Original Article

Ethical Predictability of Hospital: A remarkable concept to make the beneficiaries-hospital interaction stronger

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Abstract

Ethical predictability is crucial for a successful beneficiaries-hospital interaction. The literature on ethical predictability is limited with respect to reliable sources. Little is known, it is a comprehensive feature of an organization that makes it creditable and trustable, and inspires audiences to access all their conceivable rights. Although some attention has been paid to trust, accountability, and patient rights, not enough is paid to the ethical predictability of hospitals. Based on a qualitative study, we found that the ethical predictability of the hospital is composed of seven categories; Observance of patients' rights, observance of family`s rights, patient management, quality of healthcare services, observance of staff's rights, adherence to the law, and transparency. Healthcare officials need to be aware of ethical predictability as a benchmark for decision-making and accreditation of medical centers.

Keywords: Ethical predictability; beneficiaries; hospital; qualitative; in-depth interviews

Introduction

What organization do you want to interact with? One that delivers services effectively, on-time and on-budget, or one that habitually is late and over budget? The former is more likely to be promoted and enjoy a healthier career and all the benefits that flow from that. In this case, there is a principle of interaction design that goes an extended way in making people (beneficiaries) feel confident, comfortable and in control, called "Predictability". Predictability implies that all aspects of the interaction design should set accurate expectations about what is going to happen – before the people make an acquisition or get a service [1-3]. Predictability is the forerunner and activator for other important things people are trying to find, like doing things faster and cheaper, delivering more with better quality and with lower risk and so on. Casal believes that "To reach a level of predictability and trust that enables us to deliver faster, better and cheaper than we did before, It's something that can't be achieved quickly; it takes time, patience, determination, and especially focus". He has suggested three steps to attain predictability; concentrate on work in progress, reduce time to get work done, and consider how to get more done [4]. Predictability is often, if not always, considered as ability; an attribute that leaders find "efficient and desirable" [5, 6].

The sense of comfort – that is created as a result – is a critical factor in keeping people fully engaged and moving forward. The sense of control – that may be a hard-wired cognitive necessity within the brain – speeds task completion and makes people feel good about what they're using, what they're doing and what they'll be able to accomplish. The main takeaway is that delivering a predictable and positive experience improves your chances of successfully matching the user's expectations along with the mental model they already have of how the experience should unfold. When the things and events match with whatever they expect, they are more confident, comfortable and happy. This means they will keep visiting and using what you have presented [1].

Ethical predictability

What is ethical predictability (EP)? What do we know about it? Why does it matter? EP expression composed of two sections: ethics and predictability. Ethics is a pattern of communicational behavior based on respect to the other rights [7], and Predictability refers to all aspects of accurate expectations about what will happen. Therefore, EP is an

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enduring feature of organizations through which beneficiaries can expect all their rights are observed through a successful interaction [8, 9]. In other words, through respect to the beneficiaries' rights, an organization moves toward ethical predictability [10].

According to stakeholder theorists, beneficiaries originally defined as those who are affected by and/or can affect the achievement of the organization's objectives [9]. Hence, lack of EP in the organization can threaten its survival and make some problems such as disagreement of beneficiaries, complex decision-making process in the organization, delays and cost increases, damage to the reputation and antiquity of the organization and problem in prioritizing and responding to the beneficiaries' demands [11]. Overall, EP leads to beneficiaries trust to the organization and plays an effective role in facilitating and correcting the beneficiaries' interaction with the organization [8].

This article describes the results of a qualitative study around the ethical predictability of hospitals. We wanted to know the dimensions of ethical predictability of hospitals through the beneficiaries' point of view. It helps us to introduce a considerable benchmark to accreditation of hospitals and other health centers. Accredited healthcare centers through ethical predictability are considered as high-degree centers with health system and introduced as low risk and high performance interactors to beneficiaries.

Method

Design

This qualitative study formed as part of a 3-year mixed-method evaluation of the EP of hospitals in Iran. The present study was a doctoral dissertation approved by the Ethics Committee of Mazandaran University (registered number: ir.mazums.rec.96.2845).

Setting

This research was conducted at fifteen hospitals varying in type, size and geography in five provinces included of Mazandaran (Northern Iran), Tehran (Capital), Fars (Southern Iran), Khorasan Razavi (Eastern Iran), and Kurdistan (Western Iran). These provinces were purposively chosen because of the diversity and dispersion of sites. Three hospitals were chosen in each province. All the selected hospitals were general hospitals but different in size (small, medium, large), geography, community charactristics, health networks and referral system (district and regional) and kind of ownership (public, private, and social security). In addition to the surgical, internal and gynecological wards, these hospitals also had specialties such as E.N.T. and eye surgery. These hospitals had specialized departments of the I.C.U. and C.C.U. The lab was complete in these hospitals and had at least one radiology machines.

Data Collection Tools

Data collection was conducted between July 2018 and September 2019. In-depth interviews used a semi-structured interview guide. The interview guide was developed on the basis of the relevant literature, participants' observation, research team`s experience and involvement in interventional and qualitative studies. The questions were designed to explore participants' experiences of EP of hospitals. Each interview question was reviewed carefully with the researcher to ensure clearance about the expected information he wanted to obtain.

