

What Iranian health authorities think about the integration of medical education and health services

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Abstract

This present article aims at exploring the Iranian experience of integration of medical education with health services by surveying the viewpoints of the authorities involved in the implementation of the plan.

Questionnaires were designed and distributed among 127 senior managers at universities, such as chancellors and vice chancellors, professors, heads of educational departments and those authorities in the ministry of health and medical education who have been involved in the plan for integration since 1993.

The findings of the analysis of the questionnaires reveal that the integration plan has been considered as "partly successful" by the majority of the participants. The participants' viewpoints in the open-ended questionnaires indicate the pros and cons in the implementation of the plan. The result of the analysis is fed back into the system.

Introduction

Over the past two decades, significant steps were taken to improve the quality of health care delivery in Iran. One major step was the gradual

integration of medical education into health services. This integration occurred in three stages:

The first stage was the establishment of the Ministry of Health which had responsibility for all medical care in the country. The second stage was the expansion of the Ministry of Health into Ministry of Health, Treatment and Medical Education in 1985. The third stage was the separation of medical education and training from Ministry of Higher Education and its integrating into the Ministry of Health, Treatment and Medical Education in 1993.

Nadim (1999) in his final report on the reasons behind phasing out the previous health ministry and establishing the integrated ministry set out the objectives of the integration as follows:

- to improve the quality of community oriented medical education
- to improve the quality of health care services
- to improve the quality of health care services offered by non-teaching hospitals
- to improve health care services offered by teaching hospitals.

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- to decentralize
- to utilize the resources of the provinces for establishing new teaching bases
- to support newly established universities
- to increase the patient capacity of hospitals
- to unify management and decision making.
- To expand research activities.

Within this context, the main mission of the Ministry of Health, Treatment and Medical Education, set out in 1984, has been to upgrade the quality of the health care system of the country in the areas of health, treatment, education and research. In terms of health, the aim was to improve the overall health index. In terms of education, the aim was to have an increase in medical and paramedical student enrolment in the universities to provide the necessary health manpower. It also included the revision of the curriculum of undergraduate and postgraduate courses, based on community needs. In terms of treatment, there had to be an upgrade in the quality of medical care services as well as a better distribution of medical services over the country.

According to Niyati health care delivery and medical training in a community oriented medical education should be satisfactory both in terms of people it serves and institutionally (University internal publication 1998). He points out that after the integration, there has been a huge increase in the responsibilities of the senior managers of medical universities. The chancellors of medical universities are now running huge organizations responsible for health care delivery and medical education for nearly 70 million people population in Iran.

This first experience of managing such a huge organization requires an extensive review and evaluation in different dimensions. In a study in southeast Brazil (Fillo 1995), in order to evaluate an integrated educational program of health care services, medical students interviewed 260 patients to find out their views about the quality of

health care delivery. The result of the study indicated the necessity of a change in the medical teaching curriculum in order to meet the patients' demands.

From 1993, there have been conflicting views about the success of the integration of medical education with health services. These concerns have resulted in a number of studies evaluating the plan (Fillo et al 1995, Azizi 1997, Asefzadeh 2000) and also in the recent rumors regarding the need for the separation of medical education from the Ministry of Health, Treatment and Medical Education (Marandy in this volume).

The first pilot surveys of the integration plan conducted by the Ministry of Health, Treatment and Medical Education and the Industrial Management Organization indicate that there are 26 governmental and nongovernmental organizations delivering health care services. These organizations, mostly appearing during the last few years, are not working in close cooperation with each other and this may have brought about certain drawbacks in the health care delivery system of the country. Such a huge ministry with various responsibilities and missions, interdisciplinary by definition, covering the entire country warrants an appropriate organizational structure based on sound managerial principles (Fillo et al 1995, Azizi 1988).

In the light of what has been emerged from the pilot surveys, it is crucial to seek the views of those who have been part of the implementation of the integration plan in order to find out more about the advantages and disadvantages of the plan.

Method

This descriptive study, started in the year 2000, sought feedback from those involved in the implementation of the integration plan, such as professors, heads of educational departments, medical experts, chancellors of the universities

and their vice chancellors, executive directors and their deputies, who have been engaged in the plan from 1992.

