Improving the Quality Health Services Addressed to Elderly Persons through Healthcare Mediation

Urea Roxana
Associated Professor Ph. D. Urea Roxana, University of Bucharest, Romania

Abstract
Today the management of health services is under a constant pressure due to an intense demanding of quality in the area of health services.
Furthermore the number of elderly person related to the adult population is increasing and it became very clearly that the services that are provided to those persons have the necessity to expend in different areas. There will be no longer only medical services provided; it will have to be correlated with social work services and educational services that the medical staff should be aware.
There are a lot of studies that have been done in the last four years focusing in revealing the necessity of working in interdisciplinary team regarding the health services for elderly persons. New occupations were developed based on these studies such as healthcare mediation.
This paper tries to reveal the implications of the healthcare mediation in the quality of the services provided to elderly persons and the necessity of training the medical staff in healthcare mediation.

Keywords: Elderly persons; Healthcare mediation; Personal satisfaction; Quality Of recovery process

Theoretical Background
The health system is constituted by a set of independent components, but profiled and specialized, which are interrelated and allows health insurance to individual, families, groups and the community. The health system is included in social system which we support and depends on its evolution.
The relations that are developed inside the health system have professional and economic dimensions, which are established between the providers and the beneficiaries of the medical health services.
Most of the time, the relations are initial simple (those that are established between the patient and the family’ doctor and become complex, when we are talking about of a package of health care services (for preventive, rehabilitative or corrective), from a medical team (doctors, medical specialists, nurses, etc.) that are usually provided in a specific period of time.
The health care medical services management provided for elderly persons is most of the time focus on the diseases, on the treatments, on the prevention of the complications. The medical treatment become essential and sometime, is associated with the necessity of changing the life style of elderly persons [1].
The Total Quality Management is a quality management system which puts them in center of all efforts of an organization or an enterprise the level of satisfaction of the customer/ beneficiary satisfaction [2].
Romania, as a member of U.E, had to take a set of measures for ensure the total quality management system in different fields: healthcare, education, administration, so. To provide a total quality management services in Romania, since 2011, a new occupation is available and it is called “healthcare mediator”.
“The healthcare mediator facilitates the access in a non-
discrimination manner to those persons which belong to vulnerable groups to healthcare services quality, cultivating trust between the health authorities / medical and beneficiaries, other agencies of local government: promote the health in the community and inform and educate members of the community by observing hygiene measures. The healthcare mediator help inform health professionals / health about habits and traditions of minority groups in the community.

The healthcare mediators have the main role to facilitate communication between vulnerable people and members of the multidisciplinary team, helping to increase the effectiveness of public health interventions, addressability and accessibility of medical and social services [3].

In Romania, today, there are around 100 healthcare mediators, most of them are also part of medical staff (doctors, nurses, etc-66.7%). Most of these healthcare mediators are working in urban environment (80%).

**Objectives and Hypotheses of the Research**

The experts in the healthcare system are more interested in studying the quality of the services that are provided for different types of patients. It is a constantly area of preoccupations, due to the increasing number of the patients that are under care to a doctor (specialist).

The studies regarding the quality of the healthcare services addresses to old people “also arise from social necessity, like the demographic distribution of people in a specific social environment, the statistical level of income of people. Lately, the statistical data have shown that the population is getting old. We notice a diminishing of young population, aged 0-14 years, from 23.7% (in 1990) to 15.0% (in 2012) and the growth of the elderly, 65 and over, from 10.3% (in 1990) to 15.0% (in 2012). The number of adults, aged 15 - 64 years, has increased steadily from 66% (in 1990) to 70% (in 2012). For the first time in four decades, from 1 January 2012, the population share of young population is equal to the share of elderly population (15.0%)” [4].

Recent studies in the area of psychology of development have pointed the necessity of taking in consideration in the medical treatment process at old people their personality' features: exacerbation of emotionality, the nervousness, irritability, frustration, anxiety, lack of cooperation, stubbornness and negativism [5].

