of structured questionnaire.

The questionnaire was adopted from WHO key informant survey related to health system responsiveness. It took about 30 minutes to conduct an interview with a respondent during the research. Interviews were done during the patients' stay in hospital. Pre-test was done at Insein General Hospital with 10 patients. WHO key informant survey entails standard 55-item questionnaire composing of demographic data and 8 components of responsiveness. All including are 11 items of demographic data, 8 items of dignity, 7 items of communication, 4 items of confidentiality , 4 items of autonomy , 3 items of prompt attention, 4 items of social support, 8 items of basic amenities , 4 items of choice of health care providers, 1 item of most responsive domain and 1 item of least responsive domain.

4.8 Data Management and Analysis

Firstly, data was checked for completeness and correction. For data entry and analysis, statistical package for social science (SPSS) version 16.0 was applied. During data analysis, validity and missing of data was checked using SPSS software.

For descriptive purposes, the categorical variables were presented as frequency, percentage and tables. The continuous data was presented as mean and standard deviation. The association between socio-demographic characteristics and the most and least responsive domains was analyzed by Chi square test. For the condition where Chi square test could not be used, Fisher exact test was applied. The mean score having three and above was defined as the level of satisfaction.

4.9 Ethical Consideration

This study has been approved by the Institutional Review Board of the University of Public Health, Yangon with the Certificate of Approval No. UPH-IRB (2019/ MHA/8). Before the interviews, a clear explanation about the objectives of the study was shared to all respondents and written informed consents were taken. They were informed that they had full right to decide independently whether to participate, refuse or drop out of the study process as they desire. Their responses to the questionnaires were kept in confidentiality.

CHAPTER (5)
FINDINGS

5.1 Socio-demographic Characteristics of the Respondents of Thingangyun General Hospital

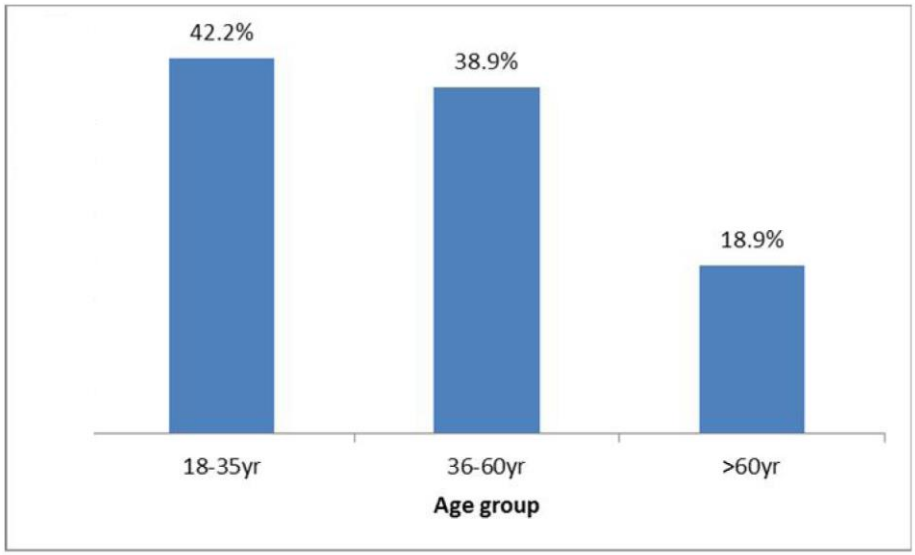

Figure (5.1) Age group of the respondents (n=180)

In this study, participants aged between 18 to 35 years formed the greatest group (42.2%). Youngest age was 18 years, whereas, oldest age, 89 years. Mean age (SD) was 43 (17) years.

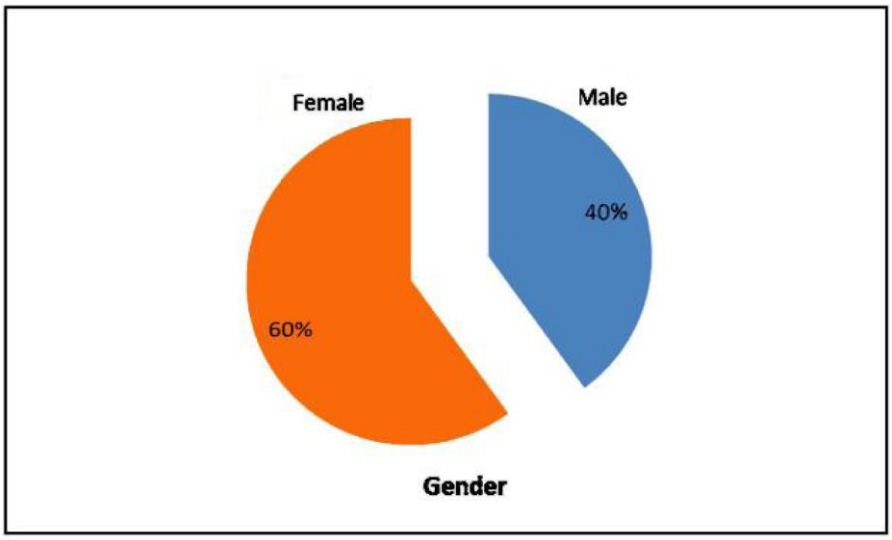

Figure (5.2) Gender of the respondents (n=180)

Females occupied 60% of the study population and males, 40%. Additional 20% of females were due to inclusion of OG ward.

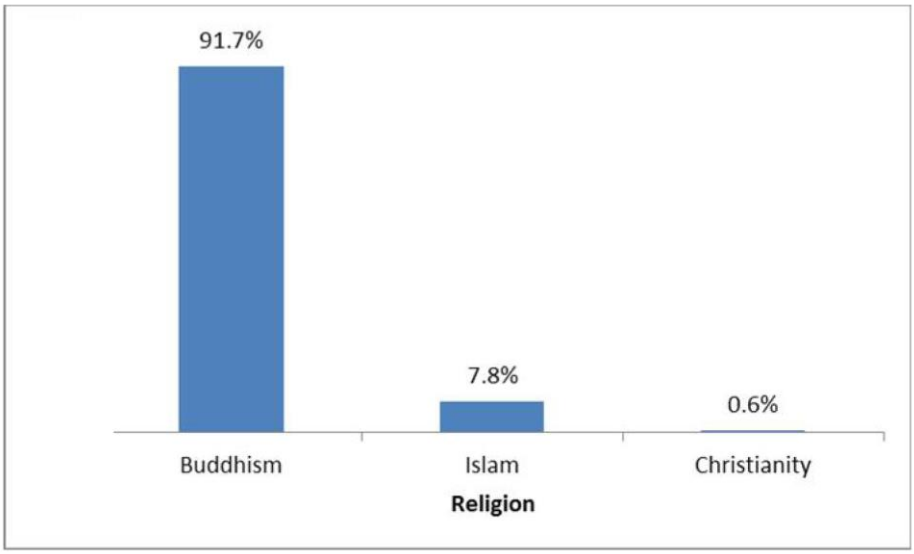

Figure (5.3) Religion of the respondents (n=180)

Regarding religion, 91.7 % of the respondents profess Buddhism, 7.8% Islam and 0.6% Christianity.

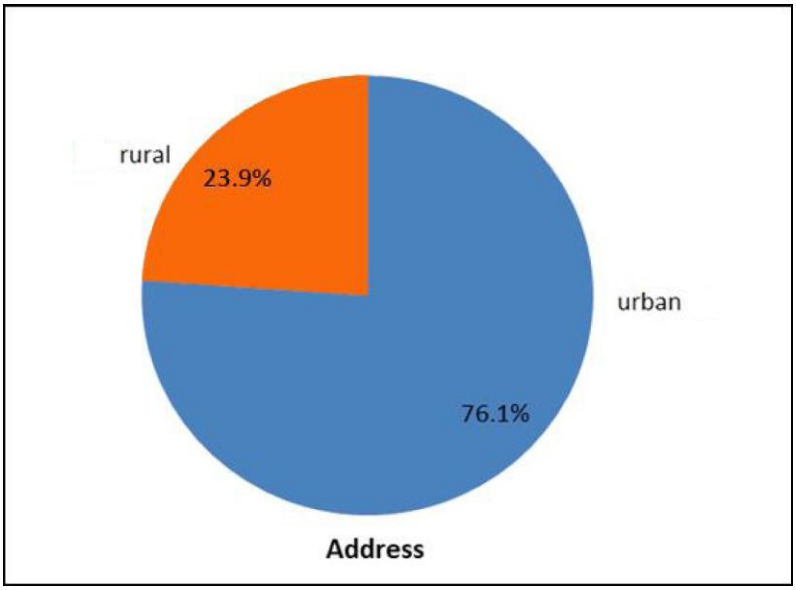

Figure (5.4) Address of the respondents (n=180)

Majority of the respondents (76.1%) resided in urban areas, whereas, 23.9% in rural areas.

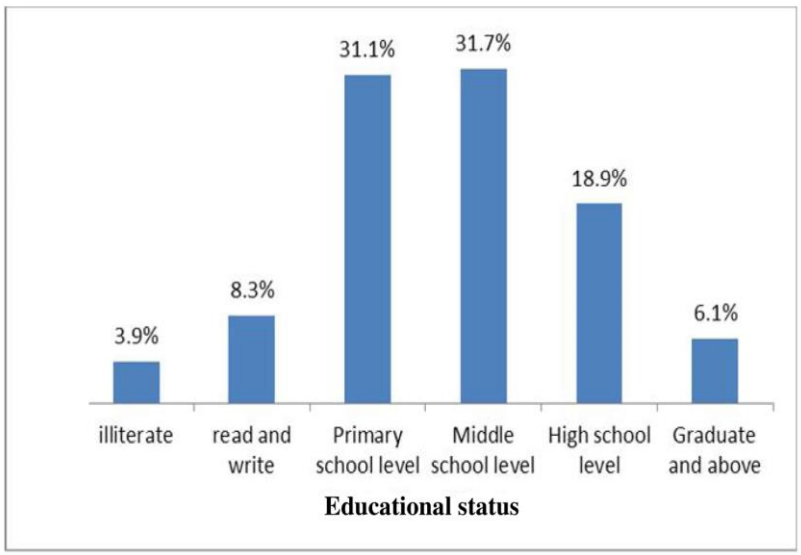

Figure (5.5) Educational status of the respondents (n=180)

Of all participants, those who attended middle school formed (31.7%) and those who attended primary school (31.1%).

Table (5.1) Occupation of the respondents (n=180)

Occupation	Frequency	Percent
Dependent	51	28.3
own business	46	25.6
daily wager	43	23.9
company employee	27	15.0
Student	4	2.2
Pensioner	4	2.2
government employee	3	1.7
Monk	2	1.1
Total	180	100.0

The dependent individuals made up the greatest percentage (28.3%) concerning occupation status, followed by those who managed their own business (25.6%).

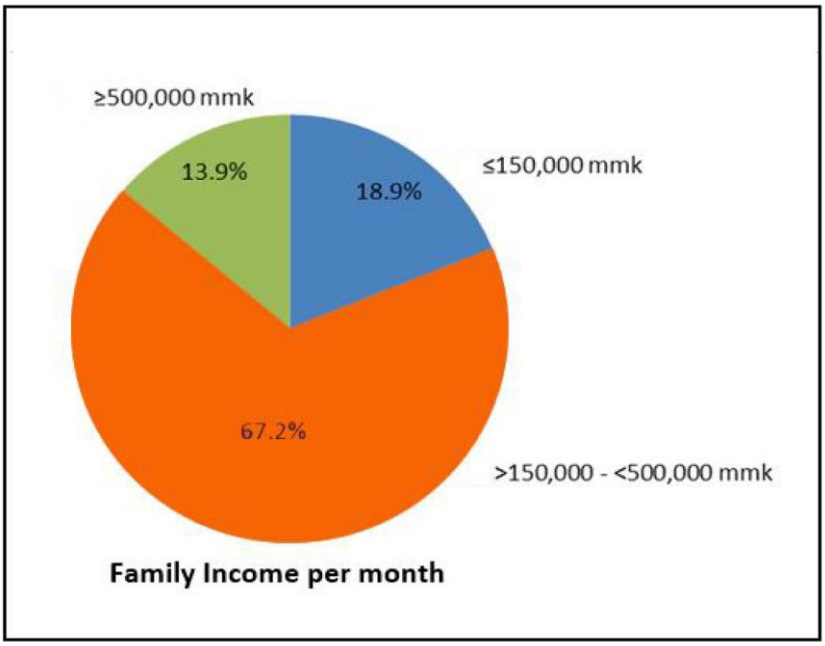

Figure (5.6) Family income per month (n=180)

In this study, just more than two thirds of the respondents (67.2%) had monthly family income ranging between 150,000 kyats and 500,000 kyats.

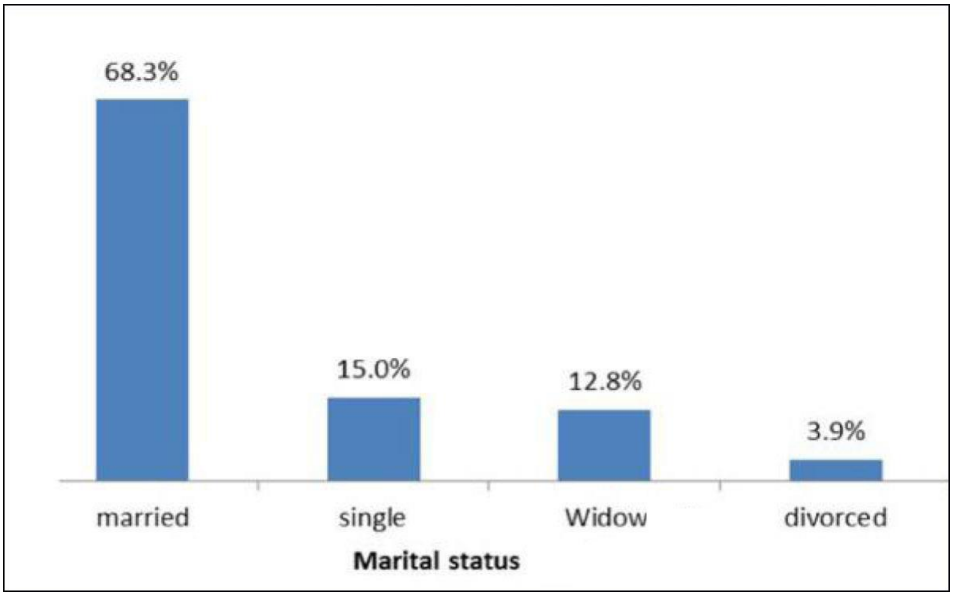

Figure (5.7) Marital status (n=180)

The respondents who got married were more than two thirds (68. 3%).

