



Association between Social Capital and Quality of Health Services from the Perspective of Hospital Managers

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ABSTRACT

Background and purpose: It seems that the quality of services can be improved through the promotion of social capital. This study aimed to determine the association between the social capital and the quality of health services from the perspective of managers of educational hospitals affiliated with Ahvaz Jundishapur University of Medical Sciences. Method: The studies conducted were correlational and cross-sectional. The research population consisted of 120 managers of educational hospitals in Ahvaz. Sampling was not done due to the limited statistical population. Data collection tools included three questionnaires of demographic characteristics, social capital, and quality of healthcare services. For data analysis, Spearman correlation, Mann-Whitney, Kruskal-Wallis tests were used in SPSS. Findings: Managers' social capital was estimated as relatively appropriate. Also, from the respondents' perspective, the quality of medical services estimated higher than average, except for the technical quality. There was a positive, small and significant correlation between the social capital and the quality of health care services ($P < 0.002$). Among the components of social capital, only "organizational trust" showed a medium-size positive correlation with the quality of health services. Conclusion: A small association was observed between social capital and the quality of therapeutic services. It seems that to improve the quality of therapeutic services, hospital managers should pay close attention to the organizational trust not only as an essential element in the individual communication but also in the social capital framework.

Keywords: Social capital, Quality of therapeutic services, Hospital.

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INTRODUCTION

Today, managers, to achieve development, are mainly in need of social capital than the physical and human capital [1]. Social capital is defined as the ability of individuals to work together to achieve common goals in groups and

organizations [2]. The social capital can affect access to social support and a sense of safety and belonging. So, awareness of public issues and factors is the first-factor affecting social relations; If the social justice is properly administered in the society and information is properly distributed among people, the first-factor of the social capital will be realized [3].

Social ties are a component of the social capital and the individual's assets; therefore, the amount and nature of relationships are of utmost importance. People don't act the same in establishing quantitative and qualitative aspects of communication, and there are important differences between them in different aspects [4]. Quality is a type of policy that would meet the needs of customers through the production of desirable goods and services.

This policy effectively and efficiently applies resources of the organization and will bring more profit for managers and employees of organizations [5]. Quality aspects include technical quality, process quality (task quality or how to provide services), infrastructure quality, quality of interactions and the quality of the atmosphere and space [6]. Logical considerations in a society lead to increased demand for effective and high-quality services in the health system to the extent that the quality of services along with their costs is considered the most important objective of any hospital.

To meet this updating need in the society and the therapeutic atmosphere of the country, hospital information systems need to consolidate and meet the fundamental aims i.e. data quality improvement, reduction in data-transfer time, increasing satisfaction levels and increase the level of service quality and ultimately reducing costs [5, 7].

Health planners and managers can identify the treatment needs of each region through the social capital and improving the quality of health care services and then resolve the treatment needs of their population by proper planning [8]. Other capitals lose their effectiveness in the absence of the social capital, without which it will become uneven and difficult to achieve development in areas of the economy, culture, and quality of health care services.

The social capital helps improve and update the quality of health care services [9]. Ahwaz University of Medical Sciences is considered as Type-1 University to the hospitals of which patients from other provinces and even neighboring countries refer. And even some of its hospitals are considered as the medical hub of the South West of the country. Hence, providing high-quality services is the demand of university officials and patients as well.

While estimating the dimensions of the social capital from the perspective of the directors of Hospitals of Ahvaz Jundishapur University of Medical Sciences, this study allows hospital directors to have access to dimensions, which are related to the service quality so that to resolve defects and to modify the organizational factors by appropriate planning. This eventually results in improved performance, improved quality and creation of an appropriate basis for successful changes in the hospitals.

METHODS:

The present study is a descriptive research in which the cross-sectional method was used for data collection. The population consisted of 120 directors of educational hospitals Ahvaz Jundishapur University of Medical Sciences including Golestan, Shafa, Imam Khomeini, Razi, Abuzar and Taleghani. Sampling was not done due to the limited statistical population. The respondents of the study were directors and administrators of hospitals and managers of all the related sections and wards.