Data were collected through questionnaires and interviews. 150 questionnaires were posted to the selected people. Of these 99 responded and filled out questionnaires which were posted back

to the researchers. A further 28 people were interviewed and they filled out the questionnaires after being briefed about the objectives of the research. Thus, a total of 127 filled out questionnaires and 28 interviews were analysed. 40% of the questionnaires were filled out by those who were in provinces other than Tehran.

Table 1: the frequency of position, number and percentage of the participants

POSITION	NUMBER	PERCENTAGE
Lecturers	8	7.5
Experts	19	18
Vice chancellors of the universities	35	33
Deans of colleges	3	3
Executive directors	10	10
Heads of departments	20	19
Chancellors of universities	10	9.5
Total	105	100

The questionnaire was divided into two sets. The first set of questions dealt with personal information such as the job's title, place of work, the date of starting the job, etc. The second set of questions were dealing with the following points: awareness of the objectives of the integration plan, the effect of the integration on the quality and the quantity of education, appropriateness and the adequacy of the facilities and equipment, the time spent on managing the affairs by the chancellors, the ability of the universities to function independently, the organizational structure of the universities, the shift in research and education toward community, the rate of the students and professors attendance in the field, whether medical education was community oriented, the limitations on the authorities of universities, the students, academic staff and employees satisfaction with the plan.

There were three possible answers for each question posed: complete agreement, partial agreement and disagreement. Data were analyzed using the SPSS statistical package. The validity and reliability of the questionnaires were calculated by statisticians.

Results

In this study the viewpoints of 127 people from universities of medical sciences and health services were analyzed. The result of the analysis of the questionnaires according the position held are presented in Table 2.

As the table 2 indicates, 44.2% of the participants stated they were aware of the aims of the plan, 47.2 % were only partially aware and 8.6% were not aware of them at all. 33% agreed that

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TABLE 2: the participants' answers to each question according to their position. (tse stands for To Some Extent)

Position	professors and heads of depart.			experts and executive directors			deans and deputies of universities			general views of people		
	yes	tse	no	yes	tse	no	yes	tse	no	yes	tse	no
informed of aims	20	70	10	27.6	58.6	13.8	17.2	24.4	4.4	44.2	47.2	8.6
aims specified	14.8	66.7	18.5	7.4	66.7	25.9	24.5	71.5	4.4	17.2	68.7	14.1
necessity for transfer	43.3	30	26.7	20.7	27.6	51.7	34.1	34.2	22.7	33	35	32
suitable condition for assigning ...	20.8	45.8	33.4	18.7	46.4	42.9	11.1	53.3	35.6	13.4	49.5	37.1
to equip educational centers	3.3	40	56.7	_	35.7	64.3	4.6	47.7	47.7	2.9	42.2	54.9
considering the needs	23.1	50	26.9	13.8	55.2	31	34.1	40.9	25	5.6	49.4	50
responsible for executive affairs of fields	43.3	_	56.7	21.4	_	78.6	47.7	_	52.3	39.2	_	60.8
suitability of university structure	13.3	46.7	40	_	42.9	57.1	9.1	27.3	63.6	7.8	37.3	54.9
planning with previous studies	6.7	40	53.3	3.6	50	46.4	2.3	54.5	43.2	3.9	49	47.1
university organization become more complicated	3.4	43.3	53.3	7.2	35.7	57.1	17.8	31.1	51.1	10.7	35.9	53.4
deviation of university from its mission	32.3	32.3	35.4	39.2	14.3	46.4	40	22.3	37.7	37.5	23.1	39.4
subsidence of the level of services	3.6	35.7	60.7	37	26	37	2.3	16.7	81	12.4	24.7	62.9
proper use of the possibilities	27.6	31	41.4	13.8	37.9	48.3	25	59.1	15.9	22.5	45.1	32.4
limitation of jurisdiction of ministry of health	15.4	42.3	42.4	24	44	32	10.5	26.3	63.2	15.7	36	48.3
suitability of interorganizational relation	9.5	61.9	28.6	4.8	52.4	42.8	18.2	43.2	38.6	12.8	50	37.2
necessity for the continuation of the plan in its present form	30.8	15.4	53.8	7.4	22.2	70.4	28.2	25.6	46.2	22.9	21.7	55.4

executive duties and responsibilities should be handled by universities and 32% disagreed with the transfer of duties to universities. 37.1% of the participants said that the resources and support given to universities to execute the plan were not suitable and 54.9% believed that centers were not sufficiently equipped for training purposes

60.8% of the participants thought that universities should not be involved in managing the region; while 39.2% agreed that universities should have managerial powers for the region.