Concerning the admitted wards, five wards were selected for this study and 36 respondents were chosen from each ward. The wards included were medical ward, surgical ward, OG ward, orthopaedic ward and renal medical ward.

There was no distinct difference between numbers of patients with history of previous hospitalization in the same or other hospitals (49.4%) and those without previous hospitalization (50.6%).

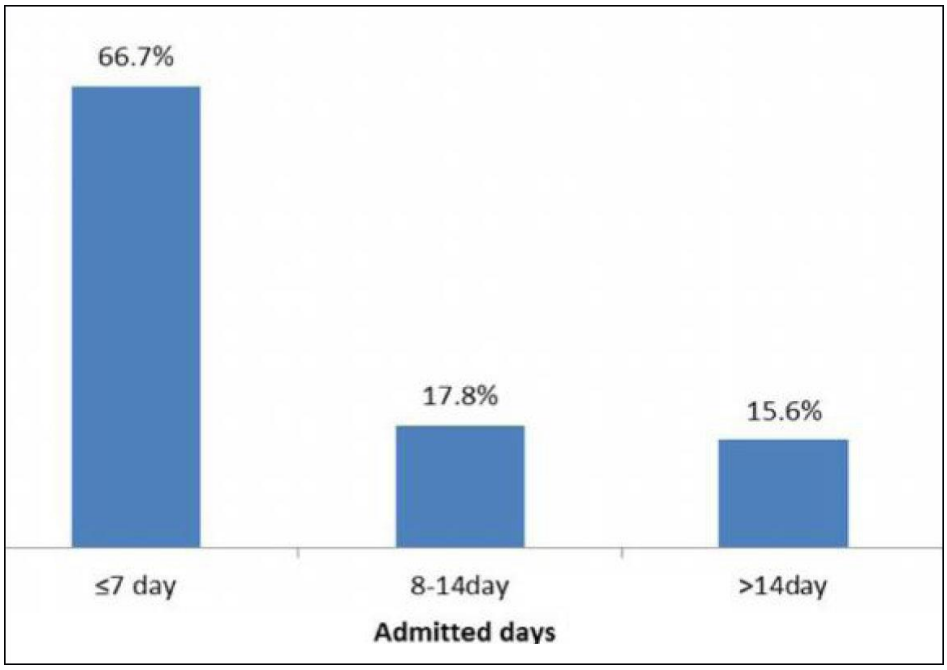

Figure (5.8) Admitted days of the respondents (n=180)

Two thirds of the respondents (66.7%) had a hospital stay of 3 to 7 days during the time of interview. Minimum stay was 3 days, maximum stay 45 days and mean stay about 9 days.

5.2 Domains of Responsiveness as Perceived by the Respondents of Thingangyun General Hospital

5.2.1 Domain of Dignity

Table (5.2) Patients' perception on domain of dignity (n=180)

Questions on dignity	Patients' perception on dignity				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
doctors treat patients with respect	0	5(2.8)	124(68.9)	51(28.3)	3.26
nurses treat patients with respect	2(1.1)	81(45.0)	95(52.8)	2(1.1)	2.54
other employees of the hospital treat patients with respect	22(12.2)	135(75.0)	23(12.8)	0	2.01
health care providers encourage patients to discuss their concern over the diseases	0	94(52.2)	86(47.8)	0	2.48
health care providers respect patients' desire for privacy	60(33.3)	120(66.7)	0	0	1.67

Table (5.3) Overall rate on health care providers' respect for patients' dignity (n=180)

Overall rate on dignity	Good freq (%)	Fair freq (%)	Bad freq (%)
Doctors' respect for patients' dignity	141(78.3)	39(21.7)	0
Nurses' respect for patients' dignity	31(17.2)	147(81.7)	2(1.1%)
Others employees' respect for patients' dignity	0	141(78.3)	39(21.7)

Regarding the question "doctors treat patients with respect", (28.3%) of the respondents answered "always", (68.9%) answered "usually" and mean score was

above three. A slight more than half of the patients (52.8%) responded “usually” for the question “nurses treat patients with respect”. Concerning the question “other employees of the hospital treat patients with respect”, three-fourths of the respondents (75%) answered “sometimes”. Nearly half of the respondents (47.8%) answered “usually” in relation to the question “health care providers encourage patients to discuss their concern over the diseases”. Regarding “health care providers respect patients’ desire for privacy”, two thirds of the respondents (66.7%) answered “sometimes. For “an overall rate of doctors’ respect for patients’ dignity”, (78.3%) answered “good”. Those who answered “fair” on the question “an overall rate of nurses’ respect for patients’ dignity” was (81.7%). Relating to the question “an overall rate of other employees’ respect for patients’ dignity”, (78.3%) answered “fair”.

5.2.2 Domain of communication

Table (5.4) Patients’ perception on domain of communication (n=180)

Questions on Communication	Patients’ perception on communication				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
doctors explain to and discuss with the patients about their diseases	0	108(60.0)	72(40.0)	0	2.4
nurses explain to and discuss with the patients about their diseases	15(8.3)	165(91.7)	0	0	1.92
health care providers explain diagnosis and treatment in clear terms	0	96(53.3)	84(46.7)	0	2.47
health care providers listen carefully to the patients' complaints and give advice to them	0	93(51.7)	87(48.3)	0	2.48

Table (5.5) Overall rate on health care providers' communication with patients (n=180)

Overall rate on communication	Good freq (%)	Fair freq (%)	Bad freq (%)
Doctors' communication with patients	115(63.9)	65(36.1)	0
Nurses' communication with patients	18(10.0)	161(89.4)	1(0.6)
Others' communication with patients	3(1.7)	131(72.8)	46(25.6)

Concerning the question "doctors explain to and discuss with the patients about their diseases", (60%) of the respondents answered "sometimes". Related to the question "nurses explain to and discuss with the patients about their diseases", more than (90%) answered "sometimes". In the case of "health care providers explain diagnosis and treatment in clear terms", more than half of the patients (53.3%) answered "sometimes". As to the question "health care providers listen carefully to the patients' complaints and give advice to them", more than half of the respondents (51.7%) answered "sometimes". Regarding "doctor' rate on communication", (63.9%) answered "good". For "nurses' rate on communication", (89.4%) answered "fair". In the case of "others' rate on communication", (72.8%) answered "fair".

5.2.3 Domain of confidentiality

Table (5.6) Patients' perception on domain of confidentiality (n=180)

Questions on Confidentiality	Patients' perception on confidentiality				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
health care providers keep patients' disease in confidentiality	0	0	110(61.1)	70(38.9)	3.39
the confidentiality of information provided by patients preserved	0	0	107(59.4)	73(40.6)	3.41
the confidentiality of information provided by patients' medical record preserved	0	0	108(60.0)	72(40.0)	3.4

Table (5.7) Overall rate on health care providers' respect for patients' confidentiality (n=180)

Overall rate on confidentiality	Frequency	Percent
fair	70	38.9
good	110	60.6
Total	180	100.0

With respect to all questions on confidentiality, roundabout (40%) of the patients answered "always" and others "usually". Each topic of confidentiality scored over the level of satisfaction. Concerning "overall rate of health care providers' respect for patients' confidentiality", more than half of the respondents (60.6%) answered "good" and other answered "fair".

5.2.4 Domain of Autonomy

Table (5.8) Patients' perception on domain of autonomy (n=180)

Questions on Autonomy	Patients' perception on autonomy				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
doctors explain to the patients about the present treatment and other options	3(1.7)	171(95.0)	6(3.3)	0	2.02
doctors allow patients' involvement in making decision of treatment	64(35.6)	112(62.2)	4(2.2)	0	1.67
doctors ask patient for consent before treatment was given	0	1(0.6)	98(54.4)	81(45.0)	3.44

Table (5.9) Overall rate on health care providers' respect for patients' autonomy (n=180)

Overall rate on autonomy	Frequency	Percent
bad	6	3.3
fair	136	75.6
good	38	21.1
Total	180	100.0

In relation to the question "doctors explain to the patients about the present treatment and other options", the majority of respondents (95.0%) answered "sometimes". More than half of the respondents (62.2%) answered "sometimes" concerning "doctors allow patients' involvement in making decision of treatment". For the question "doctors ask for patients' consent before treatment was given", (45.0%) answered "always" and its mean score was above the level of satisfaction. Regarding "rate on autonomy", the majority of the participants answered "fair".

5.2.5 Domain of Prompt Attention

Table (5.10) Patients' perception on domain of prompt attention (n=180)

Questions on prompt attention	Patients' perception on prompt attention				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
patients get care in time of need	0	70(38.9)	110(61.1)	0	2.61
reasonable waiting time for consultation and treatment	0	81(45.0)	99(55.0)	0	2.55

Table (5.11) Overall rate on prompt attention (n=180)

Overall rate on prompt attention	Frequency	Percent
bad	1	0.6
fair	135	75.0
good	44	24.4
Total	180	100.0

As regards the question "patients get care in time of need", more than half of the respondents (61.1%) answered "usually" and others answered "sometimes". In the case of the question "reasonable waiting time for consultation and treatment", (55.0%) answered "usually" and others answered "sometimes". Pertaining to "rate on prompt attention", (75.0%) answered "fair" and (24.4%) "good".

5.2.6 Domain of Social Support

Table (5.12) Patients' perception on domain of social support (n=180)

Questions on Social support	Patients' perception on Social support				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
patients have the opportunity to have visitors	0	2(1.1)	134(74.4)	44(24.4)	3.23
patients have the opportunity to receive relatives' care	0	0	29(16.1)	151(83.9)	3.84
patients have the opportunity to involve in the religious activities	0	0	98(54.4)	82(45.6)	3.46

Table (5.13) Overall rate on social support (n=180)

Overall rate on social support	Frequency	Percent
fair	46	25.6
good	134	74.4
Total	180	100.0

As to the question "patients have the opportunity to have their friends, relatives and family members during their stay in hospital", the majority of respondents (74.4%) answered "usually". The majority of the respondents (83.9%) answered "always" concerning the question "patients have the opportunity to receive the care of their friends, relatives and family members". Regarding the question "patients have the opportunity to involve themselves in the religious activities", (45.6%) answered "always". As to the question "overall rate on social support", (74.4%) answered "good".

5.2.7 Domain of Basic Amenities

Table (5.14) Patients' perception on domain of basic amenities (n=180)

Rates on basic amenities	Patients' perception on basic amenities				Mean Score
	Very bad freq (%)	Bad freq (%)	Good freq (%)	Very good freq (%)	
cleanliness of the hospital	0	49(27.2)	131(72.8)	0	2.73
maintenance of buildings in the hospital	0	17(9.4)	163(90.6)	0	2.91
adequacy of furniture in the hospital	0	83(46.1)	96(53.3)	1(0.6)	2.54
dietary service in the hospital	0	9(5.0)	171(95.5)	0	2.95
access to clean water in the hospital	0	80(44.4)	100(55.6)	0	2.56
cleanliness of toilets in the hospital	0	124(68.9)	56(31.1)	0	2.31
cleanliness of patient beds in the hospital	0	64(35.6)	116(64.4)	0	2.64

Table (5.15) Overall rate on basic amenities (n=180)

Overall rate on basic amenities	Frequency	Percent
bad	29	16.1
fair	118	65.6
good	33	18.3
Total	180	100.0

Pertaining to the question "rate the dietary service", (95.0%) of the respondents gave the answer "good". In the case of "rate the maintenance of buildings in the hospital", (90.6%) answered "good". Concerning "rate the cleanliness of the hospital", more than half of the respondents (72.8%) answered "good". For the question "rate the cleanliness of patient beds", (64.4%) answered "good". Related to the question "rate the access to clean water in the hospital", (55.6%) answered "good". Nearly half of the respondents (46.1%) answered "bad" for the question "rate the adequacy of furniture in health care units". Regarding "rate the cleanliness of toilets", more than half of the respondents (68.9%) answered "bad". For the question "overall rate on basic amenities", the answer "fair" scored most (65.6%).

5.2.8 Domain of Provider Choice

Table (5.16) Patients' perception on domain of provider choice (n=180)

Questions on provider choice	Patients' perception on care provider				Mean Score
	Never freq (%)	Sometimes freq (%)	Usually freq (%)	Always freq (%)	
patients have the chance in choosing the hospital	56(31.1)	121(67.2)	3(1.7)	0	1.71
patients have the chance in choosing the wards	83(46.1)	97(53.9)	0	0	1.54
patients have the chance in choosing a specialist, if they wish to	37(20.6)	140(77.8)	3(1.7)	0	1.81

Table (5.17) Overall rate on provider choice (n=180)

Overall rate on provider choice	Frequency	Percent
bad	36	20.0
fair	144	80.0
Total	180	100.0

Related to the question "patients have the chance in choosing the hospital", (67.2%) of the respondents answered "sometimes". Those who answered "sometimes" for the question "patients have the chance in choosing the wards" represented (53.9%). Concerning the question "patients have the chance in choosing a specialist, if they wish to", (77.8%) of the respondents answered "sometimes". Mean scores of all questions were below the level of satisfaction. For "overall rate on provider choice", (80%) answered "fair".