Participant Recruitment

The research participants included hospital administrators, physicians, nurses, patients, and insurance agents stationed at selected hospitals selected through purposive sampling (Table 1). First, hospital administrators (included a range of leaders directly responsible for creating or monitoring hospital policies) were approached by researcher (interviewer) about participants, then individual physicians were contacted and organized through the medical affairs office. Nurses were recruited by coordinating with matron. Patients were identified through nurses. Insurance agents stationed at hospitals were recruited by researcher (interviewer). The inclusion criteria required participants to be 18 years of age and over, and give verbal consent to be interviewed. Participants were excluded if they were not consent to interview. Participants volunteered their time and received no compensation.

Table 1. Overview of sampling at each hospital

Province	Hospital	Administrators (A)*	Physicians (Ph)*	Nurses (N)*	Patients (Pa)*	Family members (F)*	insurance agents (I)*	Total
Mazandaran (Northern Iran)	Hospital 1 -Public -General -Educational-medical -Level two regional	3	4	5	5	4	2	23
	Hospital 2	2	3	4	4	4	3	20

	-Private -General -Level one district Hospital 3 -Social security -General -Level one regional	3	4	3	5	4	2	21
Tehran (Capital)	Hospital 1 -Public -General -Educational-medical -Level two regional	2	4	3	5	3	3	20
	Hospital 2 -Private -General -Level one regional	2	3	3	4	3	2	17
	Hospital 3 -Social security -General -Level one regional	2	2	3	5	4	2	18
Fars (Southern Iran)	Hospital 1 -Public -General -Educational-medical -Level two regional	2	2	4	4	4	2	18
	Hospital 2 -Private -General -Level one regional	0	2	4	4	3	2	15
	Hospital 3 -Social security -General -Level one regional	2	2	3	4	3	2	16
Khorasan Razavi (Eastern Iran)	Hospital 1 -Public -General -Educational-medical -Level two regional	2	3	4	3	3	3	18
	Hospital 2 -Private -General -Level one district	2	2	2	4	4	2	16
	Hospital 3 -Social security -General -Level one regional	0	2	4	5	4	0	15
Kurdistan (Western Iran)	Hospital 1 -Public -General -Educational-medical -Level two regional	2	3	5	5	3	2	20
	Hospital 2 -Private -General -Level one district	2	2	3	3	3	2	15
	Hospital 3 -Social security	2	2	2	4	3	2	15

	-General -Level one regional						
Total		28	40	52	64	52	31	267

* We have marked the quotations in the text with these abbreviation letters.

Interviews

Administrators were asked to describe their training and professional experiences, their engagement with healthcare system, their general thoughts regarding interaction between hospitals and beneficiaries in Iran, and what features should a hospital have to make it ethically predictable? Physicians and nurses were asked to describe their training, their daily work experience, positive and negative interactions with the healthcare system and expectations of. Patients were asked to describe their current health status and their interaction with the healthcare system and expectations of, including their criteria for choosing the hospital or physician, their feelings regarding that hospital or the care provided, their interactions with and expectations of physicians and nurses. Finally, insurance agents were asked to describe their interaction with hospitals and their expectations of. Interview places were different accordance to participants. Administrators were interviewed at their office, physicians, nurses and insurance agents in their room, and patients at the hospital's waiting area which afforded little privacy. Interviews lasted between 30 and 60 minutes each, and were audio-recorded if participants provided consent. If participants declined audio recording, written notes were used for analysis.

Data Analysis

Data collection, transcription, and preliminary analysis proceeded simultaneously using Graneheim & Lundman (2004) method. All audiotaped interviews were transcribed verbatim by researcher and a co-author [12]. We reviewed the content of the transcript and checked the quality by listening to the entire audio. Initial codes were extracted after several reviews of texts, and related codes were combined. Finally, categories were merged according to similarities and differences. We continued to conduct interviews until saturation was reached at each site. Coding was done using Atlas.ti (V.7.0, Berlin, Germany). The trustworthiness of our analysis checked by a group of researchers participating in a qualitative research course coded and discussed one part of an interview. These researchers, who were not involved in our study, recognized and thereby confirmed our findings. In Table 2, we give an example of how we derived codes and categories from a quotation

Table 2. Example of Codes and Categories Derived From a Quotation.

Quotes	Code	Subcategory	Category
(1) "The management and staff of an ethical predictable hospital should respect to the patient rights primarily, inform the patient of his/her rights, inform the patient of side effects or benefits of the treatment plan, inform the patient of cost of treatment" – *Administrator* (2) "I was not aware of the patient's rights charter. I didn`t know what the patient right is" – *Patient* (3) "The cost of treatment is very important to me because I am not in a good financial condition…"– *Patient* (4) "I asked the nurse to aware me about organ donation" – *Patient* (5) "I want to know how to complain officially about the wrongdoer nurse. She hurt me" – *Patient*	*Informing the patients of their rights *Informing the patients of the strengths, weaknesses, and possible complications of treatment plan *Informing the patients of cost of treatment plan *Informing of organ donation *Informing of how to complain, criticize and suggest	right to information	Observance of Patients' rights

Result

Demographic of Study Participants

Totally, 267 participants were interviewed (see table 3). This number was gradually determined because an exact sample size cannot be determined before a qualitative project [13]. The average age of administrators was 54.89±5.27 years (range: 44 to 64 years), physicians was 49.22±6.07 years (range: 39 to 60 years), nurses was 38.78±6.31 years (range: 26 to 51 years), patients was 35.54±7.48 years (range: 23 to 54 years), family members was 34.21±10.57 years (range: 19 to 62) and insurance agents was 37.45±4.82 years (range: 26 to 46 years). The average work experience of administrators was 26.85±2.79 years, physicians was 22.05±5.80 years, nurses was 16.78±6.26 years and insurance agents was 15.87±5.22 years.