Only 7.8% considered the structure of universities suitable for the integration plan. 47% believed that the integration plan had been carried out without prior planning and review; in fact only 3.9% believed that the plan had been well thought through.

53.4% of the participants believed that the integration plan caused complications for the administrative activities of universities and 37.5% stated that the integration plan prevented the universities from carrying out their original mission. 62.9 % said that the efficacy of services of universities had not declined and 32.4 % believed that the capabilities were suitably utilized

Considering the limitation of the authority of the Ministry after the integration plan, 15.7% believed that some limitations had been imposed on the authority of the Ministry, and 48.3 % believed the opposite. 37.2 % said that the inter organizational relation of universities with educational centers in the region was not suitable, 50 percent said it was partially suitable and 12.8 % gave a positive answer

22.9 % of those studied confirmed that the plan should be continued in its present form, 21.7% agreed with it to some extent, and 55.4 % did not see necessity for the continuation of the plan in its present form. 22.5% of the participants confirmed that the integration plan had upgraded

medical education quantitatively, 52 % thought that there had seen some improvement and 25.5 % thought that there had been no improvement. 45% believed that quality of education had not changed, 50 % said it had changed to some extent and 5.7 % believed that it had changed for the better.

41 % agreed that the integration plan had occupied much of the time of the chancellors of the universities, 42 % were in partial agreement that this was the case and 16.7 % said it was not time consuming at all. 44.7% said that the integration plan decreased the independence of universities, 31.9 % said it decreased it to some extent and 23.4 % said that the execution of the plan did not decrease the independence of universities. 56.8 % said that the presence of students and professors in the community was necessary, only 6.8 % said this was accomplished. 67.3 % stated that the integration plan was not successful in transferring medical education to the society. 9.6 % stated it was successful and 23.1% answered "to some extent"

7.5 % of the academic members, 11.5 % of students, and 5.6 % of the university staff were satisfied with the integration plan. 34.4 % of university academic member, 49.9 % of students, and 39.4 % of the staff were satisfied with the plan to some extent and 58.2% of the academic members, 42.6 % of the students and 55 % of the staff were not satisfied with the integration plan.

The results of the analysis are presented in Tables 3,4,5 and 6.

The reliability of the questionnaire is 90% which is regarded very reliable. The integration plan received 57% of the points.

(total points X 100)
maximum expected points

The total consensus with this plan, according to the mean and percentage of the analyzed data, is that it is considered as "partially successful".

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Table 3: Frequency distribution of people's viewpoint in the study about different dimensions of educational and research aspects of integration plan based on position.

position	professors and heads of depart.			experts and executive directors			deans and deputies of universities			general views of people		
	yes	tse	no	yes	tse	no	yes	tse	no	yes	tse	no
effect of integration plan on quantitative upgrading of education	17.9	60.7	21.4	10.4	58.6	31	33.4	42.2	24.4	22.5	52	25.5
time of the deans of university occupied	42.3	46.2	11.5	22.7	50	27.3	50	35.7	14.3	41.1	42.2	16.7
decrease in independence of univ.	56	16	28	32	40	28	45.5	364	18.1	44.7	31.9	23.4
socializing medical teaching	20.7	37.9	41.4	13.8	58.6	27.6	20.5	40.9	38.6	18.5	45.2	36.3
effect on qualitative upgrading of education	8	40	52	4.3	56.5	39.2	4.9	51.2	43.9	5.7	49.4	44.9
effect of the attendance of students on field of socialization	60	23.3	16.7	37.9	48.2	13.8	66.7	26.7	6.6	568	31.7	11.5
practicality of the attendece of professor and student in field	10	43.3	46.7	_	65.5	34.5	8.9	53.3	37.8	6.8	53.8	39.4
limiting the share of education and research	43.3	36.7	20	46.4	25	28.6	48.9	13.3	37.8	46.6	33.3	30.1
effect of integration plan on teaching of health skills	26.6	46.7	26.7	17.2	41.4	41.4	36.4	43.2	20.4	28.2	43.7	28.1
leading the education into society	3.3	23.3	63.4	10.3	20.7	69	13.3	17.8	68.9	9.6	23.1	67.3
leading the research into society	20.7	44.8	34.5	17.2	41.4	41.4	13.3	51.1	35.6	16.5	46.1	36.9
satisfaction of academic members	9.1	36.4	54.5	12.5	12.5	75	5.4	37.8	56.8	7.5	34.4	58.2
satisfaction of students	18.8	31.2	50	10	60	30	8.6	48.6	42.8	11.5	45.9	42.6
satisfaction of administrative staff	7.7	38.5	53.8	4.2	29.2	66.6	5.8	47.1	47.1	5.6	39.4	55