5.3 Most responsive domains and least responsive domains as perceived by patients

5.3.1 Most responsive domains as perceived by patients (n=180)

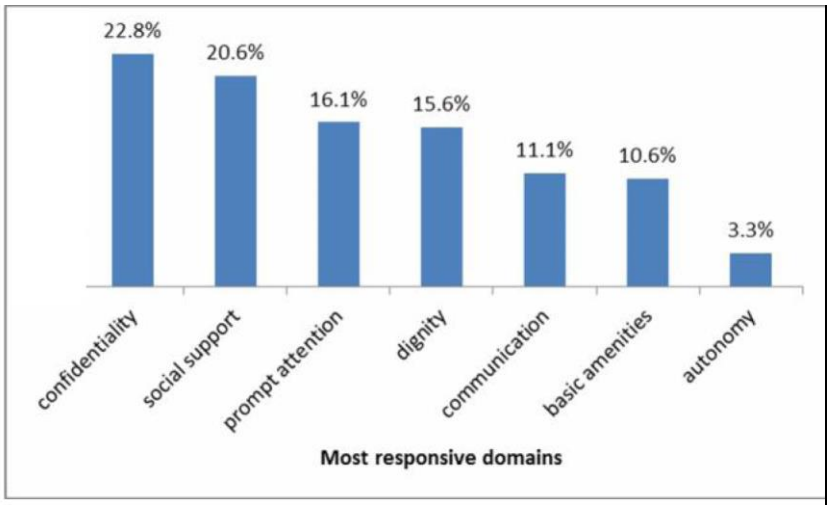

Figure (5.9) Most responsive domains as perceived by patients (n=180)

All the respondents chose the domain of confidentiality as the most responsive one (22.8%) and the domain of social support as the second most responsive one (20.6%).

5.3.2 Least Responsive Domains as Perceived by Patients (n=180)

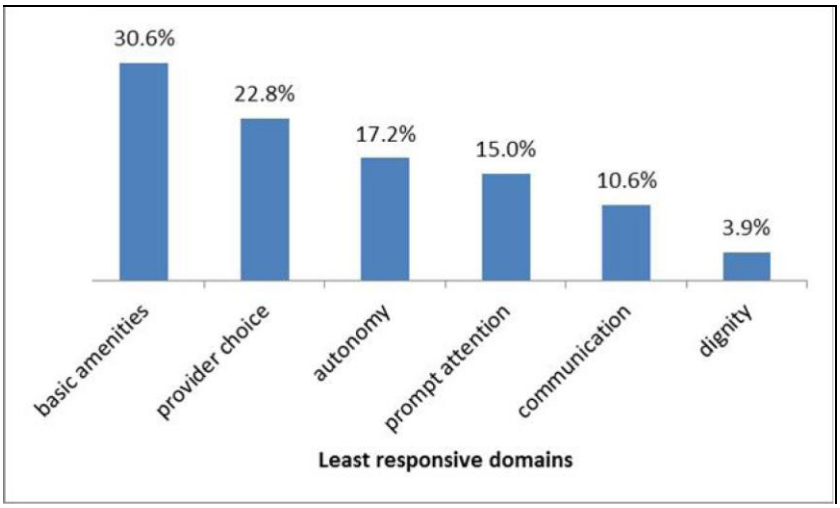

Figure (5.10) Least responsive domains as perceived by patients (n=180)

Domain of basic amenities and domain of choice of providers were selected as the least responsive (30.6%) and the second least responsive (22.8%) domains.

5.4 Comparison of Patients' Perception on Responsiveness among Different Wards

5.4.1 Domain of Dignity

Table (5.18) Overall rate on doctors' respect for patients' dignity among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	31(86.1)	5(13.9)	0
Surgical	21(58.3)	15(41.7)	0
OG	25(69.4)	11(30.6)	0
Ortho	30(83.3)	6(16.7)	0
Renal medical	34(94.4)	2(5.6)	0

Table (5.19) Overall rate on nurses' respect for patients' dignity among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	2(5.6)	34(94.4)	0
Surgical	4(11.1)	32(88.9)	0
OG	9(25.0)	25(69.4)	2(5.6)
Ortho	4(11.1)	32(88.9)	0
Renal medical	12(33.3)	24(66.7)	0

Table (5.20) Overall rate on other employees' respect for patients' dignity among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	0	30(83.3)	6(16.7)
Surgical	0	24(66.7)	12(33.3)
OG	0	27(75.0)	9(25.0)
Ortho	0	32(88.9)	4(11.1)
Renal medical	0	28(77.8)	8(22.2)

Regarding the domain of dignity, (94.4%) of the respondents from the renal medical ward rated good of that ward regarding doctors' respect for patients' dignity. Concerning nurses' respect for patients' dignity, (33.3%) from the renal medical ward

rated good for it. In the case of other employees' respect for patients' dignity, (88.9%) from the orthopaedic ward rated fair.

5.4.2 Domain of Communication

Table (5.21) Overall rate on doctors' communication among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	27(75.0)	9(25.0)	0
Surgical	18(50.0)	18(50.0)	0
OG	20(55.6)	16(44.4)	0
Ortho	30(83.3)	6(16.7)	0
Renal medical	20(55.6)	16(44.4)	0

Table (5.22) Overall rate on nurses' communication among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	8(22.2)	28(77.8)	0
Surgical	5(13.9)	31(86.1)	0
OG	2(5.6)	33(91.7)	1(2.8)
Ortho	1(2.8)	35(97.2)	0
Renal medical	2(5.6)	34(94.4)	0

Table (5.23) Overall rate on other employees' communication among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	2(5.6)	26(72.2)	8(22.2)
Surgical	0	24(66.7)	12(33.3)
OG	0	25(69.4)	11(30.6)
Ortho	1(2.8)	30(83.3)	5(13.9)
Renal medical	0	26(72.2)	10(27.8)

In the case of the domain of communication, (83.3%) of the respondents from the orthopaedic ward rated good for doctors' communication to patients. For nurses' communication to the patients, (22.2%) from the medical ward rated good. For other employees' communication to patients, only (5.6%) from medical ward rated good.

5.4.3 Domain of Confidentiality

Table (5.24) Overall rate on confidentiality among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	26(72.2)	10(27.8)	0
Surgical	20(55.6)	16(44.4)	0
OG	21(58.3)	15(41.7)	0
Ortho	17(47.2)	19(52.8)	0
Renal medical	26(72.2)	10(27.8)	0

With respect to the domain of confidentiality, the same percent of respondents (72.2%) from medical ward and renal medical ward rated good for this domain.

5.4.4 Domain of Autonomy

Table (5.25) Overall rate on autonomy among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	5(13.9)	28(77.8)	3(8.3)
Surgical	10(27.8)	26(72.2)	0
OG	2(5.6)	31(86.1)	3(8.3)
Ortho	9(25.0)	27(75.0)	0
Renal medical	12(33.3)	24(66.7)	0

Regarding autonomy, renal medical ward was rated good by (33.3%) of the respondents and surgical ward as the second most (27.8 %).

5.4.5 Domain of Prompt Attention

Table (5.26) Overall rate on prompt attention among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	16(44.4)	20(55.6)	0
Surgical	4(11.1)	32(88.9)	0
OG	9(25.0)	26(72.2)	1(2.8)
Ortho	9(25)	27(75.0)	0
Renal medical	6(16.7)	30(83.3)	0

Concerning prompt attention, (44.4%) of respondents from medical ward rated good for their ward.

5.4.6 Domain of Social Support

Table (5.27) Overall rate on social support among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	26(72.2)	10(27.8)	0
Surgical	22(61.1)	14(38.9)	0
OG	24(66.7)	12(33.3)	0
Ortho	28(77.8)	8(22.2)	0
Renal medical	34(94.4)	2(5.6)	0

Regarding social support, the renal medical ward was the most responsive as (94.4%) of the respondents from this ward rated good.

5.4.7 Domain of Basic Amenities

Table (5.28) Overall rate on basic amenities among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	12(33.4)	22(61.1)	2(5.6)
Surgical	4(11.1)	22(61.1)	10(27.8)
OG	7(19.5)	22(61.1)	7(19.5)
Ortho	2(5.6)	28(77.8)	6(16.7)
Renal medical	8(22.2)	24(66.7)	4(11.1)

As to the domain of basic amenities, (33.4 %) of respondents from medical ward rated good for their ward.

5.4.8 Domain of Choice of Health Care Provider

Table (5.29) Overall rate on choice of health care provider among wards (n=180)

Ward	Good freq (%)	Fair freq (%)	Bad freq (%)
Medical	0	29(80.6)	7(19.4)
Surgical	0	27(75.0)	9(25.0)
OG	0	26(72.2)	10(27.8)
Ortho	0	30(83.3)	6(16.7)
Renal medical	0	32(88.9)	4(11.1)

In the case of the domain of choice of provider, (88.9%) of the respondents from the renal medical ward rated good for this domain.

5.5 Association between socio-demographic characteristics of the respondents and the most and least responsive domains

5.5.1 Association between socio-demographic characteristics of the respondents and confidentiality, the most responsive domain

Table (5.30) Association between socio-demographic characteristics of the respondents and the most responsive domain (n=180)

Socio-demographic characteristics	Overall rate on Confidentiality		P value
	Fair freq (%)	Good freq (%)	
Age group			0.655
≤ 35 year	31(40.8)	45(59.2)	
>35 year	39(37.5)	65(62.5)	
Sex			0.349
Male	31(43.1)	41(56.9)	
Female	39(36.1)	69(63.9)	
Resident			0.921
Urban	53(38.7)	84(61.3)	
Rural	17(39.5)	26(60.5)	
Education			0.112
Low Level	57(42.2)	78(57.8)	
High Level	13(28.9)	32(71.1)	
Duration of hospital stay			0.16
≤7 days	51(42.5)	69(57.5)	
>7 days	19(31.7)	41(68.3)	
Previous hospitalization			0.622
Yes	33(37.1)	56(62.9)	
No	37(40.7)	54(59.3)	
Admitted Ward			0.123
Medical	10(27.8)	26(72.2)	
Surgical	16(44.4)	20(55.6)	
OG	15(41.7)	21(58.3)	
Ortho	19(52.8)	17(47.2)	
Renal medical	10(27.8)	26(72.2)	

According to the finding, there was no significant association between socio-demographic characteristics of the respondents and confidentiality, the most responsive domain perceived by patients.

5.5.2 Association between socio-demographic characteristics of the respondents and basic amenities, the least responsive domain

Table (5.31) Association between socio-demographic characteristics of the respondents and the least responsive domain (n=180)

Socio-demographic characteristics	Overall rate on Basic Amenities		P value
	Fair and Bad freq (%)	Good freq (%)	
Age group			0.253
≤ 35 year	65(85.5)	11(14.5)	
>35 year	82(78.8)	22(21.2)	
Sex			0.637
Male	60(83.3)	12(16.7)	
Female	87(80.6)	21(19.4)	
Resident			0.395
Urban	110(80.3)	27(19.7)	
Rural	37(86)	6(14)	
Education			0.317
Low Level	108(80)	27(20)	
High Level	39(86.7)	6(13.3)	
Duration of hospital stay			0.220
≤7 days	95(79.2)	25(20.8)	
>7 days	52(86.7)	8(13.3)	
Previous hospitalization			0.301
Yes	70(78.7)	19(21.3)	
No	77(84.6)	14(15.4)	
Admitted Ward			***0.0278**
Medical	24(66.7)	12(33.3)	
Surgical	32(88.9)	4(11.1)	
OG	29(80.6)	7(19.4)	
Ortho	34(94.4)	2(5.6)	
Renal medical	28(77.8)	8(22.2)	

*Fisher's Exact Test

According to the finding, there was no significant association between socio-demographic characteristics of the respondents and basic amenities, the least responsive domain perceived by patients. However, there was a statistically significant association between admitted wards of the respondents and basic amenities ($p<0.05$).

CHAPTER (6)
DISCUSSION

The multi-domain concept of health system responsiveness describes how well a health system responds to the expectation of its customers relating to the non-medical aspects of care (Adesanya et al., 2012). Responsiveness is an important measure of acceptability of health services to the population, complementing financial health protection (Valentine and Bonsel, 2016). Nevertheless, not much has been known as yet about responsiveness and this necessitates more studies to be conducted especially in the public hospitals. The present study was done among in-patients from five wards of Thingangyun General Hospital to evaluate the responsiveness of this hospital.

Socio-demographic characteristics of the respondents of Thingangyun General Hospital

In this study, younger participants constituted the largest group. This finding was similar to the study conducted by Dr. Aye Pyae Pyae, 2017. Females occupied this study more than males due to the inclusion of OG ward which represented 36 females. The majority of the respondents were Buddhists. Most of the patients were residing in urban areas. This may be due to the fact that this hospital is situated in the densely populated areas of Thingangyun Township, Yangon Region. People from nearby townships such as Dagon, Thakheda, Yankin, Tarmwe, South Okkalapa and North Okkalapa, came to seek the care provided by the hospital.

The respondents who attended primary school and middle school formed the greatest percentages (31.1%) and (31.7%). Respondents who studied at least primary school education represented about 85%, which was somewhat higher than Myanmar adult literacy rate reported as 75.6% in 2016. Regarding occupation, the dependent individuals constituted the greatest percentage (28.3%). More than half of the respondents (67.2%) had monthly family income ranging between 150,000 kyats and 500,000 kyats. It was due probably to the fact that the minimum wage of an employee per month is about 150,000 kyats in Myanmar. Therefore, for a family of small size or a family of medium size in which some members are unemployed, the total income

may range between 150,000 kyats and 500,000 kyats. About two thirds of the respondents got married (68.3%).That value was slightly higher than data from Myanmar Demographic and Health Survey 2015-2016, in which 60% women and 62% men aged 15-49 are reported to be married.