Table 3. Participants' characteristics.

	administrators	Physicians	Nurses	Patients	Family members	insurance agents
Male	26	34	22	35	16	25
Female	2	6	30	29	36	6
Average age	54.89±5.27 y	49.22±6.07 y	38.78±6.31 y	35.54±7.48 y	34.21±10.57 y	37.45±4.82 y

Average work experience	26.85±2.79 y	22.05±5.80 y	16.78±6.26 y	-	-	15.87±5.22 y
Total	28	40	52	64	52	31

We grouped the results into seven categories. Observance of patients' rights; observance of family`s rights; patient management; quality of healthcare services; observance of staff's rights; adherence to law; and transparency. Table 4 provides a reader's guide, listing the subcategories in the text in the same order as they appear in the article.

Table 4. Participants' characteristics.

Observance of Patients' Rights	Observance of Family Members' Rights	Patient management	Quality of Healthcare Services	Observance of staff 's Rights	Adherence to law	Transparency
right to information	right to information	Medication errors monitoring	Ethical sensitivity	staff empowerment	Administrative discipline	Financial transparency
Autonomy to choose or refuse	right to involvement	Patient blood management	quality assurance	career advancement	Supervision	Informational transparency
Autonomy to involvement	Complaint handling	Medical error monitoring	Observance of hygiene and cleanliness	Job security		Administrative transparency
Right to privacy	Support of family	Control of nosocomial infections	Access to welfare facilities	motivational programs		
Confidentiality of information			Quality of medical services			
support of patients			Quality of nursing services			
Handling patients' Complaint						

Observance of Patients' Rights

A considerable improvement in the relationship between caregivers and recipients is due to the observance of patients' rights. This category includes seven subcategories; the right to information, autonomy to choose or refuse, autonomy to participate, right to privacy, the confidentiality of information, support, Complaint handling.

Right to information

An ethical predictable hospital should inform patients of their rights. Patients need to be aware of the cost, strengths, weaknesses, and possible side effects of the treatment, while as many of them are not informed. A participant said: "I was not aware of the patient's rights charter. I didn`t know what the patient right is" (Pa). "The cost of treatment is very important to me because I am not in a good financial condition…" (Pa). "Before undergoing surgery, I asked my physician to explain the side effects or strengths of the treatment plan…" (Pa). Awareness of how to donate an organ was another piece of information that some participants wanted to aware of. "I bequeathed that if something happened to me, my family would donate my organs. That is why I asked the nurse to aware me…" (Pa). Patients need to know the signs and symptoms of their illness so that it can help them to perform the necessary self-care and deal with the disease. "I would like to know more about my illness, because it helps me to take more care of myself…" (Pa). "The management and staff of an ethical predictable hospital should respect to the patients` rights primarily, inform the patients of their rights, inform the patient of side effects or benefits of the treatment plan, inform the patient of cost of treatment plan" (A). An ethical predictable hospital should inform the patients of how to complain about the wrongdoer staff, criticize of hospital performance, and make suggestions to improve the hospital situation. "I want to know how to complain officially about the wrongdoer nurse. She hurt me" (Pa).

Autonomy to choose or refuse

Patients' refusal of treatment happens because of physician's mistreatment, staff's gender, patient's personal beliefs, and side effect of treatment. Some patients just prefer the physician who they know him before (i.e. through friends, relatives, or refer to the physician`s office), because they think the complete treatment only will be done by that physician. "I met the physician at his office. He did his work well and I referred to this hospital because of him" (Pa). "I don't want a male physician to examine me, because I don't feel comfortable" (Pa). "A physician treated me rudely and I refused to continue the treatment" (Pa). "The physician told me that you would not be alive for a few more months. I refused to continue my treatment because I believe that death is inevitable and I am surrendering to God's will" (Pa).

Autonomy to involvement in treatment process

An ethical predictable hospital encourages patients to involve in the treatment process to strengthen their morale and facilitate access to their rights. "Patients` involvement in treatment process has a positive effect on improving their mental and physical condition" (Ph). "I like to do whatever makes me feel good. In my opinion, a hospital that allows me to involve is a good hospital and I think it is comfortable…" (Pa).

Right to privacy

An ethical predictable hospital should observe the patient's privacy. "In my opinion, in an ethical predictable hospital, the patient's privacy should be maintained because it is not only a duty but also a moral act that makes our services predictable for the patient and ultimately the patient trusts us" (A). Some patients who went to educational hospitals stated that their privacy was not respected due to the overcrowding and the presence of medical students. In addition, they had no desire to give information or history to medical students. They declared that medical students feel not responsible for the patient and do not respect the patient's privacy. "When I was hospitalized, two or three students entered the room without permission and asked me some questions. I didn't feel comfortable at all… I don't like to answer anyone except my physician" (Pa). Some outpatients complained about the coverage of their surroundings, saying that the coverage around them was not appropriate and they embarrassed. "I didn't feel comfortable of my surrounding coverage when I went for injection of serum; I was visible through the curtains … That `s a shame" (Pa). "The nurse should ask my permission to enter the room. This will keep me calm. I feel confident" (Pa).

Confidentiality of information

The confidentiality of patient information is a human and conscientious duty. The patient's details and medical information should only be available for the treatment team. "The patient should be able to share private information with physician. The physician should be confidential and never abuse the patient's information" (Ph). "We swore to keep the patient's secrets. We adhere to the ethical principles and respect patient's rights" (Ph). "It is very important to me that my information be kept confidential by the hospital staff. This helps me to trust them and predict the hospital behavior and come back to it next time" (Pa).