Table4. agreement frequency according to job title. (tse stands for To Some Extent)

position	no	Tse	yes	total number
Lecturers and heads of departments	9.7%	67.7%	22.6%	31
Technicians and executive managers	24.1%	69%	6.9%	29
Chancellors and vice chancellors	20%	44.4%	35.6%	45
Total percentage	18.1%	58.1%	23.8%	100%
Total number	19	61	25	105

Table 5. mean, standard error and deviation of the data

variable	Max.	Min.	distance error	Standard error	Standard deviation	Mean	N
advantages acquired	85	21	50:8-55.5	1.2	13.45	53.2	127

Discussion and conclusion

Since awareness of the objectives of a plan is important in the judgement about the plan, it is important to know whether the participants knew about the objectives. Unfortunately, only 17.2% stated that the objectives had been specified to them; 14.1% did not know the objectives of the plan (Table 2) and the rest stated that they had some knowledge of the objectives.

One of the objectives of the plan has been to improve the quality of medical training and to create community oriented medical education. However the results of the data analysis indicate that 44.9 % believed that the integration plan was ineffective in the qualitative upgrading of medical training and only 5.7 % agreed that it was effective. 36.3% stated that medical training was not community oriented and only 18.5 % believed it was community oriented. We can conclude that integration plan has not been successful in this specific objective. This provides more support to Nadim et al's findings. Nadim in his report states that the transfer plan had a negative effect on the quality of medical training and was ineffective in orienting medical education toward community.

Considering the expansion of research as the other objective of the plan, the findings indicate that the plan was not successful in this since only 16.5 % believed that this objective had been accomplished. (Table 3). This finding is not supported by Nadim's findings.

46.6 % of people who were studied said that this plan limited the share of education and research, and 30.1 % disagreed that there was a limitation of the share (Table 3).

One of the objectives of the plan for integration was to improve the quality of health services. 62.9 % of people believed the quality of health services had not declined (Table 2).

To improve medical teaching both qualitatively and quantitatively, it is important to prepare the ground and equip health service units. Referring to the findings of this study, only 2.9 % of people who were studied believed that there were adequate resources for training. The participants also believe that the universities are not well equipped and resourced to be able to provide the ground for a qualitative and quantitative improvement in medical education (Table 2). The integration plan was not successful in improving

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the active participation of students and lecturers in the regions. (Table 3).

On the effect of the integration plan on decreasing the independence of universities, 44.7 % of people who were studied affirmed that the independence of universities was not affected. 31.9 % of them said that the integration plan decreased the universities' independence to some extent. (Table 3). The majority of the participants believed that the integration plan has not changed the main mission of the universities (Table 2). Therefore we can say the independence of universities, as scientific centers whose principal mission is to improve and upgrade the quality of education, has only to a certain extent been affected by the executive duties and services imposed on the universities' authorities.

The results also indicate that the Chancellors and Vice Chancellors are spending a lot of their time on various missions and responsibilities which have emerged as result of the integration (Table 4).

Majority of the respondents also disapproved of universities having to manage the region. (Table 2). This makes it necessary to review the structure of the plan. This is made all the more necessary by the fact that 55.4 % of people studied did not feel the need for the continuation of the plan in its present form. (Table 2). In general, taking the mean of the acquired advantages into consideration which is equal to 53.2 % from among the 33 questions of the questionnaire, we can conclude that the people who were studied affirmed that the integration plan was partially successful.

The results of this study reveal useful feedback regarding the limitations and drawbacks of the integration plan, which will be helpful in the improvement of the plan.

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