

THE RATIONING PRINCIPLES EVALUATE BY ANGOLAN PHYSICIAN AND NURSES

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Abstract

Purpose: Microallocation decisions are a necessary evil in a context of increasing scarcity of medical resources. This study explores and compares the views of two groups of Angolan health professionals - physicians and nurses, concerning patient's prioritization decisions and the rationing criteria that should support their decisions.

Methodology: A self-administered questionnaire was used to collect data from a sample of 110 healthcare professionals (54 physicians and 56 nurses). Respondents faced two hypothetical rationing scenarios comprising four patients (differentiated by personal and health characteristics). The first scenario represents a context of absolute healthcare resource scarcity and respondents were asked to select only one patient to treat and to explain their choice. The second scenario represents a context of relative healthcare resource scarcity - which allow treating all the patients but not at the same time, and respondents were asked to rank the four patients by order of attendance. A mixed-method approach was performed. A qualitative approach was performed through content analysis to categorize the written justifications and identify the rationing criteria supported by respondents. A quantitative approach was performed through non-parametric tests to explore differences in patient's prioritization decisions between physicians and nurses and logistic regressions were used to: (i) control for respondent socio demographics' characteristics, health status and health-related habits and (ii) explore associations between the rationing criteria mentioned by the respondent and the choices of the patient to treat in first place.

Originality: With this research we contribute for the analysis of the ethical problem of bedside rationing decisions in developing countries, a topic that in these counties need research.

Findings: The results demonstrate that both groups share similar views concerning patients' prioritization. Moreover, physicians and nurses seem to support the same ethical values. In a context of absolute scarcity of medical resources, the efficiency criteria (maximizing health outcomes) was the most supported by both groups of health professionals followed by severity of illness, intergenerational equity and lottery.

Practical implications: Our results suggest that health policies that promote efficiency in the allocation of resources may be well accepted by health professionals those who ultimately are responsible for making healthcare allocation decisions.

Research limitations: The sample is not representative of the study population. However, it allows us to withdraw a trend of responses.

Keywords: Rationing principles; Angolan physician and nurses; Prioritization decisions; Allocation of resources.

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