Support of patients

The ethical predictable hospital should support the patients. Psychological and emotional support, providing counseling and psychiatric services, social work services, and facilities to meet the religious needs of patients accelerate the treatment process. "Many patients feel anxiety and stress before they undergo the operation. They need psychological and emotional support, I talk to them to reduce their stress" (Ph). "I had before heard that this hospital provide such conditions so that patients feel not homesick and give them a sense of confidence. That's why I chose this hospital" (Pa).

Patients' Complaint handling

Usually in the treatment process, some disorders cause patients` complaints. Complaints handling can provide a basis for hospital's EP. The inattention of physicians or nurses and lack of helping equipment were some of the patients` complaints. "The physician was running late. It makes me feel worse. My wife complained to the ward manager, but nothing happened" (Pa). "In the reports we have received, inattention of staff and lack of helping equipment are common complaints of patients" (A). Some participants stated that there would be no complaints, if the hospital respect to the patients` needs. "If I knew that this hospital is not able to meet my needs, I did not come here" (Pa).

Observance of family's rights

The patient's family rights are often overlooked, even in the upstream documents. The present study showed that this category leads to EP of a hospital. This category was composed of family`s right to information, autonomy to participate, family`s complaint handling, and support.

Family`s right to information

An ethical predictable hospital should inform the patients' family of the patient's rights charter. "None of the nurses or physicians had told us anything about patient's rights charter" (F). Participants declared that an ethical predictable hospital should consider the end-of-life patients and inform the family members of how to care them. "My father is almost 80 years old. we can't take care of him indoors. We should be given the necessary instructions to care about him" (F). Family members expected from medical staff to tell the reason and severity of their patients' illness. "As soon as my wife ringed, I went home and rushed her to the hospital. At first, I didn't know why she got sick, but then I asked physician to explain for me" (F). Family members should be informed of the results of clinical and paraclinical tests performed on the patient. They seek an explanation for these experiments. "The requested tests should be explained by physician" (F). Some family sought information about how to donate a brain-dead patient. "The physician and nurses talked to me and my wife about our child`s brain death. We asked them for advice on what to do for organ donation" (F).

Right to involvement

Patient's family tend to involve in decision-making for the treatment process, organ donation of a brain dead patient, treatments plan when the patient is in an emergency and dangerous situation and unable to make any decision. An ethical predictable hospital should provide the necessary ground for this matter. "In most cases, the treatment team needs permission from the patient's family to begin or end the treatment process" (A). The involvement of family in the recovery, comfort, and treatment of patients is essential. In order to respect to the patients` rights, ethical predictable hospitals provide the necessary arrangements for family members to involvement in patient care. "I am constantly watching my patient because nurses are often busy and do not pay attention to the patient" (F).

Complaints handling of family

When the patient is in an abnormal condition, his/her family members are sensitive to the treatment condition and the quality of care. The hospital is obliged to address their complaints. "A nurse bruised my patient's hand while installing the angiocatheter and I get into a fight with her" (F). "Sometimes a nurse may give the wrong medicine to the patient and upset the family and his/her complaints must be addressed" (F). "An ethical predictable hospital should record and respond to complaints from patients' family members" (A).

Supporting the patient's family

When family members exposure to the hospital environment and see the condition of hospitalized patients, may experience the anxiety, worry, and other problems. Paying attention to the mental and emotional state of them is one of the inevitable tasks of the ethical predictable hospital. "I expect the hospital to support me. There should be facilities that I can be the patient's bedside to take care of him. I don't want anything else; I just want my patient to get home soon" (F). Some family members expected financial support from the hospital. They believed that hospital support can solve some of their problems. "The hospital should not think about its own money, first. Healing the patient, treating the patient should be important… I borrowed to pay for my wife's operation. If the hospital gave me enough time, I had no problem" (F).

Patient management

This category is composed of four subcategories such as medication errors management, blood management, medical errors management, and control of nosocomial infections.

Medication errors monitoring

Medication errors monitoring is one of the necessities of ethical predictable hospitals. According to participants, the readability of prescriptions, determining the correct dose of drug, not using expired drugs, and caution when injecting drugs prevent the patient's injury, prolongation and severity of the disease, and side effects. "An ethical predictable hospital is expected to consider and follow up on issues such as the readability of prescriptions, determining the correct dose of drug, not using expired drugs, and so on" (N).

Patient blood management

The patient's own blood should be managed so that not required to use blood products. Physicians believed that the blood products can both save the patient's life and endanger it. They believed that patient blood management is important for both improving the patient care and reducing the hospital costs. "In many cases, there is no need to inject blood into the patient and the patient's own blood must be managed, which unfortunately some medical centers do not follow. While as, an ethical predictable hospital should manage the patient blood." (A). "Instead of rescuing patients, some hospitals hurt them. For example, my cousin had an operation at a hospital but unfortunately died because of blood injection" (Pa).

Medical errors monitoring

The staff believed that medical errors are not acceptable at all, especially in the ethical predictable hospitals. Actions planned to prevent and report medical errors, holding specialized committees on mortality and complications, and root cause analysis of medical errors declared as monitoring plans that should be done by an ethical predictable hospitals. "In my opinion, we should not make mistakes. We are dealing with human lives and no mistake is acceptable in this job, and in order to be ethically predictable for patients, we must avoid making any mistakes" (N). "People expect us to make no mistakes. Saving their lives is very important for us. We must be predictable for people "(N).

