



University of Medical Sciences

and Health Services of Kerman

Faculty of Management and Informatics

Master's Thesis in Health Services Management

Title

**Evaluation of the National Self-care Program in
Comprehensive Health Service Centers and Health Posts in
Kerman City Based on the Donabedian Model: Year ۱۳۹۸**

By

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Abstract

Introduction and Objectives: In the contemporary era, demographic transitions, evolving disease patterns, and unprecedented financial pressures on healthcare systems have compelled health policymakers to adopt novel and alternative approaches to deliver improved and future-oriented care tailored to population needs. The management of both chronic and acute diseases is increasingly emphasized, with estimates suggesting that 60% to 80% of all healthcare involves self-care. Self-care encompasses four key components: management of a healthy lifestyle, treatment of minor ailments, long-term management of chronic conditions, and post-discharge care. Accordingly, the present study aimed to evaluate the national self-care program implemented in comprehensive health service centers and health posts across the city of Kerman.

Methods: This study employed a sequential mixed-methods approach (qualitative–quantitative). The Donabedian model formed the theoretical foundation of the research. Based on this model, the implementation of the national self-care program was assessed through three main components: structure, process, and outcome. In the first phase, through literature review and extraction of the Donabedian framework, relevant variables were identified and used to develop a semi-structured interview guide for the second phase. In the qualitative phase, semi-structured interviews and focus group discussions were conducted with 14 key informants, including program experts from the Health Deputy of Kerman University of Medical Sciences, personnel from Kerman's urban health center, and self-care service providers from the aforementioned centers. Participants were selected using purposive and snowball sampling. The criteria and elements of the self-care program were formulated based on the Donabedian model, and data were analyzed using framework analysis. In the third (quantitative) phase, data were collected via the standard Ministry of Health checklist to assess the structure (physical space, equipment and facilities, human resources, management and organization), processes (individual self-care activities, health liaisons, and self-help groups), and outcomes (awareness, attitudes, and behaviors of service recipients) using the General Self-Care Questionnaire. Quantitative data were analyzed using descriptive statistics and inferential tests including Spearman's correlation coefficient, Mann-Whitney, and Kruskal-Wallis tests in SPSS. Furthermore, existing challenges in the self-care program were examined and structured based on the Donabedian model.

Findings: The themes associated with the implementation of the self-care program were categorized under three domains of the Donabedian model: structural, processual, and outcome-related factors. Within the structural domain, four categories emerged: equipment and facilities, human resources, financial support, and service delivery and communication structures. The process domain encompassed six categories: service packages and interventions, networking, core interventions and processes, motivation, planning and supervision, and education. The outcome domain included five categories: organizational and functional outcomes, knowledge and awareness, physical dimensions, psychological aspects, and economic dimensions. Major challenges in program implementation included managerial issues, weak intersectoral collaboration, human resource shortages, client-related challenges, and deficiencies in knowledge and technology. Overall, alignment with the desired status was rated at 45.2% for service delivery structure and 39.3% for processes. Only 9.1% of service recipients demonstrated proper behaviors concerning a healthy lifestyle. A significant correlation was observed between awareness and attitude ($P=0.000$) as well as between awareness and performance ($P=0.000$).

Discussion and Conclusion: Based on the findings, to enhance the implementation of the self-care program, it is essential to address the most prevalent barriers and ensure that implementing centers are equipped with adequate resources and facilities.

Keywords: Evaluation, Self-care, Donabedian Model, Healthcare Providers, Framework Analysis