In Thingangyun General Hospital, five wards, namely, medical ward, surgical ward, OG ward, orthopaedic ward and renal medical ward were selected for the current study. From each ward, 36 inpatients were selected equally. Various perceptions of those patients on responsiveness of this hospital were studied and compared. Approximately half of the respondents had history of previous hospitalization in the same hospital or elsewhere. Those patients had past experiences of hospital responsiveness and health care services. As a consequence, they are now capable of comparing past and present related to health system and determining if there are progressive or regressive changes in the national health plans and policies from their perceptions. Policy makers need to value their experiences and opinions as invaluable information to new health programs.

As exactly as two thirds of the respondents had a course of hospital stay between 3 days and 7 days at the time of interview. As days of hospital stay differ from one patient to another, the perception and expectation of the patients about the issues of the responsiveness of the hospital, such as communication with the health care providers, waiting times and basic amenities of the hospital, would be considerably varied.

Domains of responsiveness as perceived by the respondents of Thingangyun General Hospital

1. Domain of Dignity

As regards domain of dignity, more than one fourth of the patients answered that they were always treated with respect by doctors and about two-thirds of the patients answered usually. More than half of the patients answered that they were usually treated with respect by nurses. Three fourths of the patients answered that they were sometimes treated with respect by other employees. Nearly half of the patients answered that health care providers usually encouraged them to ask questions about their diseases freely. Two thirds of the patients answered that health care providers sometimes examined them in privacy. The majority of the patients rated doctors' respect for their dignity as being good. Most patients overall rated nurses' respect as being fair. More than half of the patients overall rated other employees' respect as

being fair. In the World Health Report 2000, Valentine and other scholars revealed that the domain of dignity assures users of health care services receive care in a respectful, caring and non-discriminative manner. It has been suggested that good program incentives given to providers could influence their behavior towards patients (Valentine et al., 2003).

Regarding doctors' respect for patients' dignity, patients confessed that doctors were considerate, flexible, respectable and reliable. They realized that doctors were usually engaged in taking care of the patients in all wards. Because of excessive number of patients and overburdening of work, doctors could fail to pay full attention towards all patients and their care would not be up to patients' expectation. That would be considered in some patients' minds as disrespect to them.

Regarding nurses' respect for patients' dignity, there were some reasonable excuses. In this hospital, the number of nurses was not proportionate with the number of patients. Usually, nurses had to bear the brunt of heavy workload. Hundreds of patients were admitted daily and all wards were overcrowded. Giving effective nursing care to all patients became an uphill task, full of stress and accountability. Nurses had their own social and family problems. While performing their duties, their minds were usually overwhelmed by the thoughts of inconveniencies in their lives such as undue salary, imbalance between income and manifold expenditures, and high social costs. Meanwhile, when they came across patients who were in a volatile or aggressive mood, conflicts unavoidably arose between them. The negotiation management became involved in such cases and a mutual understanding should be built between patients and nurses. Nurses should give due respect toward patients and vice versa. Patients should never be hesitant to comply with the norms and regulations of hospital. That would improve the image and grace of the hospital.

Relevant to other employees' respect for patients' dignity, other employees included those working in all inpatient wards and other faculties such as blood bank, laboratory, radiology department except doctors and nurses. In this hospital, these employees had to undertake different duties and responsibilities as assigned by the administration. There was a huge shortage of manpower in this hospital. Therefore, they had to keep a balance between the burden of their family and their compulsory duties at hospital. As a result, they often became distracted and uninterested in dealing with the patients. From patients' perspective, they were voted being bad to some extent.

Concerning the question “doctors treat patients with respect”, there was similar finding in the current study and the previous study conducted by Dr. Aye Pyae Pyae, 2017. In both studies, the mean scores were above satisfactory level. About the question “health care providers encourage patients to discuss their concern over the diseases”, the mean score was unsatisfactory. About the question “health care providers’ respect patients’ desire for privacy”, one-third of the respondent answered “never” showing their tendency for more opportunity of privacy and security during examination, treatment and counseling.

In the current study, the overall rate of doctors’ respect for patients’ dignity was answered as good by 78.3%. That result was low as compared to the study conducted by Gromulska et al., in Poland, 2014 in which more than 80% of patients experienced respect for their dignity. For the question “overall rate of nurses ‘respect for patients dignity”, the answer “fair” was replied by most of the patients, that was different from the study by Dr. Min Min, 2015 in which most replied as good. On the topic “rate of other employees’ respect for patients’ dignity”, no one replied as good. It means that level of other employees in giving respect for patients’ dignity is crucially needed to improve as an essential reinforcement to the good image of hospital.

2. Domain of Communication

As to the domain of communication, nearly half of the respondents answered that doctors usually explained to and discussed with them about their diseases. The majority of the patients answered that nurses sometimes explained to and discussed with them about their diseases. More than half of the patients answered that health care providers sometimes explained diagnosis and treatment in clear terms, and sometimes listened carefully to their complaints and give advice as necessary. More than half of the patients rated clarity of communication by doctors as being good. The majority of the patients rated communication by nurses as being fair. On the contrary, one fourth of the patients rated communication by other employees as being bad. All the questions were below the level of satisfaction.

According to the current study, there were some gaps in clarity of communication between patients and health care providers. This hospital is always overcrowded with inpatients as well as outpatients. According to the report on the performance indicators of this hospital 2018, percent of bed occupancy rate based on sanctioned beds was 148 and average turnover of patient per bed per year was 92. These indicators reflect a great number of inpatients and heavy workload faced by

care providers. Doctors, nurses and other employees of the hospital had to bear the brunt of heavy workload related to the reception and admission of the patients, medical services and overall administrative processes. Consequently, they needed to manage to overcome these problems, including patient complaints and dissatisfaction. So, it is really reasonable that doctors sometimes did not have adequate time to explain to patients about their diseases and potential consequences. During the rush hours of daily ward rounds, they have to see and examine all the patients. This seems to prevent health care providers from listening for several minutes or hours to the complaints of each patient and giving advice as necessary.

In the previous study conducted by Dr. Min Min, 2015 the overall rate of communication of health care providers were answered as good, which was relatively higher than the result of current study. This fact may be ascribable to the difference in nature of hospitals: a specialist hospital in the previous study and an overburdened general hospital daily admitting hundreds of patients in the present study.

Generally, the administration ought to train health staff regularly on how to behave and communicate with the clients. Doctors, nurses and other employees should be endowed with intangible qualities such as good communication skill and problem solving skills which form emotional quotient and adversity quotient. Importance of warm relationship, empathic listening, thoughtful care, and devotion to duty should be instilled into their minds. In the real situation, the shortage of staff and facilities and unbalanced distribution of the services caused various complaints of internal clients as well as external clients. The government should provide more manpower than ever to this hospital to develop a more effective and efficient communication system between clients and providers.

3. Domain of Confidentiality

With regard to the domain of confidentiality, nearly half of the patients answered that health care providers always kept their diseases, their personal information and the information provided by their medical records in confidentiality. More than half of patients rated health care provider's respect for confidentiality as being good. All topics of confidentiality exceeded the level of satisfaction.

In this hospital, patients believed they could entrust their information to the health care providers. They disclosed their experience that they seldom heard of their diseases discussed by others. However, they pointed out the lack of privacy of the environment where examinations or consultations are conducted as a weakness. On

one hand, patients sometimes feared their personal information would be leaked via some new and inexperienced health staff. However, on the other hand, health care providers sometimes face a dilemma of choosing between patient's confidentiality and the need to inform others, particularly in communicable conditions. Anyway, training of health professionals about confidentiality and existence of environment that ensure privacy are prerequisites in this domain.

In the present study, 60.6% of the respondents answered good for overall confidentiality and this result was low as compared to a study from Poland (Gromulska, Supranowicz and Wysocki, 2014) in which 70-80 % of patients declared the respect for confidentiality during collecting the health information.

Domain of confidentiality was chosen as the most responsive of all domains from patients' perception. It may be due to the fact that in this hospital patients believed doctors and nurses would keep their diseases in confidentiality. They were confident that doctors would not reveal information about their diseases and their medical records to anyone who did not concern. From the perspective of health care providers, they pay respect to this domain because it is based on the ethics of medical professionals. Leakage of information about patients' diseases and their medical records meant unethical, unprofessional conduct, especially for patients with communicable diseases. A study conducted in Iran by Kamali, 2014, discovered confidentiality was one of the most responsive domains and so did the current study.

4. Domain of Autonomy

To discuss about domain of autonomy, the majority of the patients answered that doctors sometimes explained to them about the present treatment and other options. More than half of the patients answered that doctors sometimes allowed their involvement in making decision of treatment. Nearly half of the patients answered that health care providers always asked for their consent before treatment was given. A majority of the patients rated the domain of autonomy as being fair.

In this hospital, patients revealed they sometimes got a chance to acquire information for the current treatments about their diseases and the other options. Although patients attributed it to the limitation of time and manpower faced by health professional who were working for all patients, they exposed a strong desire to have more opportunity about it. However, many patients appreciated that care providers usually asked for their consent prior to any examination, consultation or treatment.

Autonomy is an important domain focusing on the need to provide information to the patients and their families, the need to involve them in the decision-making process, the need to obtain informed consent and the right of refusing the treatment by the patients of sound mind if they disagree with it.

In the previous study by Dr.Aye Pyae Pyae, 2017 more than half of the respondents answered "usually" for both questions "doctors explain to the patients about the present treatment and other options" and "doctors allow patients' involvement in making decision of treatment". That result was found to be different from that of the current study. However there was a fairly similar result in relation to the question" doctors ask patients' consent before treatment was given. In the previous study 69.4% responded that doctors usually asked patients' consent, whereas in the present study 54.4% replied the same answer. As regards "overall rate on autonomy", the current result was not as good as that from the study conducted by Dr. Min Min, 2015 in which most of the patients rated good for this question.

5. Domain of Prompt Attention

In this hospital, concerning the domain of prompt attention, more than half of the patients answered that they usually got care in time of need and that their waiting time for consultation and treatment was usually reasonable. Three fourths of the respondents overall rated this domain as being fair.

Essentially, prompt attention and reasonable waiting time are the main concepts in the hospital care services which can promote patient satisfaction to a great extent. In this hospital, many patients confessed that although they had quick access to care in the case of emergencies, they sometimes had unreasonable waiting periods due to complex processing of the hospital works. Patients accepted the fact that human resource, and physical infrastructures were much limited as compared to the tremendous workload that ensued from daily influx of new patients. Prompt attention can improve patient satisfaction greatly. Prompt attention is an important domain of responsiveness. In the current study, things to consider about prompt attention and reasonable waiting time include insufficiency of human resources and ineffective use of appointment system. Therefore, it relies greatly upon policy makers to implement new approaches to the retention of health workforce throughout the country.

A study conducted in Poland (Gromulska, Supranowicz and Wysocki, 2014) showed that over 90% of patients perceived prompt attention and short waiting time. That result was high as compared to the current study in which 61.1% usually got

prompt attention on the arrival of the hospital and 55% usually had reasonable waiting time.

6. Domain of Social Support

Nearly three fourths of the patients answered that they usually had the opportunity to receive the visitors during their stays in hospital. The majority of the patients answered that they always had the opportunity to receive the care of their friends, relatives and family members. Nearly half of the patients answered that they always had the opportunity to involve themselves in the religious practices. Almost three fourths of the patients rated the domain of social support as being good.

During recent years, evidence has shown that social support helps patients cope better with the stress of disease and its consequences. It also helps patients regain normal health quickly and feel rejuvenated amidst the encouraging environment of friends and relatives. In this hospital, majority of the patients favored this domain very much. They reported that they had easy access to their family members, friends or relatives as well as the right to receive food and other consumables from their guests. They also felt free to carry out religious and cultural practices which were not contrary to the sensitivities of others, and enjoyed to practice alternative therapies without complicating hospital care regimes. In the present study, patients expressed an optimistic view about this domain. They were satisfied for having their guests during guest hours and for having a chance to perform religious practices without hampering others.

Social support came next to confidentiality in order of most responsive domains. This may be premised on the fact that patients are free to welcome their visitors during guest hours and receive food, clothing and other consumables from them. They also have the opportunity of receiving the care by family members and relatives. In the study conducted by Baharvand, 2019 social support was ranked among the most responsive domains and so did the present study.

7. Domain of Basic Amenities

Considering the domain of basic amenities, a great majority of the patients rated the dietary service and maintenance of hospital buildings as being good. In a summary, more than half of the patients rated the cleanliness of hospital, adequacy of furniture, access to clean water and cleanliness of patient beds as being good. However, only a slight more than one fourth of the patients rated the cleanliness of

toilets as being good. More than half of the patients overall rated the domain of basic amenities as being fair.

Domain of basic amenities includes fundamental physical infrastructures of health facilities which can add comfort, pleasure, safety and satisfaction to the patients. Utilization of good quality amenities boosts patients' morale and confidence. It helps them accelerate their recovery from illness. It also promotes the quality of health care services and efficiency of health care providers. In this hospital, a new six-storied building was erected in early 2019. This building was occupied by gastrointestinal ward, renal medical and urosurgical ward, medical ward and chest medical ward. As a recently built infrastructure, it was supplied with new modern amenities which were better than those in the wards occupying the old building of the hospital.