Control of nosocomial infections

Controlling and preventing nosocomial infection was one of the key tasks related to patients' health. Development of unit, up-to-date and appropriate guidelines for care, prevention and control actions such as proper disinfection, and antiseptic actions before operation are essential for the ethical predictable hospital. The physical space of hospitals is effective in optimal controlling and preventing of nosocomial infection. Nosocomial infections control is one of the ways to achieve EP. "Infection cannot be effectively controlled in this hospital. Its building is old and existing principles and standards not be observed seriously. So, patients are reluctant to come here" (A).

Quality of healthcare services

The quality of healthcare services consists of six subcategories, which include ethical sensitivity, quality assurance, health and hygiene of hospital environment, access to welfare facilities, quality of medical services, and quality of nursing services.

Ethical sensitivity

Physicians and nurses should be sensitive to providing healthcare services, responding in a timely manner, understanding emotions, paying attention to patients` beliefs and personal problems, speedy and accuracy in providing services and respect to the patients in an ethical predictable hospital. Ethical sensitivity would enable caregivers to prepare healthcare services with more quality. "The services provided by this hospital are based on its obligations to patients. If there is no moral sensitivity, medical staff are not bound by ethical principles, and therefore the quality of services loses its meaning" (A). "When I go to a hospital, I expect physicians and nurses to be punctual. Provide healthcare services with greater accuracy and speed. If a hospital wants to be ethically predictable, its medical staff must be ethical. Have respectful behavior with the patient and his companion"(Pa).

Quality assurance

The quality of health services should be sustainable and predictable. Continuous monitoring and evaluation of healthcare services will lead to the quality assurance. The hospital should ensure that is ready to deal with any

emergencies that may put the patient at risk. “In order to provide high-quality services for patients, we try to observe the quality assurance aspects such as continuous monitoring of nursing and midwifery services, quality assessment of services and providing feedback to the relevant units …”(A). “A woman had undergone a natural delivery, suddenly had acute condition during operation and her delivery changed to cesarean. In such circumstances, the hospital should be ready to manage the acute situation and guarantee the patient`s health. This is called an ethical predictable hospital that has the ability to adapt to unexpected circumstances” (A).

Observance of hygiene and cleanliness of hospital environment

The hospital environment should be clean and disinfected. Cleaner and healthier environment will lead to a faster patient's recovery. “The cleanliness of hospital and patient room is very important. Contamination of the hospital environment, especially the patient room has a detrimental effect on the patient's health. “One of our relatives got an infection after the operation because his hospital room was not well cleaned. Since then, we have never referred to that hospital” (F). The well-groomed appearance and personal hygiene of physicians and nurses plays an important role in the quality of healthcare services. “When I see a physician whose clothes are dirty or a nurse with dirty hand or clothes, how can I expect a good and high-quality service from him/her? The nurse herself/himself must be clean and hygienic, otherwise what can be expected from her/him to take care of me?” (Pa).

Access to welfare and helping facilities

Access to facilities in inpatient ward (refrigerator, TV, telephone, and etc.), adequate lighting, appropriate cooling and heating systems, up-to-date medical equipment, accommodation facilities for the family member (sofa bed, clothes hanger, and etc.), during hospitalization can improve the patient's sleep, rest and pain relief. In some cases, lack of access to welfare facilities has had unpleasant consequences. “If the ethical predictability of a hospital means respecting all the patients` rights, so this hospital is not ethical predictable. In the hallway, there are noises and some people are talking loudly. With these conditions, I can't rest at all. I feel more pain” (Pa). “The quality of space, equipment, buildings and hospital design play an important role in the quality of medical and care services” (A). “The hospital is a place where the client enters with stress and may stay here for a few days, so a calm and eye-catching atmosphere should be provided. Patients make sure that the hospital building is clean and well, and the appropriate equipment is used with the new technology” (A).

Quality of medical services

Physician's patience in answering to the patients and their presence in the patients' bedside when necessary, appropriate and respectful interaction with the patients and their family, obtaining a proper history, and correct diagnosis were what participants expected from the quality of medical services in an ethical predictable hospital. “I expect the physician to examine me patiently. He should let me know about the disease. If I have anxiety and stress, talk to me and treat me well” (Pa). “The physicians working in this hospital try to provide the best services to the patient with the desired quality. They try to be careful of their behavior with the patient, take a detailed history, pay attention to the patient's speech, and so on” (A). “My expectation from the physician is that examine me carefully. Diagnose my problem correctly and tell me what he/she knows about my illness. Order nurses to take care of me” (Pa).

Quality of nursing services

The quality of nursing services leads to meeting the physical, psychological, emotional, social and spiritual needs of patients. Participants described the quality of nursing services in format of appropriate and respectful interaction with patients and their family, providing the necessary training to patients, and on time presence on patients' bedside. “To increase the quality, nursing services should be performed skillfully, in a timely manner and with caution” (N). “The nurse should take care of the patient and treat him/her with respect. The nurse should regularly monitor the patient's condition and hygiene” (Pa).

Observance of staff's Rights

Caregivers believed that an ethical predictable hospital respects to the staff’s rights. This category consists of four subcategories: staff empowerment, career advancement, job security, and welfare-motivation programs.

Staff empowerment

Empowering healthcare staff makes them more proficient in their tasks. It is important to improve staff's communication skills with each other or with patients, diagnostic power, management power etc. Therefore, that empowerment can lead effectively facilitate the delivery of safe, high-quality healthcare and consequently and finally, lead to the EP of hospital. “In the first encounter with patients, the ability of making a good communication by treatment staff is important. Effective interaction leads to the good treatment” (A). On the other hand, rotation of information, transferring of experiences, and in-service training, empowers the staff. “In order to make an ethical predictable hospital, the information and knowledge gained by experienced nurses should be made available to the younger. These experimental findings can be provided to nurses in various departments during their work life” (N).