The required data were collected using three questionnaires of demographic characteristics, social capital, and quality of the health services. The validity of the data collection tool was confirmed by five professors and experts. The managers' demographic characteristics questionnaire included age, sex, education, and work experience. The social capital questionnaire had 6 dimensions of organizational trust, organizational networks, organizational cooperation, organizational solidarity, empathy and organizational assistance [10]. Cronbach's alpha was 0.83% for this questionnaire. This part of the tool consists of 26 items. Questionnaire on quality of health care services has 5 dimensions of technical quality, process quality (task quality or service provisioning process), infrastructure quality, quality of interactions between the atmosphere and space. This questionnaire consisted of 29 items [11]. Cronbach alpha was calculated 0.90 for the questionnaire on the quality of health care services. The rating was done for the questionnaires on social capital and quality of health care services based on the Likert scale (Strongly disagree: 1, Disagree: 2, No idea: 3, Agree: 4, Strongly agree: 5).

In interpreting the results, mean of scores between 4 and 5, between 3 and 4, between 2 and 3, 1 and 2, was respectively assessed as appropriate, relatively appropriate, relatively inappropriate and inappropriate

The data were not normally distributed. For data analysis, Spearman correlation, Mann-Whitney, Kruskal-Wallis tests were used in SPSS software.

Also, descriptive statistics and mean and standard deviation indices were used to demonstrate the findings.

RESULTS:

Demographic Characteristics

There were 36 (30%) men and 84 (70%) female participants. There were a total of 52.5% of respondents between 25 and 35 years, 40% between 36 to 45 years and 7.5% over 45 years. There were 30% male 70% female respondents. There were also 20% single and 80% married participants. The percentage of respondents who had an MA, a Bachelor, and Associate Degree was 21.8%, 66.7%, and 11.8%, respectively. Furthermore, the percentage of

respondents who had years of service lower than 10 years, between 11 to 20 years and above 20 years was 44.2 percent, 43.3 percent and 12.5% over, respectively.

Average Social Capital

From the perspective of managers, the organizational assistance was assessed relatively inappropriate with a score of lower than 3, but other components of the social capital and the total social capital have been estimated appropriate with a score of more than 3. The organizational empathy and organizational assistance had the highest score of (3.47) and the lowest score of (2.65), respectively.

Average quality of health services

The technical quality was estimated relatively inappropriate with a score of less than three, but other components of the quality of health services and the total quality of health services were evaluated relatively appropriately with a score of more than 3. Table 1 displays the correlation between social capital and the quality of health services.

Table 1: correlation of social capital with health service quality

Health Service Quality	statistical Indicator	social capital						
		Organizational Trust	Corporate Networks	Institutional Cooperation	Organizational Solidarity	Organizational Empathy	Institutional Cooperation	Total
Technical Quality	Spearman corr.	.263**	.165	.225*	.141	-.008	.093	.240**
	p value.	.004	.071	.014	.126	.930	.310	.008
Functional Quality	Spearman corr.	.195*	.153	.054	.185*	.154	.136	.230*
	p value.	.033	.096	.560	.043	.092	.138	.011
Infrastructure Quality	Spearman corr.	.236**	.221*	.066	.047	-.067	P<0.001	.145
	p value.	.009	.015	.471	.607	.468	.998	.114
Interacts Quality	Spearman corr.	.251**	.184*	.028	.171	.066	.095	.217*
	p value.	.006	.044	.765	.051	.473	.301	.017
Atmosphere and Space	Spearman corr.	.295**	.169	.097	.106	.064	.130	.231*
	p value.	.001	.066	.290	.251	.490	.158	.011
Total	Spearman corr.	.340**	.246	.116	.174	.050	.118	.283**
	p-value.	P<0.001	.007	.209	.058	.587	.200	.002

It is evident from Table 1 that there was a positive, poor and significant relationship between the social capital and the quality of health services (P<0.002). Organizational trust was the only component of social capital, which

showed a moderate positive correlation with the quality of health services. The highest correlation was between the organizational trust components and the atmosphere quality (P<0.001). Organizational trust was significantly

correlated with all the components of the quality of health care services ($P < 0.033$). The social capital was poorly and positively correlated with all components of the quality of health care services, except the infrastructure quality ($P < 0.033$). People with different demographic characteristics showed no significant difference in terms of social capital and the quality of health services.