In this hospital, adequate supply of drinking water was being provided by private donors or social organizations daily. They rated dietary services the best of all dimensions of basic amenities. With the supervision of hospital administration, donors and social organizations were allowed to cater for dietary service of the patients. If there were no donors, the hospital took charge of this service. Such provision of diet and drinking water helped patients reduce their financial burden and facilitate their stay in hospital. This added a good name to this hospital. However, some patients, without realizing the political and economic impact on today public hospitals, thought so much highly of all basic amenities in these hospitals. And, they later came to know their expectation was different from reality. In the study done by Gromulska and others in 2014, (60-70%) agreed the sufficiency of hospital furniture. That was high as compared to the present study in which only 53.3% accepted the adequacy of the furniture in this hospital.

For the cleanliness of the hospital, they wanted to have their beds, floor and surroundings clean daily by the responsible employees of the hospital. They rated cleanliness of toilets worst. It will need to improve the cleanliness of the different wards and the whole compound of the hospital. Now, multidisciplinary endeavors for improvement of infection control programs and hospital waste management are being made under the stewardship of hospital administration and the consultants from all wards in the hospital.

Domain of basic amenities was selected as the least responsive one from patients' perception. Patients complained of cleanliness of wards and patient beds,

inadequacy of supportive amenities for them and their attendants. They wanted ample supply of clean water for both drinking and other purposes, whereas poor sanitation of toilets and bathing rooms are a major problem to them. They complained of poor ventilation and insufficient lighting in some wards. They thought that the hospital should supply them with more trolleys and wheel chairs for moving from one place to another and that the use of escalators should be more allowed. These may be the reasons why patients chose basic amenities as the least responsive domain. Forouzan et al, 2011 disclosed that domain of basic amenities was less responsive than other domains.

8. Domain of Provider Choice

This domain includes patients' chance of choosing the preferred institution or health care provider. In this hospital, many patients voted against this domain. They revealed their true feelings that they seldom had chances to choose provider or ward or referred hospital. It is a rule of a hospital that if patients are admitted, doctors chose the wards appropriate for patients' diseases. Patients sometimes expect that they may have the chance to see a preferred specialist. However, many patients have no clear idea about the domain of choice. Regarding choice of provider or referred hospital, they put the decision of the doctors in the first place.

In this study more than half of the respondents answered "sometimes" for the questions on "patients have the chance in choosing the hospital". It may be due to the fact that general public in Myanmar have no knowledge of which hospital is most suitable to their illnesses. Financial conditions, geographical and other barriers limit their freedom to choose a health care institution of their preference. As for the inpatients, most have no idea of choosing the next hospital when they are transferred out for further treatment. They comply with doctors' words on this issue. From the side of providers, transferring a patient to another hospital is a last resort and they did so only if the condition is inevitable.

On the question "patients have the chance in choosing the wards", more than half of the patients answered "sometimes" and others answered "never". This hospital is a general hospital consisting of different wards. If patients thought there is no progress of their diseases in a ward, or they thought they are suffering from more than on disease, they wanted to have a chance to shift to another suitable ward. In this case, they thought they may have sometimes the chance in choosing the wards after

discussion with health care providers, but nearly half felt reluctant of asking doctors for a change of ward as they thought doctors would not concede to their desire.

On the question "patients have a chance in choosing a specialist, if they wish to", slight more than two-third of the respondent, answered "sometimes". In this hospital, patients appreciated doctors treat them with respect and establish a good communication between them. They believed on important occasions they could consult with the doctors and discuss with them about the potential consequences of their diseases. They thought they may have, sometimes, a chance in choosing a specialist who, in their minds, was the better one for treating their diseases.

In a nutshell, concerning a public hospital health care providers are assuming their duties according to the assigned schedules. The patients have to receive the care of the health personnel who are on duty. The first thought of the care providers is to be dutiful and pass their duty sessions without a complaint, conflict or problem. Therefore they will take care of patients their best. However patients will not be easily granted chances of choosing provider or ward. In a study from Iran (Baharvand, 2019), it was found that the choice of health care provider was ranked among the least responsive domain.

Comparison of patients' perception on responsiveness of different wards

On comparison of patients' perception on responsiveness of different wards, most of the respondents from the renal medical and the medical wards rated as good on almost all of the domains. In this hospital, a new six-storied building was established in the early 2019, next to the old buildings in the hospital compound. The renal medical and the medical wards were shifted from the old building to this new one. Patients felt delighted and comfortable for being admitted to these wards well furnished with basic new and updated amenities. Doctors and nurses felt satisfied with working here and consequently, the mutual understanding between care providers and patients was improving. From the perspective of patients, the care providers gave the respect for their dignity. Patients declared there was a good communication between health staff and them and they could discuss openly about their diseases with them.

They confessed the other employees in the renal medical and medical wards had a good communication with them and helped them solve their minor difficulties experienced daily as the inpatients. Doctors and nurses were regarded, from patients' perception, as reliable and respectful of the confidentiality of their diseases or information from their medical records. Patients declared doctors were usually willing

to explain to them the current treatments and alternative options about their diseases and permit their involvement in decision-making. They also appreciated that health providers valued their consents in all procedures of treatment and that immediate care was usually given. Patients believed care providers were endeavoring to reduce their waiting time to a minimum. Patients perceived that they had full opportunity to receive their family members, relatives and friends during the guest-time and that they were free to perform their own religious practices. They confessed that care providers in these wards have due respect and positive attitude towards them and that they could sometimes discuss about choice of provider or institution.

To be a good responsive ward in a good responsive hospital, it would be, therefore, concluded that all health personnel of the ward, in addition to their technical competency, would need to pay respect to the patients, show good communication with them, preserve the confidentiality of the patients' diseases and permit considerably their involvement in making decision and choice of health care providers or institutions. Moreover, the health staff would need to give prompt attention as frequently as possible and allow every social support for the welfare of the patients. Last but not least, those who are at the helm of the ward should always try to fill the ward with updated basic amenities through the support of hospital administration.

Association between socio-demographic characteristics of the respondents and the most responsive domain and the least responsive domain

According to the finding, there was no significant association between socio-demographic characteristics of the respondents and confidentiality, the most responsive domain perceived by patients. However, there is a statistically significant association ($p<0.05$) between admitted wards of the respondents and basic amenities, the least responsive domain.

This finding may be attributed to the fact that medical ward and renal medical ward are located in the new building erected this year, while the old building houses the surgical, OG and orthopaedic ward. Patients in the medical ward and renal medical wards declared they felt satisfied with their new and fresh environment and the new basic amenities provided to them. On the other hand, patients admitted to the wards in the old building showed their dissatisfaction towards basic amenities they had to utilize. They may refer to the poor condition of toilets and bathrooms, bad condition of some patient beds and unhygienic condition of corridors and inadequacy

of wheel chairs and trolleys for use. To narrow down the differing gap between the two conditions, more budget should be well spent on the renovation of this old building and refilling new updated amenities and facilities.

Limitations of the Study

Firstly, the duration of the study period was very limited. Secondly, patients found difficulty to understand the questions fully. Thirdly, there may have respondent bias towards health care providers as it was a foremost concern in patients' minds to avoid negative views of the providers on them while they were in hospital.

CHAPTER (7)
CONCLUSION

Responsiveness, as one of the goals of the health system, was studied in every part of the world. Some countries encouraged hospital based surveys on responsiveness, while some compared the responsiveness of the health systems of the different countries. This study was done among 180 in-patients from five wards of Thingangyun General Hospital to assess the responsiveness of this hospital from their perception.

When the mean scores were calculated, domains of confidentiality and social support were found to be above satisfactory level. Concerning the overall rate of a domain, the majority of the respondents answered as good for confidentiality and social support. As to doctors and nurses' respect for patients' dignity and communication, the overall rates were good and fair respectively. Regarding the domains of autonomy, prompt attention, basic amenities and choice of health care providers, most of the respondents rated as fair.

Confidentiality was the most responsive domain from the perception of the respondents, whereas, the domain of basic amenities the least responsive domain. When a comparison on the responsiveness of the wards was made, most of the respondents rated the renal medical and the medical wards as good for most of the domains. There was a statistically significant association between the admitted wards and the least responsive domain.

It is concluded that the domains of basic amenities, provider choice, autonomy, and prompt attention should be identified as the crucial areas requiring further improvement. To be a better responsive hospital, reform strategies should be focused on these domains in this hospital.

CHAPTER (8)
RECOMMENDATIONS

Based on the findings of this study, I would like to recommend the following:

1. More discussion with the patients, emphatic listening and giving appropriate advice should be made by the doctors.
2. More supervision, counseling and trainings should be given to nurses and the other employees to enhance their respect for patients' dignity and communication with them.
3. More patient-centred care should be practised in this hospital.
4. More prompt attention should be paid to the patients by doctors and all other staff.
5. This hospital should be upgraded to 1000-bedded one with more human resources.
6. Necessary renovation of the old building and more filling of up-to-date basic amenities to all wards should be undertaken.
7. It is suggested that although the author have tried hard to do this study, some limitations due to the time and other constraints were found and therefore, more studies concerned with the responsiveness of this hospital should be carried out.

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ANNEXES

Annex (1) Variables

No	Variables	Operational definitions	Scale of measurements
1	Age	Completed age in Years	Ratio
2	Sex	1. Male 2. Female	Nominal
3	Educational status of respondents	1. Illiterate 2. read and write 3. Primary school 4. Middle school 5. High school 6. Graduate and above	Ordinal
4	Occupation of respondents	1. Government employee 2. Company employee 3. Private business 4. Manual worker 5. Student 6. Dependent 7. Pensioner 8. Monk	Nominal
5	Marital Status	l. Single 2.Married 3.Widow 4. Separated 5. Others	Nominal
5	Perception	The way in which something is regarded, understood, or interpreted	Nominal
6	History of hospitalization	History of hospitalization of clients at any hospital	Nominal
7	Inpatients	Patients admitted to the hospital to receive care	Nominal

Annex (2)

Informed Consent Forms (Myanmar and English)

Informed Consent Form (Myanmar)

Institutional Review Board

University of Public Health, Yangon

သုတေသနလုပ်ငန်းတွင် ပါဝင်ဆောင်ရွက်ရန် သဘောတူညီချက်တောင်းခံခြင်း

ဤသဘောတူညီချက်မှာ ရန်ကုန်မြို့သဃ်နိုးကျွန်းပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေးနိုင်မှုကို အတွင်းလူနာများ၏ သဘောထားအမြင် များအား အခြေပြု၍ လေ့လာဆန်းစစ်ခြင်းနှင့်ပတ်သက်သည့် သုတေသနလုပ်ငန်းတွင် ပါဝင် ဆောင်ရွက်ရန် ဖိတ်ခေါ်ခြင်းဖြစ်ပါသည်။

အဓိကသုတေသီအမည်	-	ဒေါက်တာမောင်မောင်ဝင်း
ဌာန	-	ပြည့်သူကျန်းမာရေးတက္ကသိုလ်၊ ရန်ကုန်
သုတေသနခေါင်းစဉ်	-	ရန်ကုန်မြို့ သဃ်နိုးကျွန်း ပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေးနိုင်မှုကို အတွင်းလူနာများ၏ သဘောထားအမြင်များအား အခြေပြု၍ လေ့လာဆန်းစစ်ခြင်း။

အပိုင်း(က) သုတေသနနှင့် သက်ဆိုင်သောအချက်များ

၁။ မိတ်ဆက်နိဒါန်း

ကျွန်တော်သည် ဒေါက်တာမောင်မောင်ဝင်းဖြစ်ပါသည်။ ရန်ကုန်မြို့ပြည်သူ့ကျန်းမာရေးတက္ကသိုလ်တွင်ဘွဲ့လွန် သင်တန်းတက်ရောက်နေသော ကျောင်းသားတစ်ဦး ဖြစ်ပါသည်။ ကျွန်တော့်အနေနှင့် ရန်ကုန်မြို့သဃ်နိုးကျွန်းပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေးနိုင်မှုကို အတွင်းလူနာများ၏ သဘောထား

အမြင်များအား အခြေပြု၍ လေ့လာဆန်းစစ်သောသုတေသန တစ်ခုဆောင်ရွက်လိုပါသည်။ သုတေသန အကြောင်းကို ရှင်းပြပြီး သင့်အားပါဝင်ရန်ဖိတ်ခေါ်လိုပါသည်။ သင့်အနေနှင့်မရှင်းလင်း သည်များရှိပါက မေးမြန်းနိုင်ပါသည်။

၂။ ရည်ရွယ်ချက်

ဤသုတေသန၏ ရည်ရွယ်ချက်မှာ ရန်ကုန်မြို့သဃ်နိုးကျွန်းပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေးနိုင်မှုကို အတွင်းလူနာများ၏ သဘောထားအမြင်များအားအခြေပြု၍ လေ့လာဆန်းစစ်ခြင်း ပြုလုပ်ရန်ဖြစ်ပါသည်။

၃။ သုတေသနဆောင်ရွက်ပုံအမျိုးအစား

ဤသုတေသနတွင် သင်ကိုယ်တိုင် မေးခွန်းများကိုဖတ်၍ ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် ၃၀ခန့်ကြာမြင့်မည် ဖြစ်ပါသည်။

၄။ ပါဝင်မည့်သူများရွေးချယ်ခြင်း

သင့်အားဖိတ်ခေါ်ရခြင်းမှာ သင်သည်ဤဆေးရုံ၏ အတွင်းလူနာတစ်ဦးဖြစ်ပြီး ဤသုတေသနတွင်ပါဝင်ရန် စိတ်ဝင်စားလိမ့်မည်ဟု ထင်မြင်ခံစားမိ၍ ဖြစ်ပါသည်။

၅။ မိမိဆန္ဒအလျောက် ပါဝင်ခြင်း

ဤသုတေသနတွင် ပါဝင်ကူညီခြင်းသည် သင်၏ သဘောဆန္ဒအလျောက်သာ ဖြစ်ပါ သည်။ ပါဝင်ခြင်း၊ မပါဝင်ခြင်းမှာ သင်၏ဆန္ဒအတိုင်း ရွေးချယ်မှုသာဖြစ်ပါသည်။