Career advancement

An ethical predictable hospital should respect the rights of its staff through career advancement. Experienced and advanced personnel should meet the future needs of the hospital. Assignment of responsibilities based on professional skills and knowledge, pay attention to work experience, job competencies, and the compatibility of career field with career advancement were factors the staff expected of an ethical predictable hospital. They believed that EP and

success of a hospital can be achieved through staff`s career advancement. “In my opinion, it should be important for hospital managers that the staff who work for them be promoted in terms of career advancement” (N). “In the ethical predictable hospital, career advancement opportunities should be provided as one of the rights of staff so that they can demonstrate their abilities. For example, this happened to me and I gained career advancement from a nurse to nurse administrator” (A).

Job security

The staff cited job security and sustainable working conditions as signs of ethical predictable hospitals. They said that having legal support and organizing the employment situation would insurance job security. “We expect senior executives to support us. When they recruit a one-year nursing assistant instead of a nurse who has studied for four years because of a lower payment, our job security comes down” (N). “Employment conditions can provide our job security or jeopardize it. We want administrators to change our employment status from annual contract to the employment contract or official hiring. With this situation, we do not really know what our future will be” (N).

Physicians and nurses stated that the type of hospital ownership can give them a different sense of job security. They believed that the staff in private hospitals had a little job security. “Private hospitals want obedient staff who not complain about their situation and continue to work quietly. In fact, the knowledge and skills of the staff are not in the priority; while obedience, non-protest, and compulsory work are requested” (A). The difficulty of job must be commensurate with the amount of salary. Healthcare staff said that working hours must be in accordance with the law. “The salaries of nurses in the private sector are lower than in the public sector, while the rate of working hours and stress in private hospitals is higher than in the public sector, which is not in line with any ethics and humanity” (N).

Motivational schemes

The staff stated that motivational actions in an ethical predictable hospital are imperative. They believed that motivational schemes would improve the efficiency and effectiveness of staff. However, the results showed that in some hospitals, incentive schemes like remuneration payments or continuous and non-continuous supplementary benefits are not considered. “We do not have any side benefits, they do not prepare for us a suitable uniform, and in order to get a shoe, we have to beg. All of these issues may seem small or insignificant, but they are encouraging and really important to the staff” (N). Nurses stated that they do not have any entertainment programs. They believed that nurses, like other people, need to refresh and rest so that they can serve their fellow human beings with more energy and a stronger spirit. “Entertainment programs do not mean for me. I usually do not have time to fun. The hospital also has no plan in this regard” (N).

Adherence to law

This category consists of two sub-categories; administrative discipline and supervision.

Administrative discipline

In an ethical predictable hospital, staff should adhere to administrative discipline and adapt to behavioral codes developed by the hospital's management. They should respect the administrative rules and regulations, make a healthy disciplinary environment, plan to carry out assigned tasks, and respect to administrative discipline in order to achieve a level of EP. “Administrative discipline must be observed to prevent staff misconduct. Staff must comply with administrative rules and regulations” (A). “When the staff sense the standards and regulations are reasonable, they will try to meet the expectations of the organization” (A).

Supervision

Monitoring of staff performance led to the prevention, early detection of illegal activities, and doing corrective actions. Recruitment of staff with legal license, checkup the facilities and equipment, monitoring the manner of conducting financial and transaction contracts, and the performance of contractors were issues raised by the participants. “I definitely supervise the staff and feedback them” (A). “Due to the sensitivity of healthcare services, careful monitoring and control on the employment of healthcare staff is necessary. Regarding the law, the staff without a certificate are prevented to work so that no one is harmed” (A). Physicians who take bribes in addition to legal fees should be monitored to protect patients. “Sometimes, some pharmaceutical companies providing bribes to physicians to influence their prescribing of the company’s products. We are dealing with these issues strongly” (A). “Against the law, some medical practitioners had accepted bonus payments from some special hospitals for referring patients to them. These individuals must be identified and punished in accordance with the regulations” (A). Sometimes, the hospital staff do not deliver documents to insurance agencies in a timely manner due to increased workload and cause to delay in reviewing documents and finally, delay in the payments. “The hospital staff send the files late or the documents are defective but expects to receive the money sooner and it bothers us “(I).

Transparency

Participants described transparency as a prerequisite for EP and the observation of stakeholders' rights. They said that transparency can reduce vulnerability to corruption and unethical practices and improve public trust in healthcare institutions. This category includes of three sub-categories; financial transparency, information transparency and administrative transparency.

Financial transparency

Participants described financial transparency as an important indicator of ethical predictable hospitals. They declared that price transparency tools, offering consumers price

information on health services, continuous monitoring of financial department staff, transparent tariffs for medical services, etc. are key items toward transparency and prevention of corruption. “We are always monitoring the performance of the hospital's discharge, fund and revenue units so that all the financial activities be transparent” (A). “Patients are usually looking for information on the cost of procedures and information about hospital funding programs” (A). Transparent patient invoice, accurate registration of medical services and consumables, valid expenses with the hospital stamp indicate the financial transparency of hospitals. “According to the regulations, certified prescription with the hospital stamp will be accepted for payment by the insurance company and other documents that have ambiguities will be returned to the accounting or revenue unit of the hospital” (I).