DISCUSSION:

Quality of Health Services

In this research, the quality of health care services was appropriate, which is consistent with the results of studies conducted by Mohammadi and Shoghli [12] and Asadi et al [13] who found that the quality of health services is appropriate.

Hospital officials could support the organization's members to share information and technology and information systems by providing and implementing inter-sectorial projects in organizations. They also could create mechanisms to enhance the quality and improve the hospital performance and patients' satisfaction to achieve those goals [14].

In the present study, the quality of the technical component was estimated relatively poor, which was consistent with the results of Rahimi et al. who explained that this state is because staff paid insufficient attention to the technical component despite its role and critical importance.

It is recommended that hospitals improve the organizational technical quality according to the indices of hospital structures, including training and competence of staff, description of the technical conditions of building equipment, proper planning, and development of new ways to assess customers' needs.

Social Capital

The social capital was assessed relatively appropriately from the perspective of managers of educational hospitals in Ahvaz city, which is consistent with the results of the study conducted by Sorkhkalaei et al. [15] in the healthcare networks of Rey City.

The social capital relies on the development of relations among people to access resources, as a

result of which people achieve beneficial results [15].

Recent discussions on social capital emphasize its role and trust in facilitating coordination between team performances, which enhances intra-individual coordination to achieve organizational goals. Trust means an understanding of the relationship, which is usually between individuals, individuals and organizations, individuals and events and self-confidence. Trust includes barriers that prevent coordinated behaviors [16].

Correlation Between Social Capital and the Quality of Health Services

Among components of the social capital, only the organizational trust showed a significant and positive correlation with all components of health care quality. De Grip et al. expressed that trust not only is considered as an essential element in the establishment of interpersonal communication but also acts beyond an element of communication and is synonymous with the communication itself, without which there is no communication between individuals [17]. However, Robson believes that managers and employees are more encouraged to proceed towards the accomplishment of the objectives by a mutual trust [18]. Similar studies indicate that communication skills and the resulting correct interaction, significantly affect the quality of health care services and is considered as the core of the clinical activities. Given the importance of proper interaction of the health sector managers directly affect the welfare and health of the society, it will be very essential to train managers on how to create, develop and promote these skills. In a study, Stro'mgren considers the health system as a complex network of communications, the overall performance, and activities of which is affected by institutions, particularly the organizational trust status, which determines human behaviors [19].

Relationship Between Social Capital and the Quality of Health Services

In the present study, a significant relationship was observed between social capital and the quality of health services. Findings of the study conducted by Gilson showed that social capital is related to occupational commitment and

satisfaction in the health profession. Moreover, there is a relationship between all measured dimensions of the social capital and the clinical improvement of patient safety and quality. Furthermore, social capital in a health care organization can be an important factor in the commitment to clinical improvement to achieve a better quality of service [20]. Since the social capital along with quality are developed by the trend set by the processes of globalization and advances in information technology [21], providing sufficient information on the content of the customer's perception of service quality can help organizations identify fields and dimensions that affect the organization's competitive advantage; and on the other hand, prevents waste of resources.

Demographic Characteristics of Managers

Since the majority of managers in the study population, had a university education and the necessary talent to use teaching aids for the acquisition, transfer of, ability to apply the knowledge, planners and policymakers in the field of healthcare services can provide the necessary conditions for the development of these skills in their efforts. Planners and policymakers not only ensure the quality of service but also service providers will ensure public health by improving the quality of services; therefore, they are more satisfied in their efforts to secure and promote public health.

CONCLUSION:

Although a weak relationship was observed between the social capital and the quality of health services; to improve the quality of health services, it is recommended that the organizational trust is maliciously considered as an essential element in establishing interpersonal communications, in university hospitals. Also, managers need to consider the issue of improving organizational trust within the framework of social capital.

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