၆။ လုပ်ဆောင်ပုံ

ဤသုတေသနတွင် ပါဝင်ရန်သဘောတူမည်ဆိုလျှင် သင်ကိုယ်တိုင် မေးခွန်းများကိုဖတ်၍ ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် ၃၀ခန့်ကြာမြင့် မည်ဖြစ်ပါသည်။ သင်သည် သီးသန့်နေရာတစ်ခုမှာ ဖြေဆိုရမှာဖြစ်ပြီးသင်၏ လူမှုရေးအချက်အလက်များ၊ ဆေးရုံ၏ ကျန်းမာရေး စောင့်ရှောက်မှုနှင့် ဆောင်ရွက်ချက်များအပေါ် သဘောထားအမြင်များ မည်သို့ရှိမည်ကို လေ့လာလိုပါသည်။ မေးခွန်းများဖြေဆိုရာတွင် စိတ်အနှောင့် အယှက်ဖြစ်၍ မဖြေဆိုလိုသော မေးခွန်းများရှိပါက သင့်ဆန္ဒအလျောက် မဖြေဆိုဘဲ ငြင်းဆိုနိုင်ပါသည်။

၇။ အကျိုးကျေးဇူးများ

ဤသုတေသနတွင် ပါဝင်သောကြောင့် သင့်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူးရရှိ မည်မဟုတ်ပါ။ သို့သော်သင်၏ပါဝင်မှုသည် ဤဆေးရုံမှ ကျန်းမာရေးဝန်ထမ်းများ၏ ကျန်းမာရေးစောင့်ရှောက်မှုများဆိုင်ရာပြဿနာများအား ပြုပြင်ရေးလုပ်ဆောင်ရာတွင် အထောက်အကူဖြစ်စေပါသည်။

၈။ အချက်အလက်များသိမ်းဆည်းထားရှိခြင်း

ဤသုတေသနမှကောက်ယူရရှိ သည့်အချက်အလက်များကို လုံခြုံစွာ ထားရှိမှာဖြစ်ပါသည်။ သင့်ထံမှသိရှိရသည့်အချက်များကို သုတေသန အဖွဲ့မှ အပအခြားမည်သူမှ မသိစေရ ပါ။

၉။ သုတေသနရလဒ်များကို ဖြန့်ဝေခြင်း

ဤသုတေသန၏တွေ့ရှိချက်များကို စိတ်ဝင်စားသူများမှ သိရှိစေနိုင်ရန် ရလဒ်များကိုသာ ဖြန့်ဝေမှာဖြစ်ပါသည်။

၁၀။ ဆက်သွယ်ရမည့်ပုဂ္ဂိုလ်

အကြောင်းအရာတစ်စုံတစ်ခုမေးမြန်းလိုလျှင် ဒေါက်တာမောင်မောင်ဝင်း၊ ဖုန်း-၀၉၄၂၁၇၆၁၂၅၃ ကိုဆက်သွယ်နိုင်ပါသည်။ ဤသုတေသနကို လူပုဂ္ဂိုလ်များအပေါ် သုတေသနပြုမှုဆိုင်ရာ ကျင့်ဝတ်ကော်မတီမှ ခွင့်ပြုချက်ရရှိပြီး ဖြစ်ပါသည်။

အပိုင်း (ခ) သုတေသနတွင်ပါဝင်ရန်သဘောတူညီမှုပုံစံ

ကျွန်ုပ်သည် ရန်ကုန်မြို့သဃ်နိုးကျွန်းပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေးနိုင်မှုကို အတွင်းလူနာများ၏ သဘောထားအမြင်များအား အခြေပြု၍ လေ့လာဆန်းစစ်ခြင်း သုတေသနတွင်ပါဝင်ရန် ဖိတ်ခေါ်ခြင်းခံရပါသည်။ ဤသုတေသနတွင်ပါဝင်သောကြောင့် ကျွန်ုပ်အတွက် တိုက်ရိုက်အကျိုးကျေးဇူး မရရှိပါ။ ကျွန်ုပ်သည် ကိုယ်တိုင်မေးခွန်းများကိုဖတ်၍ ဖြေဆိုရမည်ဖြစ်ပြီး မိနစ် ၃၀ ခန့်ကြာမြင့်မည်ဖြစ်ကြောင်းနှင့် မိမိ၏လူမှုရေး အချက်အလက်များ၊ ဆေးရုံ၏ကျွန်းမာရေး စောင့်ရှောက်မှုနှင့်ဆောင်ရွက်ချက်များအပေါ် သဘောထားအမြင်များအား မေးမြန်းမည်ဖြစ်ကြောင်း သိရှိရပါသည်။ ဤသုတေသနတွင် ကျွန်ုပ်သည် အထက်ဖော်ပြချက်များအား ဖတ်ရှုပြီးဖြစ်ပါသည်။ မရှင်းလင်းသည့် မေးခွန်းများကိုလည်း ပြန်လည်မေးမြန်းနိုင်ပါသည်။ ထိုကြောင့်ကျွန်ုပ်သည် မေးခွန်းများကို ကျေနပ်စွာဖြေဆိုပေးပါမည်။ ကျွန်ုပ်ဆန္ဒအလျောက် ဤသုတေသနတွင် ပါဝင်ရန် သဘောတူပါသည်။

သုတေသနတွင်ပါဝင်သူအမည် ----------

သုတေသနတွင်ပါဝင်သူလက်မှတ် ----------

ရက်စွဲ ----------

Informed Consent Form (English)

Institutional Review Board

University of Public Health, Yangon

Name of Investigator – Dr. Mg Mg Win

Title of research - "The Responsiveness of Thingangyun General Hospital"

Part (A) Information about research

1. Introduction

I am Dr. Mg Mg Win, a candidate for the Master of Hospital Administration, attending at University of Public Health, Yangon. I am doing a research on "The Responsiveness of Thingangyun General Hospital".

2. Purpose of the Research

This study is to assess "The Responsiveness of Thingangyun General Hospital".

3. Type of Research Intervention

This research will involve your participation by answering the questionnaire for about thirty minutes.

4. Participant Selection

You are being invited to take part in this research because I feel that you will be, as an inpatient of this hospital, interested in it.

5. Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not.

6. Procedure

I would like to invite you to take part in this research. If you accept it, you have to answer questionnaire for about thirty minutes. It will be done at a place which is private and comfortable for you. The questionnaire will include information about your socio-demographic factors and your perception on responsiveness of the hospital**.** You do not have to answer any question or take part in the discussion if you feel the issue(s) are too personal or if talking about them makes you uncomfortable.

7. Benefits

Participation in this study will not benefit the participant directly but your participation helps us find out more about how to solve the problems concerning the responsiveness of health care providers in the hospital.

8. Confidentiality

I will not share information about your participation in this study to anyone unconcerned. The information that I collect from this research project will be kept private.

9. Sharing the Results

The knowledge that I get from research will only be disclosed to those who have the responsibility for this study. I will then publish the results to be read only by the interested people.

10. Who to Contact

If there are any queries before, during and after the study you can directly contact the investigator Dr. Mg Mg Win, Phone – 09421761253 or via email mgwinmyanmar98 @gmail.com. This proposal had been reviewed and approved by the Institutional Review Board, University of Public Health, Yangon, which is a committee responsible for making sure that research participants are protected from harm. If you wish to find out more about the committee, contact the secretary of the committee at University of Public Health, Yangon, No. 246, Myoma Kyaung Street, Latha Township, Yangon, 11311. Office phone +95 1395213, +95 1395214 ext:23/25.

Part (B) Consent Form

I have been invited to participate in a research about "The Responsiveness of Thingangyun General Hospital".

I know that I will have to answer the questionnaire for about thirty minutes. I am aware that there may be no benefit to me directly. The questionnaire includes my socio-demographic characteristics and perception on responsiveness of the hospital. I have read the foregoing information, or it has been read to me. I will have the opportunity to ask questions on what I do not understand. I consent voluntarily to be a participant in this study.

Name of participant ----------

Signature of participant ----------

Date ----------

Annex-3

Questionnaire Forms (Myanmar and English)

Questionnaire Form (Myanmar)

ရန်ကုန်မြို့သစ်နန်းကျွန်းပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေးနိုင်မှုကို အကဲဖြတ်ရန်အတွက် ဖျားနာကုသဆောင်၊ ခွဲစိတ်ကုသဆောင်၊ သားဖွားမီးယပ်ကုသဆောင်၊ အရိုးရောဂါကုသဆောင်နှင့် ကျောက်ကပ်ရောဂါကုသဆောင်တို့ရှိ လူနာများ၏သဘောထား အမြင်များအား လေ့လာဆန်းစစ်မှုဆိုင်ရာ သုတေသနမေး ခွန်းပုံစံ

လူနာအမှတ်စဉ် ----------

လူနာတက်ရောက်သောအဆောင် ----------

ရက်စွဲ ----------

စဉ်	(က) လူနာ၏ ကိုယ်ရေးအချက်အလက်များ	
၁။	အသက် (ပြည့်ပြီးနှစ်) ---------- နှစ်	
၂။	ကျား/မ (၁) ကျား (၂) မ	
၃။	ကိုးကွယ်သည့်ဘာသာ (၁) ဗုဒ္ဓ (၂) ခရစ်ယာန် (၃) အစ္စလာမ် (၄) အခြား	
၄။	နေရပ်လိပ်စာ (၁) မြို့ပြ	

	(၂) ကျေးလက်	
၅။	ပညာအရည်အချင်း (၁) စာမတတ် (၂) ရေးတတ်ဖတ်တတ် (၃) မူလတန်းအဆင့် (၄) အလယ်တန်းအဆင့် (၅) အထက်တန်းအဆင့် (၆) ဘွဲ့ရနှင့်အထက်	
၆။	အလုပ်အကိုင် (၁) အစိုးရဝန်ထမ်း (၂) ကုမ္ပဏီဝန်ထမ်း (၃) ကိုယ်ပိုင်လုပ်ငန်း (၄) လက်လုပ်လက်စား (၅) ကျောင်းသား (၆) မှီခို (၇) ပင်စင်စား (၈) ဘုန်းကြီး	
၇။	မိသားစု တစ်လဝင်ငွေ ---------- ကျပ်	
၈။	အိမ်ထောင် (၁) မရှိ (၂) ရှိ (၃) အိမ်ထောင်ဖက်သေဆုံး	

	(၄) အိမ်ထောင်ကွဲ (၅) အခြား	
၉။	တက်ရောက်သည့် ကုသဆောင် (၁) ဖျားနာကုသဆောင် (၂) ခွဲစိတ်ကုသဆောင် (၃) သားဖွားမီးယပ်ကုသဆောင် (၄) အရိုးရောဂါကုသဆောင် (၅) ကျောက်ကပ်ရောဂါကုသဆောင်	
၁၀။	ယခင်ဆေးရုံတက်ရောက်ခဲ့ခြင်း (၁) ရှိ (၂) မရှိ	
၁၁။	ယခုဆေးရုံတက်သည့်ရက်ပေါင်း ---------- ရက်	

(ခ) ရန်ကုန်မြို့ သဃ်နိုးကျွန်းပြည်သူ့ဆေးရုံကြီး၏ လူနာများအတွက် ဖြည့်ဆည်းပေး နိုင်မှုနှင့်ပတ်သက်သော အချက်အလက်များ

(၁) လူနာ၏ဂုဏ်သိက္ခာအပေါ် အလေးထားမှုနှင့် ပတ်သက်သည့်မေးခွန်များ

၁။	ဆရာဝန်များသည် လူနာများအား လေးလေးစားစား ဆက်ဆံပါ သလား။ (၁) မည်သည့်အခါမှ မဆက်ဆံပါ (၂) တစ်ခါတစ်ရံသာ ဆက်ဆံပါသည် (၃) များသောအားဖြင့် ဆက်ဆံပါသည် (၄) အမြဲတမ်းဆက်ဆံပါသည်	
၂။	သူနာပြုများသည် လူနာများအား လေးလေးစားစား ဆက်ဆံပါ သလား။	

	(၁) မည်သည့်အခါမှ မဆက်ဆံပါ (၂) တစ်ခါတစ်ရံသာ ဆက်ဆံပါသည် (၃) များသောအားဖြင့် ဆက်ဆံပါသည် (၄) အမြဲတမ်းဆက်ဆံပါသည်	
၃။	ဆေးရုံမှအခြားဝန်ထမ်းများသည် လူနာများအား လေးလေးစားစား ဆက်ဆံပါသလား။ (၁) မည်သည့်အခါမှ မဆက်ဆံပါ (၂) တစ်ခါတစ်ရံသာ ဆက်ဆံပါသည် (၃) များသောအားဖြင့် ဆက်ဆံပါသည် (၄) အမြဲတမ်းဆက်ဆံပါသည်	
၄။	ကျန်မာရေးဝန်ထမ်းများသည် လူနာများအား ၎င်းတို့၏ရောဂါနှင့် ပတ်သက်၍ သိလိုသည်များ မေးမြန်းခြင်းကို အားပေးပါ သလား။ (၁) မည်သည့်အခါမှ အားမပေးပါ (၂) တစ်ခါတစ်ရံသာ အားပေးပါသည် (၃) များသောအားဖြင့် အားပေးပါသည် (၄) အမြဲတမ်းအားပေးပါသည်	
၅။	ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများအား စမ်းသပ်ကုသမှု ပေးရာတွင် ဘေးလူများမမြင်အောင် စမ်းသပ်ပါသလား။ (၁) မည်သည့်အခါမှ မစမ်းသပ်ပါ (၂) တစ်ခါတစ်ရံသာ စမ်းသပ်ပါသည် (၃) များသောအားဖြင့် စမ်းသပ်ပါသည် (၄) အမြဲတမ်းစမ်းသပ်ပါသည်	

