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CONSIDERING UTILIZATION RATE OF PEOPLE FROM HOSPITALIZATION SERVICES IN SHIRAZ, IRAN - 2015.

Zahra Yousefi[1], Shaghayegh Vahdat[2]* and Hossein Hosseini-Fahraji[3]

[1]Department of Healthcare Management, Fars Science and Research Branch, Islamic Azad University, Marvdasht Iran.

[2]Assistant Professor, Department of Healthcare Management, Marvdasht Branch, Islamic Azad University, Marvdasht Iran.

[3] Ph.D. in Health Services Administration, Hospital Management Research Center, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

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***Corresponding Author**
Shaghayegh Vahdat
Assistant Professor, Department of Healthcare Management, Marvdasht Branch, Islamic Azad University, Marvdasht Iran.
sha_vahdat@yahoo.com

ABSTRACT

The aim of this research is considering utilization rate of people from hospitalization services in Shiraz, 2015. The sample is made of 1742 ones from Shiraz citizens more than 18 years who have been chosen with multistage classified and clustered sampling method. The tools used in this research were self-made inventories. The research pattern was descriptive. For analyzing data descriptive information and abundance tables have been used. The results showed that the average of using hospitalization services in Shiraz in 2015 is 2166 that the more is related to pharmacy with at most 15 times of recourse and the least is related to surgeries with 0.01 and at most 3 times.

KEYWORDS: utilization, hospitalization services, Shiraz.

INTRODUCTION

Today the importance of hygienic systems is more than before, so that the life of many people is related to this system. Additionally having access to effective hygiene and health services is the core of the discussion of how getting to related goals of Health MDGs. Health level importance is not achieved not only by allotment of more shares of GDP to hygiene

section but also should shows the statues that have been obtained for improvement of different sections of society in utilization and access statues.

For having access there is no unit definition but most of the texts emphasize on this tip that access is the opportunity of using hygiene services, means there are some conditions that allow using proper health services for different people and have different dimensions: affordability, availability and acceptability.

Non access to health services often is mentioned as the main facts for inequality in health. According to this, comparing people or groups or between regions from the point of view of having access to services, can be considered with the condition of being near to pareto optimality, proper comparison of hygiene and health system performance in order to improve facilities diversification for having access to promote society health.

PROBLEM STATEMENT

One of the most important solutions of having access to social justice and equality in health systems of countries is having continuous and easy access of people to necessary health & hygiene services. Facilitating access is a key matter in organizations providing health care and is one of the goals of health policy makers. In fact having access to health care is a fundamental right, although people don't need it. According to measurement complications access, utilization is used as a proxy.

Despite access and utilization are different contextually but often the latter is accounted as access proxy. In this study access means people utilization from hospitalization services. Services with are given by a doctor or his supervision or trained people to those who have accepted for getting hospitalization services. The ordinary scale is times for this.

One of the important concepts in evaluation of access is justice. Justice in access is related to supply fundamentally. In other words similar services for patients with similar needs. In contrast changes in cure is based on relation between supply and demand which depends on patient preferences and prejudices and service provider. Many studies have been done related to justice in access and utilization of health care. The importance of these studies is because of modern systems in supplying justice and helping to proper policy making in this field.

Justice evaluation in health and hygiene services utilization in different parts of country can specify the splits between them from the point of service utilization. This matter is important

for policy makers because it can correct the policies in making decisions for proper distribution of facilities and health and hygiene services. If the improper trend of facilities distribution utilization continuous for of more deprivation of some regions, evaluation development trend of health and hygiene services is improper. Giving this information to program managers and policy makers cause improvement of decisions and make conditioned that national goals and related policies can be evaluated.

RESEARCH BACKGROUND

The review giving services in hygiene field has no history .In our country this discussion is new and there are a few studies about it.

Naqavi considered health and its system behavior while giving hospitalization and its services in Iran for getting services. The results showed Qamar& Sayari village residents and the nomads utilized less services compared to towns and those with incomplete elementary school literacy, retired people, disabled and housewives, people had insurance, those in property and welfare groups compared to similar groups utilized more services.