Information transparency

Access to complete, accurate, up-to-date, and comparable hospital information such as type, wards, number of beds, and hospital coordinates can help to choose an ethical predictable hospital. Participants stated that patients` comments in the hospital website are considerable information in informing others to select a hospital. “For my wife's delivery, I first listed the hospitals that provided delivery services and then read their information to see if it was close to where we live, and what other people commented on that hospital” (F). Access to transparent electronic patient records, surgical operations list, waiting time, etc., can play a significant role in hospital choice among customers. “In order to inform the patients about the hospital traits, we uploaded information in the hospital website and specified the hospital information, known surgeons list and a series of similar information” (A). “I think statistics and information about hospital should be transparent and real to the public” (A).

Administrative transparency

Credibility and trust between management and staff provide a transparent regulatory environment. The lack of administrative transparency would lead to corruption and chaos in hospital system. Therefore, patients can not receive their rights. The ambiguity of employment status makes concern to staff. “My employment status is not clear yet. I am still an annual contract employee. Many of my colleagues are in the same situation. Officials are not transparent and do not address this issue” (N). Transparency in relationship, practices and behaviors, decision-making and policy-making are components of administrative transparency. “Ambiguity in relationship between officials and staff diminishes the expected administrative transparency and may lead to the corruption and low productivity” (N). Transparency in description of standards and administrative guidelines led to the ethical predictability of hospital. “In an ethical predictable hospital, standards must be clarified and staff must know their duties. This avoids overloading on some staff and underemployed of the rest” (N).

Administrative transparency in the selection, appointment and promotion of staff was another issue in an ethical predictable hospital. The lack of transparency in this case can violate the rights of staff and its bad consequences would reduce the organization's efficiency in providing healthcare services. “I believe that the selection, appointment and promotion of this hospital are transparent. I had enough experience in the nursing job, but I was not selected for metron. It is because of the lack of transparency” (N).

Discussion

This is the first in-depth study specifically focusing on the EP of hospital. In this qualitative study, we interviewed beneficiaries of hospitals to explore their perceptions of EP of hospitals. A semi-structured questionnaire was prepared based on the relevant literature, participants' observation, research team`s experience and involvement in interventional and qualitative studies. The results fell into seven categories: observance of patients' rights, observance of family's rights, patient management, quality of healthcare services, observance of staff's rights, adherence to law, and transparency.

Observance of patients' rights

We found that observance of patients' rights is one of the components of EP of hospitals. Participants believed that a significant portion of relationship improvement between the caregivers and the recipients that leads to the EP of hospitals is due to the observance of patients' rights. As pointed in previous studies [14, 15].

To preserve the human dignity of patients, a hospital must consider patients as persons with rights, one of which is the right to receive appropriate information on their own complaints and treatment to follow, as pointed in the previous studies [16]. People should obtain information about the physical symptoms they were experiencing, the cost, the strengths, weaknesses, and possible side effects of the treatment plan. According to Baker, patients seek and use the information to help themselves cope with their disease [17]. So, patients` right to information is particularly challenging in healthcare settings [18]. On the other hand, this study indicated that patients have the right to choose or refuse any treatment plan or physician offered them. As concluded in previous studies, giving patients some choices will not just increase their autonomy but also better inform them about their health conditions and the available treatments [19]. Participants believed that involvement in the treatment process can strengthen patients' morale and accessibility to their rights. As pointed in another study, shared decision-making is a fundamental component of patient-centered care and has been linked to positive health outcomes [20]. This study showed that the right to privacy is one of the signs of the EP of a hospital. Administrators, physicians, and nurses strongly agreed with the protection of privacy, according to Demirsoy and Kirimlioglu (2016) [21]. Participants announced confidentiality of information as one of the key ethical features of healthcare settings as Giordano, O`Reilly, Taylor,

and Dogra (2007) presented in their study [22]. Confidentiality of information may cause mutual confidence in the patient-physician relationship as Pinto (2004) has shown in her study [23].

Mental and psychological support, emotional support, provision of effective healthcare services, etc. leave good memories in the patients' minds. Emotional support makes patients feel confident and recover faster, in line with prior study [24]. This study showed that inadequate attention from physicians or nurses, lack of safety and quality of clinical care, poor management of hospital system, and patient/staff weak relationship were the reasons of patients' complaints. According to the prior study, handling and interpreting of these complaints will help to patient safety [25].

Observance of family's rights

Results showed that the family's right to information access is comprised of the patient's rights charter, how to care end-of-life patients, the cause and severity of the patient's illness, etc. The results of a prior study showed that in the United States, case managers share information with families to attain treatment goals with respect to the clients' confidentiality [26]. Other research highlighted the patients' preferences about their family's information access when they are decisionally impaired [27].

The right of family's involvement in care and treatment plan has been declared as a feature of ethical predictable hospitals. Patients stated that the family assisted them in making informed decisions about the care and treatment process. Gilbar (2011) showed that relatives had an influence on the decision-making process [28]. To have effective decision-making, the communication between family members and care staff is very noticeable. According to prior research, such communication delimits an opportunity for families to involve in the quality discussions about care planning for their loved ones with care staff [29]. This study showed that when the patients are in an abnormal condition, their families become sensitive to the quality and access to care and treatment. This result was confirmed in another study [30]. According to the results, the hospital is obliged to document and address families' complaints and concerns. In line with this research, a survey showed that the workload of care staff and low quality of care led to the families' complaints [31]. Results showed that working conditions needed to support the well-being of family members. These include mental and emotional support, financial support, and appreciation of relational care work as Barken & Lowndes (2017) declared in research [32]. Another study indicated that nursing staff can support the family needs, caring, comfort, supportive care, and social support [33].