၆။	ဆရာဝန်များ၏ လူနာဂုဏ်သိက္ခာအား အလေးထားမှုကို သင့်အနေ ဖြင့်ခြုံငုံပြီး မည်သည့်အဆင့်အတန်း သတ်မှတ်ပေး လိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	
၇။	သူနာပြုများ၏ လူနာဂုဏ်သိက္ခာအား အလေးထားမှုကို သင့်အနေ ဖြင့်ခြုံငုံပြီး မည်သည့်အဆင့်တန်း သတ်မှတ်ပေးလိုပါ သနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	
၈။	ဆေးရုံမှအခြားဝန်ထမ်းများ၏ လူနာဂုဏ်သိက္ခာအား အလေး ထားမှုကို သင့်အနေဖြင့် ခြုံငုံပြီး မည်သည့်အဆင့်တန်း သတ်မှတ်ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	

(၂) ကျန်းမာရေးစောင့် ရှောက်ပေးသူများမှ လူနာများအပေါ် ဆက်ဆံရေးနှင့် ပတ်သက်သည့် မေးခွန်းများ

၁။	ဆရာဝန်များသည် လူနာများအား ရောဂါနှင့်ပတ်သက်၍ အချိန် ပေးပြီး သေသေချာချာရှင်းပြခြင်း၊ ဆွေးနွေးခြင်းများ	

	ပြုလုပ်ပါ သလား။ (၁) မည်သည့်အခါမှ မပြုလုပ်ပါ (၂) တစ်ခါတစ်ရံသာ ပြုလုပ်ပါသည် (၃) များသောအားဖြင့် ပြုလုပ်ပါသည် (၄) အမြဲတမ်းပြုလုပ်ပါသည်	
၂။	သူနာပြုများသည် လူနာများအား ရောဂါနှင့်ပတ်သက်၍ အချိန်ပေးပြီး သေသေချာချာရှင်းပြခြင်း၊ ဆွေးနွေးခြင်းများ ပြုလုပ်သလား။ (၁) မည်သည့်အခါမှ မပြုလုပ်ပါ (၂) တစ်ခါတစ်ရံသာ ပြုလုပ်ပါသည် (၃) များသောအားဖြင့် ပြုလုပ်ပါသည် (၄) အမြဲတမ်းပြုလုပ်ပါသည်	
၃။	ကျန်းမာရေးဝန်ထမ်းများသည်လူနာများအား ရောဂါကုသမှုနည်း လမ်းများနှင့်ပတ်သက်၍ နားလည်လွယ်သော စကားလုံးများဖြင့် ရှင်းပြပါသလား။ (၁) မည်သည့်အခါမှ မရှင်းပြပါ (၂) တစ်ခါတစ်ရံသာ ရှင်းပြပါသည် (၃) များသောအားဖြင့် ရှင်းပြပါသည် (၄) အမြဲတမ်းရှင်းပြပါသည်	
၄။	ကျန်းမာရေး ဝန်ထမ်းများအနေဖြင့် လူနာများတင်ပြသော အဆင်မပြေမှုများကိုဂရုတစိုက်နားထောင်ပြီး အကြံညဏ်များ ပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည်	

	(၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲတမ်းပေးပါသည်	
၅။	ဆရာဝန်များ၏ လူနာများအပေါ် ဆက်ဆံရေးကို သင့်အနေဖြင့် ခြုံငုံပြီးမည်သည့်အဆင့်အတန်း သတ်မှတ်ပေး လိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	
၆။	သူနာပြုများ၏ လူနာများအပေါ် ဆက်ဆံရေးကို သင့်အနေဖြင့် ခြုံငုံပြီးမည်သည့်အဆင့်အတန်း သတ်မှတ်ပေး လိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	
၇။	ဆေးရုံမှအခြားဝန်ထမ်းများ၏ လူနာများအပေါ် ဆက်ဆံရေးကို သင့်အနေဖြင့် ခြုံငုံပြီးမည်သည့်အဆင့်အတန်း သတ်မှတ် ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	

(၃) လျှို့ဝှက်ချက်စောင့်ထိန်းမှုနှင့် ပတ်သက်သော မေးခွန်းများ

၁။	ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများ၏ရောဂါအကြောင်း အရာများ မပေါက်ကြားစေရန်	

	စောင့်ထိန်းပါသလား။ (၁) မည်သည့်အခါမှ မစောင့်ထိန်းပါ (၂) တစ်ခါတစ်ရံသာ စောင့်ထိန်းပါသည် (၃) များသောအားဖြင့် စောင့်ထိန်းပါသည် (၄) အမြဲတမ်းစောင့်ထိန်းပါသည်	
၂။	ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများနှင့် သက်ဆိုင်သော သတင်းအချက်အလက်များ လုံခြုံမှုရရှိစေရန် မည်သည့် အတိုင်း အတာအထိထိန်းသိမ်းပါသနည်း။ (၁) မည်သည့်အခါမှ မထိန်းသိမ်းပါ (၂) တစ်ခါတစ်ရံသာ ထိန်းသိမ်းပါသည် (၃) များသောအားဖြင့် ထိန်းသိမ်းပါသည် (၄) အမြဲတမ်းထိန်းသိမ်းပါသည်	
၃။	ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများ၏ဆေးကုသမှတ်တမ်း များနှင့် ပတ်သက်သော အချက်အလက်များကို မည်သည့် အတိုင်းအတာအထိ ထိန်းသိမ်းပါသနည်း။ (၁) မည်သည့်အခါမှ မထိန်းသိမ်းပါ (၂) တစ်ခါတစ်ရံသာ ထိန်းသိမ်းပါသည် (၃) များသောအားဖြင့် ထိန်းသိမ်းပါသည် (၄) အမြဲတမ်းထိန်းသိမ်းပါသည်	
၄။	ကျန်းမာရေးဝန်ထမ်းများ၏ လူနာအခြေအနေနှင့် ပတ်သက်၍ ထိန်းသိမ်းသင့်သည်များကို ထိန်းသိမ်းခြင်းကို သင့်အနေဖြင့် ခြုံငုံပြီး မည်သည့်အဆင့်အတန်း သတ်မှတ်ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည်	

	(၃) ကောင်းမွန်ပါသည်	

(၄) လူနာ၏ ဆုံးဖြတ်ခွင့်၊ ကိုယ်ပိုင်လုပ်ပိုင်ခွင့်နှင့် ပတ်သက်သော မေးခွန်းများ။

၁။	ဆရာဝန်များသည် လူနာများအား ရောဂါကုသမှုနှင့် ပတ်သက်ပြီး ယခုကုထုံးနှင့် အခြားကုထုံးများအကြောင်းကို ရှင်း ပြလေ့ရှိ ပါသလား။ (၁) မည်သည့်အခါမှ မရှင်းပြပါ (၂) တစ်ခါတစ်ရံသာ ရှင်းပြပါသည် (၃) များသောအားဖြင့် ရှင်းပြပါသည် (၄) အမြဲတမ်းရှင်းပြပါသည်	
၂။	ဆရာဝန်များသည် လူနာများအားရောဂါကုသမှုနှင့် ပတ်သက်ပြီး ဆုံးဖြတ်ချက်ချရာတွင် ပါဝင်ခွင့်ပေးပါသလား။ (၁) မည်သည့်အခါမှ ပါဝင်ခွင့်မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပါဝင်ခွင့်ပေးပါသည် (၃) များသောအားဖြင့် ပါဝင်ခွင့်ပေးပါသည် (၄) အမြဲတမ်း ပါဝင်ခွင့်ပေးပါသည်	
၃။	ကျန်းမာရေးဝန်ထမ်းများသည် ဆေးကုသမှုမပြုမီ လူနာ၏ ခွင့်ပြုချက်တောင်းခံပါသလား။ (၁) မည်သည့်အခါမှ မတောင်းခံပါ (၂) တစ်ခါတစ်ရံသာ တောင်းခံပါသည် (၃) များသောအားဖြင့် တောင်းခံပါသည် (၄) အမြဲ တောင်းခံပါသည်	
၄။	ကျန်းမာရေးဝန်ထမ်းများ၏ လူနာဆုံးဖြတ်ပိုင်ခွင့်အား အလေးထားမှုကိုသင့်အနေဖြင့် ခြုံငုံပြီး မည်သည့် အဆင့်အတန်း သတ်မှတ်ပေးလိုပါသနည်း။	

	(၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	

(၅) လျှင်မြန်စွာ စောင့်ရှောက်ကုသမှု ဆိုင်ရာမေးခွန်းများ

၁။	ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများ လိုအပ်နေချိန်တွင်စောင့်ရှောက်မှုကို လျှင်မြန်စွာ ပေးနိုင်ပါ သလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲ ပေးပါသည်	
၂။	ဆေးရုံတက်နေစဉ် လူနာများအတွက် ကျန်းမာရေးဝန်ထမ်းများနှင့်တိုင်ပင်ဆွေးနွေးခြင်း၊ ကုသမှုခံယူခြင်းများ ပြုလုပ်ရန်စောင့်ဆိုင်းရချိန်သည် သင့်တင့်မျှတမှုရှိပါသလား။ (၁) မည်သည့်အခါမှ သင့်တင့်မျှတမှုမရှိပါ (၂) တစ်ခါတစ်ရံသာ သင့်တင့်မျှတမှုရှိပါသည် (၃) များသောအားဖြင့် သင့်တင့်မျှတမှုရှိပါသည် (၄) အမြဲ သင့်တင့်မျှတမှုရှိပါသည်	
၃။	ဆေးရုံတက်နေစဉ် ကျန်းမာရေးဝန်ထမ်းများ၏ လျှင်မြန်စွာ စောင့်ရှောက် ကုသမှုကို သင့်အနေဖြင့်ခြုံငုံပြီး မည်သည့် အဆင့်တန်း သတ်မှတ်ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည်	

	(၃) ကောင်းမွန်ပါသည်	

(၆) လူမှုဆက်သွယ်ရေးနှင့် ပတ်သက်သော မေးခွန်းများ

၁။	ဆေးရုံတက်နေစဉ်မိတ်ဆွေများ၊ဆွေမျိုးများ၊မိသားစုဝင်များအား ဧည့်ခံချိန်အတွင်း ပုံမှန်တွေ့ခွင့် ပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲ ပေးပါသည်	
၂။	ဆေရုံတက်နေစဉ်အတွင်း မိတ်ဆွေများ၊ ဆွေမျိုးများ၊ မိသားစုဝင်များ၏ ပြုစုစောင့်ရှောက်ခွင့်ကိုပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲ ပေးပါသည်	
၃။	လူနာများဆေးရုံတက်နေစဉ်အတွင်း အခြားသူများအား အနှောင့်အယှက် မဖြစ်ပါက မိမိယုံကြည်သည့် ဘာသာရေးနှင့် ပတ်သက်သော ဆောင်ရွက်ချက်များကို ဆောင်ရွက်ခွင့်ပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲ ပေးပါသည်	

၄။	ဆေးကုသရာတွင် လူမှုရေးအထောက်အပံ့နှင့် ပတ်သက်ပြီး ကျန်းမာရေး ဝန်ထမ်းများ၏ ခွင့်ပြုမှုကို သင့်အနေဖြင့် ခြုံငုံပြီး မည်သည့်အဆင့်တန်းသတ်မှတ်ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	

(၇) အခြေခံအသုံးဆောင်များနှင့် ပတ်သက်သော မေးခွန်းများ

၁။	ဆေးရုံ၏သန့်ရှင်းမှုနှင့် ပတ်သက်၍ မည်ကဲ့သို့ ထင်မြင်ပါသနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည် (၄) အလွန်ကောင်းပါသည်	
၂။	ဆေးရုံအဆောက်ဦးများအား ထိန်းသိမ်းမှုနှင့် ပတ်သက်၍ မည်ကဲ့သို့ ထင်မြင်ပါသနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည် (၄) အလွန်ကောင်းပါသည်	
၃။	ဆေးရုံပရိဘောဂများ ပြည့်စုံလုံလောက်မှုအပေါ် မည်ကဲ့သို့ထင် မြင်ပါသနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည် (၄) အလွန်ကောင်းပါသည်	

၄။	ဆေးရုံမှ ကျွေးမွေးသော အာဟာရအပေါ် မည်ကဲ့သို့ ထင်မြင်ပါသနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည် (၄) အလွန်ကောင်းပါသည်	
၅။	ဆေးရုံ၏ ရေကောင်းရေသန့် ရရှိမှုအပေါ် မည်ကဲ့သို့ ထင်မြင်ပါသနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည် (၄) အလွန်ကောင်းပါသည်	
၆။	ဆေးရုံအိမ်သာများ သန့်ရှင်းမှုအပေါ် မည်ကဲ့သို့ ထင်မြင်ပါသနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည် (၄) အလွန်ကောင်းပါသည်	
၇။	ဆေးရုံ၏ လူနာကုတင် သန့်ရှင်းမှုအပေါ် မည်ကဲ့သို့ ထင်မြင်ပါ သနည်း။ (၁) အလွန်ညံ့ပါသည် (၂) ညံ့ပါသည် (၃) ကောင်းပါသည်	

	(၄) အလွန်ကောင်းပါသည်	
၈။	ဆေးရုံမှ လူနာများ၏ အခြေခံလိုအပ်ချက်များကို ဖြည့်ဆည်းပေး ခြင်းကို သင့်အနေဖြင့် ခြုံငုံပြီး မည်သည့်အဆင့်တန်း သတ်မှတ်ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	

(၈) ကျန်းမာရေးစောင့်ရှောက်ပေးသူနှင့် ဆေးရုံရွေးချယ်ပိုင်ခွင့်နှင့် ပတ်သက်သော မေးခွန်းများ