Poorreza et al considered behavior in cure seeking for Tehran residents. The results showed that 22.9% of considered people in study period reported 1-2 times of being patient. In this study the effect of demographic –social variables and the deterioration of illness on decision making for behavior of cure seeking by the use of multi variables logistic regression were analyzed.

Hidite by the use of scrolling of 1997 Indonesian families defined mandatory insurance effects on justice in having access to hospitalization cares by the use of logistic regression. The results indicated that mandatory insurance had positive effects on having access to governmental hospitalization cares for government employers and also for private employers. These effects were seen especially for low social-economical employer groups.

Regidor considered percentage of using services of general, governmental and private doctors, hospitals according to 3 indices of social- economic situation, education level, social class and earning in a research in Spain. In this study percentage ratio has been used for estimating relationship between each variable rate and using services. After controlling age, sex, and chronic illness variables the results showed 61% of people with low social and economic situation had more tendency to visit general doctor and 39-57% had tendency to general hospitalization compared to those with higher situation.

METHODOLOGY

The current research society is more than 18 years olds in Shiraz. The sample was 1742 people that sample size has used Cocoran formula and multi- stage clustering and classifying sampling method were chosen based on zoning of Shiraz municipality For gathering necessary data the inventory used which includes utilization rate from hospitalization services (recourse to general hospital, specialized hospital, doing surgery, anesthesia, para -clinical services, pharmacy, and rehabilitation services) of people last year. Inventory transcendence has confirmed by specialists of management, health economy, epidemiology .Also for defining inventory stability ,a study has done on 30 people in Pilot.and its stability achieved by Alfa Kronbakh 0.75. In this research for investigating descriptive analyze and tables were used for considered utilization rate of hospitalization services.

FINDINGS

In this section findings of analyzing study data are discussed.

First the demographic specifications of studied people are considered.

Table 1: Abundance of research people based on study variables in 2015 (N=1568).

Number	%		Variable
88	5.6	Less than elementary	education
107	6.8	Elementary school	
149	9.5	Guidance school	
520	33.2	High school	
700	44.6	college	
923	58.9	Married	marriage
124	7.9	divorced	
517	33.1	single	
717	45.7	Female	sex
851	54.3	male	
1353	86.3	yes	Health insurance
214	13.7	no	
644	53.3	18-34	age
88	41.1	35-64	
83	5.6	>65	
83	5.3	Very low	earning
552	35.2	Low	
649	41.4	Average	
185	11.8	High	
99	6.3	Very high	
179	11.4	Improper	Health level
564	36	Average	
825	52.6	proper	

Table 2 is related to different hospitalization services .As it is seen the most average is related to pharmacy with at most 15 times of recourse and the least is about surgery 0.01 and it has done at most 3 times.

Table 2: The average use of different hospitalization services in the studied population in 2015 (n=1568).

Maximum	Minimum	Standard deviation	Average	Variable
10	0	0.83	0.45	General hospital
7	0	0.74	0.37	Specialized hospital
3	0	0.08	0.01	Surgeries
7	0	0.50	0.13	Hospitalization services
10	0	0.42	0.08	anesthesia
10	0	0.65	0.18	Para-clinical
15	0	1.66	1.40	Pharmacy
23	0	0.98	0.10	Rehabilitation services
27	0	3.07	2.66	Using hospitalization services (total score)

Table 2 shows utility rate of people from research services in hospitalization field. As shown, the most average rate is related to 15 times of recourse which is 0.01 and at most 3 times.

The last line of table 2 is considering total review of hospitalization services in Shiraz in 2015 with the average of 2.66.

CONCLUSION

The findings showed that average use of hospitalization services was 2.66 with standard deviation of 3.07 and it was 31.92 yearly which is more than findings of utility study in 2006 (8.7). The cause of this difference was study time, situation, society and difference in demographical characters. Among hospitalization services that have been reviewed, the most average of 1.40 was related to a pharmacy and at least 0.01 was related to surgeries. Ebadifard et al in Isafhan showed that the recourse to a pharmacy was 2.5 and it had the most average compared to other services. It seems that having access to pharmacies and drugs without prescription and high percentage of self-cuing that was reported in the past studies as seeking care behavior by people were the causes of high recourse of pharmacies.

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