Patient management

Patient management is a fundamental task of an ethical predictable hospital in order to reduce healthcare-associated harms. The readability of drug prescriptions, determining the correct dose of drugs, using not expired drugs, and caution when drug injection and feeding as medication errors management prevent the patient's injury, prolongation, side effects, and severity of diseases. The same results were derived in a prior study [34]. Patient blood management aimed at minimizing the usage of blood products in order to prevention of patient harms [35], and hospital costs [36]. This study showed that an ethical predictable hospital monitors medical errors so that it prevents dangerous and unacceptable events, and shapes good communication with patients. Healthcare staff must be given the opportunity to disclose and apologize for the mistake [37]. The present study showed that implementing effective infection control efforts is essential for the EP. Serious harm to patients and prolonged treatment would be prevented through infection control, as resulted in a prior study [38].

Quality of healthcare services

Regarding the complexity of healthcare environments, hospital staff must be able to recognize and address ethical issues. Responding to healthcare needs in a timely manner, attention to patient beliefs, understanding emotions, etc. would enable caregivers to prepare healthcare services with more quality, as previously concluded [39]. Quality assurance means that the hospital should ensure that it is ready to deal with any emergencies that can put patients at risk. Prior researchers mentioned that quality assurance means to maintain the highest quality of care for each patient, without losing societal aspects such as cost control and accessibility to the care [40]. As many medical devices are used in the daily care of patients, an ethical predictable hospital should be sensitive to the health and hygiene and should reduce environmental contamination and cross-transmission risk, as pointed in previous studies [41]. This study showed that welfare and helping facilities can improve the quality of healthcare. Previous studies showed that access to the adequate supply of medical equipment, welfare and caring facilities enhance healthcare services quality [42]. The quality of medical services such as obtaining a proper history and correct diagnosis; and nursing services such as providing the necessary training to patients, are inevitable to reach the quality of care in an ethical predictable hospital. Studies showed that favorable medical and nursing services must be established to provide quality of care [43].

Observance of staff's rights

According to the results, empowering healthcare staff makes them more proficient in their tasks. Staff's communication skills with each other or with patients, diagnostic power, management power, and etc can lead effectively facilitate the delivery of safe, high-quality healthcare and consequently, lead to the EP of hospital. Regan and Rodriguez (2011) declared that empowering frontline staff is crucial for carrying out leadership duties [44]. This study showed that EP and the success of a hospital can be achieved through staff`s career advancement. Career advancement underscores professional preparedness as central to hospital leadership development, as declared in the previous study [45]. Support to advance knowledge; opportunities for career advancement;

and the number of career options were stated as career advancement factors in a prior study [46]. In this study, job security was a sign of an ethical predictable hospital. Although poor access to the profession for graduates, increased nursing job-seekers and falling numbers of permanent contracts have worsened job security among healthcare staff [47], but this study showed that an ethical predictability hospital can make the job security through legal support and organized employment. As well as, motivational schemes like remuneration or paying for continuous and non-continuous supplementary benefits are maintained by the ethical predictable hospital to achieve an efficient, effective and good quality healthcare delivery. Similar to the results, Afolabi, Fernando, and Bottiglieri (2018) found that remuneration, managerial support, and career advancement, as motivational aspects are core factors that positively affect healthcare quality [48].

Adherence to law

In an ethical predictable hospital, the staff adhere to administrative discipline, adapt to behavioral codes, and make a healthy disciplinary environment. As the prior study showed, adherence to administrative discipline can lead to mitigate the chaos-induced vulnerability [49]. This study showed that an ethical predictable hospital must be free of law-breaking and malfunction. The supervision of staff`s performance leads to the prevention and early detection of illegal activities, and hospital authorities should take action against law-breaking [50].

Transparency

In an ethical predictable hospital, financial transparency is a strong stimulus to choose the best value services and continue to rely on the hospital. Patients are particularly receptive to transparent cost-related information associated with their personal situation [51]. In the ethical predictable hospital, information transparency is earned through providing accurate, complete, up-to-date, and comparable information about the system. The wrong conclusions will be drawn and inappropriate actions taken with ambiguous information [52]. For example, surgeons are incorrectly identified as poorly performing because of mistakes in published information [53]. Some researchers found that patients do not use the information to choose the best value services and continue to rely on their physicians' recommendations [54]. We found that administrative transparency within the ethical predictable hospitals includes transparent relationships, providing a healthy regulatory climate at all administrative levels, credibility and trust between management and individuals. Previous researchers declared that administrative transparency creates such a condition in which institutions communicate continuously with all their members and involve them in decision-making and policy-making [55]. As well, administrative transparency can reduce vulnerability to corruption and unethical practices and improve public trust in government institutions [56].

Strengths and Limitations

This study can be a reference literature for those who follow ethical predictability concept especially in hospitals and other health centers. We intend to introduce this concept as a remarkable benchmark to officials for accreditation of health centers. We believe that this benchmark is more comprehensive and different rather than current accreditation benchmarks like clinical governance. A wide range of participants from the country was another strength aspect of this research that helped us to reach detailed and wide data. A big limitation we faced in this research was the weakness of academic related literature.

Conclusion

Health system officials, not only in Iran but also in other countries, need to be aware of the ethical predictability of hospitals, understand its value and drivers, and promote change in ways that appeal to health care professionals if they are to succeed in moving the health care agenda forward.

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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