၁။	လူနာများကို တက်ရောက်ရမည့်ဆေးရုံနှင့် ပတ်သက်၍ ရွေးချယ်ခွင့် ပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲတမ်း ပေးပါသည်	
၂။	တက်ရောက်ရမည့် လူနာဆောင်နှင့် ပက်သက်၍ ရွေးချယ်ခွင့် ပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲတမ်း ပေးပါသည်	

၃။	မိမိပြလိုသည့် အထူးကုဆရာဝန်အား ရွေးချယ်ခွင့်ပေးပါသလား။ (၁) မည်သည့်အခါမှ မပေးပါ (၂) တစ်ခါတစ်ရံသာ ပေးပါသည် (၃) များသောအားဖြင့် ပေးပါသည် (၄) အမြဲတမ်း ပေးပါသည်	
၄။	ဆေးကုသမှုတွင် လူနာများ၏ ကျန်းမာရေးစောင့်ရှောက်သူနှင့်ဆေးရုံရွေးချယ်ပိုင်ခွင့်ရရှိမှုကို သင့်အနေဖြင့် ခြုံငုံပြီး မည်သည့် အဆင့်တန်းသတ်မှတ်ပေးလိုပါသနည်း။ (၁) ညံ့ဖျင်းပါသည် (၂) သင့်တော်ပါသည် (၃) ကောင်းမွန်ပါသည်	

ဤဆေးရုံမှ သင့်အတွက် ဖြည့်ဆည်းပေးနိုင်စွမ်းအရှိဆုံး အခန်းကဏ္ဍနှင့် ဖြည့်ဆည်းပေးနိုင်စွမ်း အနည်းဆုံး အခန်းကဏ္ဍတို့ကို ပြောပြပါ။

၁။ ဤဆေးရုံမှ သင့်အတွက် ဖြည့်ဆည်းပေးနိုင်စွမ်း အရှိဆုံးအခန်းကဏ္ဍ

(၁) လူနာ၏ဂုဏ်သိက္ခာအပေါ် အလေးထားမှု

(၂) ကျန်းမာရေးစောင့်ရှောက်ပေးသူများမှ လူနာများအပေါ်ဆက်ဆံရေး

(၃) လျှို့ဝှက်ချက်စောင့်ထိန်းပေးမှု

(၄) လူနာများ၏ဆုံးဖြတ်ပိုင်ခွင့်ကို အလေးထားမှု

(၅) လျင်မြန်စွာစောင့်ရှောက်ကုသပေးမှု

(၆) လူမှုဆက်နွယ်ရေးကို ထောက်ပံ့မှု

(၇) အခြေခံအသုံးအဆောင်များပြည့်စုံမှု

(၈) ကျန်းမာရေးစောင့်ရှောက်ပေးသူနှင့်ဆေးရုံရွှေးချယ်ပိုင်ခွင့်ရှိမှု

၂။ ဤဆေးရုံမှ သင့်အတွက် ဖြည့်ဆည်းပေးနိုင်စွမ်း အနည်းဆုံးအခန်းကဏ္ဍ

(၁) လူနာ၏ဂုဏ်သိက္ခာအပေါ် အလေးထားမှု

(၂) ကျန်းမာရေးစောင့်ရှောက်ပေးသူများမှ လူနာများအပေါ်ဆက်ဆံရေး

(၃) လျှို့ဝှက်ချက်စောင့်ထိန်းပေးမှု

(၄) လူနာများ၏ဆုံးဖြတ်ပိုင်ခွင့်ကို အလေးထားမှု

(၅) လျင်မြန်စွာစောင့်ရှောက်ကုသပေးမှု

(၆) လူမှုဆက်နွယ်ရေးကို ထောက်ပံ့မှု

(၇) အခြေခံအသုံးအဆောင်များပြည့်စုံမှု

(၈) ကျန်းမာရေးစောင့်ရှောက်ပေးသူနှင့်ဆေးရုံရွှေးချယ်ပိုင်ခွင့်ရှိမှု

Questionnaire Form (English)

Serial No. ----------

Admitted Ward ----------

Date ----------

Socio-demographic characteristics

1	Age (completed years) …… Years	
2	Sex 1. Male 2. Female	
3	Religion 1. Buddhist 2. Christian 3. Islam 4. Others	
4	Residence 1. Urban 2. Rural	
5	Educational status 1. Illiterate 2. Read and write 3. Primary school level 4. Middle school level 5. High school level 6. Graduate and above	
6	Occupation 1. Government employee 2. Company employee 3. Private business 4. Manual worker 5. Student 6. Dependent 7. Pensioner 8. Monk	

7	Monthly Family Income ---------- Kyats	
8	Marital Status 1. Single 2. Married 3. Widow 4. Separated 5. Others	
9	Admitted ward 1. Medical 2. Surgical 3. OG 4. Orthopaedic 5. Renal medical	
10	Did you have any previous hospitalization? 1. Yes 2. No	
11	Duration of hospital stay at the time of interview …… days	

Questionnaire for eight elements of responsiveness

(1) Questions for Dignity

1	How often do doctors treat patients with respect? 1. Never 2. Sometimes 3. Usually 4. Always	
2	How often do nurses treat patients with respect? 1. Never 2. Sometimes 3. Usually 4. Always	

3	How often do other employees of the hospital treat patients with respect? 1. Never 2. Sometimes 3. Usually 4. Always	
4	How often do health care providers encourage patients to discuss their concern over the diseases? 1. Never 2. Sometimes 3. Usually 4. Always	
5	How often do health care providers respect patients' desire for privacy during physical examination, treatment and counseling? 1. Never 2. Sometimes 3. Usually 4. Always	
6	How would you give an overall rate of doctors' respect for patients' dignity? 1. Bad 2. Fair 3. Good	
7	How would you give an overall rate of nurses' respect for patients' dignity? 1. Bad 2. Fair 3. Good	
8	How would you give an overall rate of other employees' respect for patients' dignity? 4. Bad 5. Fair 6. Good	

(2) Questions for Communication

1	How often do doctors explain to and discuss with the patients about their diseases? 1. Never 2. Sometimes 3. Usually 4. Always	
2	How often do nurses explain to and discuss with the patients about their diseases? 1. Never 2. Sometimes 3. Usually 4. Always	
3	How often do health care providers explain diagnosis and treatment in clear terms? 1. Never 2. Sometimes 3. Usually 4. Always	
4	How often do health care providers listen carefully to the patients' complaints and give advice to them? 1. Never 2. Sometimes 3. Usually 4. Always	
5	How would you give an overall rate of doctors' clarity of communication to the patients? 1. Bad 2. Fair 3. Good	
6	How would you give an overall rate of nurses' clarity of communication to the patients? 1. Bad 2. Fair 3. Good	

7	How would you give an overall rate of other employees' clarity of communication to the patients? 4. Bad 5. Fair 6. Good	

(3) Questions for Confidentiality

1	How often do health care providers keep patients' disease in confidentiality? 1. Never 2. Sometimes 3. Usually 4. Always	
2	How often is the confidentiality of information provided by patients preserved (except if the information is needed by other health care providers)? 1. Never 2. Sometimes 3. Usually 4. Always	
3	How often is the confidentiality of information provided by patients' medical record preserved (except if the information is needed by other health care providers)? 1. Never 2. Sometimes 3. Usually 4. Always	
4	How would you give an overall rate of health care providers' keeping patients' diseases in confidentiality? 1. Bad 2. Fair 3. Good	

(4) Questions for autonomy

1	How often do doctors explain to the patients about the present treatment and other options? 1. Never 2. Sometimes 3. Usually 4. Always	
2	How often do doctors allow patients' involvement in making decision of treatment? 1. Never 2. Sometimes 3. Usually 4. Always	
3	How often do doctors ask patient for consent before treatment is given? 1. Never 2. Sometimes 3. Usually 4. Always	
4	How would you give an overall rate of health care providers' respect for patients' involvement in decision making? 1. Bad 2. Fair 3. Good	

(5) Questions for Prompt attention

1	How often do patients get care in time of need? 1. Never 2. Sometimes 3. Usually 4. Always	

2	How often is the length of time, spent at health care units waiting for consultation and treatment, reasonable? 1. Never 2. Sometimes 3. Usually 4. Always	
3	How would you give an overall rate of health care providers' prompt attention to you? 1. Bad 2. Fair 3. Good	

(6) Questions for Social support

1	How often do patients have the opportunity to have visitors during their stay in hospital? 1. Never 2. Sometimes 3. Usually 4. Always	
2	How often do patients have the opportunity to receive the care of their friends, relatives and family members? 1. Never 2. Sometimes 3. Usually 4. Always	
3	How often do patients have the opportunity to involve themselves in the religious activities if they do not disturb others? 1. Never 2. Sometimes 3. Usually 4. Always	

4	How would you give an overall rate of social support permitted to patients by health care providers? 1. Bad 2. Fair 3. Good	

(7) Questions for Basic Amenities

1	How would you rate the cleanliness of the hospital? 1. Very poor 2. Poor 3. Good 4. Very good	
2	How would you rate the maintenance of buildings in the hospital? 1. Very poor 2. Poor 3. Good 4. Very good	
3	How would you rate the adequacy of furniture in health care units? 1. Very poor 2. Poor 3. Good 4. Very good	
4	How would you rate the dietary service provided by the hospital? 1. Very poor 2. Poor 3. Good 4. Very good	
5	How would you rate access to clean water in the hospital? 1. Very poor 2. Poor 3. Good 4. Very good	

6	How would you rate the cleanliness of toilets in the hospital ? 1. Very poor 2. Poor 3. Good 4. Very good	
7	How would you rate the cleanliness of patient bed in the hospital? 1. Very poor 2. Poor 3. Good 4. Very good	
8	How would you give an overall rate of basic amenities provided to patients by the hospital? 1. Bad 2. Fair 3. Good	

(8) Questions for Choice of care provider

1	How often do patients have the chance in choosing the hospitals? 1. Never 2. Sometimes 3. Usually 4. Always	
2	How often do patients have the chance in choosing the wards? 1. Never 2. Sometimes 3. Usually 4. Always	

3	How often do patients have the chance in choosing a specialist, if they wish to? 1. Never 2. Sometimes 3. Usually 4. Always	
4	How would you give an overall rate of the patients' getting the chance in choosing the health care providers? 1. Bad 2. Fair 3. Good	

Q.1. The most responsive domain of this hospital to you

(1) Dignity
(2) Communication
(3) Confidentiality
(4) Autonomy
(5) Prompt attention
(6) Basic amenities
(7) Social support
(8) Choice of health care provider

Q.2. The least responsive domain of this hospital to you

(1) Dignity
(2) Communication
(3) Confidentiality
(4) Autonomy
(5) Prompt attention
(6) Basic amenities
(7) Social support
(8) Choice of health care provider

Annex (4)

Hospital Profile of Thingangyun General Hospital

Table (1) Manpower of the Hospital (December, 2018)

No.	Designation	Sanctioned	Appointed	vacant
1	Senior Medical Superintendent	1	1	-
2	Senior Consultant/Associate Professor	28	22	6
3	Junior Consultant / Medical Superintendent /Assistant Director	41	20	21
4	Nursing Superintendent	1	0	1
5	Assistant Medical Superintendent / Assistant Surgeon	99	90	9
6	Staff Officer	9	8	1
7	Matron	1	1	0
8	Sister	25	24	1
9	Senior Nurse	95	94	1
10	Trained Nurse	192	98	94
11	Nurse Aid	25	16	9
12	Technician Grade (2)/Deputy Staff Officer	41	34	7
13	Technician Grade (3)/Assistant Staff Officer/ Assistant Statistician	33	15	18
14	Technician Grade (4)/Deputy Assistant Staff Officer/ Deputy Assistant Statistician	44	26	18
15	Technician Grade (5)/ General Worker Supervisor	65	39	26
16	General Worker	106	72	34
17	**Total**	**806**	**560**	**246**

Table (2) Hospital Performance Indicators

Category	2015	2016	2017	2018
Avg.no of outpatient / day	501	583	605	657
Avg. no of inpatient / day	714	724	777	742
% of Occupancy based on sanctioned beds	143%	145%	155%	148%
% of Occupancy based on available beds	152%	145%	155%	148%
Average duration of stay (in day)	6	6	6	6
Average turnover of patient / bed/year	86	88	94	92
Average turnover interval (in day)	-1.8	-1.9	-2	-2
Fatality rate per 1000 Discharge & Deaths	43	43	40	40

Annex (5)

Gantt Chart

Month	August				September				October				November				December			
Week	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Protocol preparation																				
Protocol defend																				
Pilot study – Preparation for data collection																				
Data collection																				
Data entry and analysis																				
Preparation for Grand Presentation																				
Thesis preparation																				
Submission of Thesis (Draft)																				
Thesis defend																				
Correction and Submission of thesis																				

Annex (6)

Curriculum Vitae

Name	-	Maung Maung Win
Gender	-	Male
Date of Birth	-	31-5-1973
Race	-	Myanmar
Religion	-	Buddhism
Permanent address	-	(44), Yegu Station Road, Kabaaye, Mayangone Township, Yangon
Phone number	-	09421761253
Email address	-	mgwinmyanmar98@ gmail.com
Academic Qualification	-	M.B.,B.S(2004), Institute of Medicine(1)
Employment History	-	1. Assistant Medical Superintendent, North Okkalapa General and Teaching Hospital (9/2017- now) 2. Zedidaung Hospital (SMO) Sittwe General Hospital (TMO) (2/2016 - 9/2017) 3. Zedipyin Hospital (SMO) Rathedaung Hospital (TMO) (3/2012 – 2/2016) 4. Taungbazar Hospital (SMO) Butheedaung Hospital (TMO) (1/2010 – 2/2012) 5. Pauktaw Hospital (TMO) (1/2009 – 1/2010) 6. Sittwe General Hospital (A.S) (1/2008 – 1/2009)