Hence the situation has raised the following question: the personal satisfaction of old persons regarding the quality of the healthcare services is related to the healthcare mediation abilities of the medical staff in the medical process with old persons, if we take into consideration that retirement narrows social abilities of the old persons?.

To answer this question, we performed psychological research aiming at revealing the implications of the healthcare mediation abilities of medical staff in increasing the satisfaction regarding the medical services of old persons.

**The Procedure of the Research**

Our research had an initial testing procedure on 45 old patients and the obtained Cronbach Alpha index (α=.685) allowed us to proceed to an extended psychological research that had two stages: a) investigation of old people’s satisfaction regarding the medical services that are under care of medical staff which are not healthcare mediators; b) investigation of old people’s satisfaction regarding the medical services that are under care of medical staff which are also healthcare mediators.

**The Target Group Characteristics of the Investigated Population**

The research was done upon on 170 old people, aged 68 - 83 years (with mean of 75.5 years and median = 75 years), 90 which benefit from healthcare services provided by medical staff which are not healthcare mediators (52. 94%) and 80 which benefit from healthcare services provided by medical staff which are also healthcare mediators (47.06%); all of them coming from urban environment; all of them are university graduates. Distribution is uniform, skewness index values of 1.457, and with a standard error of skewness of .599, and kurtosis index values of .794, and with a standard error of kurtosis of .842. The participation of old people to this investigation was voluntary.

**Methods of Research**

We used in our research a questionnaire called “The Patient ‘Satisfaction regarding the Quality of Healthcare System”. This instrument was created in 2013 by R. Urea, [6] (internal consistency index = .719, fidelity index = .740).

**Research Findings**

“The Patient ‘Satisfaction regarding the Quality of Healthcare System Questionnaire” is a psychological instrument aimed to investigate the following variables: operational listening abilities of medical staff, accessibility of information provided by medical staff, level of empathy provided to patient by medical staff, patient level of confidence in medical staff that he/she acts in his/her best interest, the competency of medical staff, social communicational prejudices of medical staff, global patient level of satisfaction regarding the healthcare provided services [6-8]. They have been evaluated on a five levels ‘scale.

The data collected are present in Table 1.

**Conclusions**

This research had the goal to reveal at old people the implications of the healthcare mediation abilities of medical staff in increasing the satisfaction regarding the medical services of old persons.

Based on the statistical analyses, we found that the Cronbach Alpha index has the value .813. This value is a sign of the high reliability of the psychological instrument that was used in our research.

We found that the healthcare mediation abilities of medical staff increase the personal satisfaction of old people regarding the quality of the healthcare services that are provided. Our findings also show that the healthcare mediation service provided by medical staff is a mark of social valorisation of old patients. The assumption of our research was confirmed.
Table 1 The Patient Satisfaction regarding the Quality of Healthcare System Questionnaire data at our investigated subjects.

| Variables                                                      | Patients which benefit from healthcare services provided by medical staff which are not healthcare mediators (average index) | Patients which benefit from healthcare services provided by medical staff which are also healthcare mediators (average index) |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Operational listening abilities of medical staff             | 3.41                                                                                                                     | 4.55                                                                                                                     |
| Accessibility of information provided by medical staff,       | 2.78                                                                                                                     | 3.58                                                                                                                     |
| Level of empathy provided to patient by medical staff         | 3.25                                                                                                                     | 4.66                                                                                                                     |
| Patient level of confidence in medical staff that he/she acts in his/her best interest | 3.38                                                                                                                     | 4.55                                                                                                                     |
| The competency of medical staff                              | 4.25                                                                                                                     | 4.25                                                                                                                     |
| Social communicational prejudices of medical staff           | 5.33                                                                                                                     | 4.15                                                                                                                     |
| Global patient level of satisfaction regarding the healthcare provided services | 3.44                                                                                                                     | 4.47                                                                                                                     |
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