

Challenge of Private Rehabilitation Centers and Welfare Organization (Behzisti)

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Studying the situation of providing services for people with disability are very important and in current situation which is dominate on system providing rehabilitation services in Iran, private rehabilitation centers can be the best and the most important focus for this study.

This research performed by qualitative method and with phenomenology type, and purposeful sampling did as purposeful and based on similar samples. The samples of this study consisted of 14 managers of private rehabilitation centers who had especial experiences about the theme of research and providing rehabilitation services. The method of executing research was base on deep and open semi-structured interview that use from method focus group discussion which is a type of semi-structure interview for collecting data from samples. Collected data were analyzed by written analyze method and used from suggested Van Manen suggestion method.

Managers of private rehabilitation centers meet different problems and confront with different situations in their centers. General problem which appear as a frame of problems related to private politic, especial problems related to private rehabilitation centers activities, and intra/extra communication. The delivery of services to private sector does not mean depriving the responsibility from Welfare Organization and its rehabilitation deputy. The organization should issue establishment license for private rehabilitation centers and administer it.

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Introduction

Developing countries faced economic crises in 1980 decade. These crises made major hindrances in governments' capacities for investment in state-owned institutes. Regarding this issue, governments in different countries have thought in de-concentration as one of the possible solutions for the problem and it has been involved in governments' programs since long time ago. Several countries and governments are trying to execute this policy. De-concentration means the transmission of power, authority and responsibility of the government to state organizations, semi-independent institutes and cooperative or private units, and it's divided to different kinds. "De-concentration" is the power transmission from central offices to local ones with same executive structure. "Delegation" is the

transmission of authority and responsibility from central offices to semi-independent or autonomous institutes. "Devolution" is the transmission of authority and responsibility from central offices to separated management structures which are still managed by state managers. "Privatization" is the transmission of operative responsibilities and the ownership in some cases to the private providers mostly becomes in a contract style to satisfy the reciprocal expectations (1).

With attention to increase the number of people with disabilities and their families who come to receive rehabilitation services and regarding the most important point in disability especially in first stages, is the rehabilitation and training of rehabilitation person (2). Thus investigating how these services are offering would be very important

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and incurrent situation and with operative condition which effect rehabilitation services offering in Iran, private rehabilitation centers would be the important focus in this study.

It's clear that, in addition to reducing the government expenses help reaching the development targets and suitable distribution in services, access improvement and also the increment of quality and efficiency, are main targets of the De-concentration policy in general and creation of private rehabilitation centers in specific (1). In a research done by Giralde (3) also quality and efficiency factors with their descriptions and all points that evaluated in each factor, have been used for comparing general and private hospitals.

The expectation of increasing the quality and efficiency of services offering by private institutes can be raised from differences in management and organizing patterns between private and state-owned institutes, which studied and affirmed in a research done by Roman, Ducharme, and others (4) on general and subjective treatment programs for drug abuse.

The cogency of implementation for De-concentration and privatization policy and on the other hand increasing disability and accordingly increasing society requirements to receive rehabilitation services, are decisive reason for clarifying the importance of private institutes in rehabilitation guidelines. Then promotion of quality level in these centers will improve the quality of rehabilitation services offering to the target society and finally will lead to reach the target which determined for privatization policy in health care services area such as rehabilitation .The evaluation scales for efficiency and efficacy in rehabilitation and education of people with disabilities, (which are the basic operations for private rehabilitation centers), are quality and condition of rehabilitation services offering in these centers and coincidence of their services and activities with standards .

Then we were able to see the execution of privatization – one of De-concentration methods – in state welfare organization that transferred the responsibility of such services to the private institutes. In fact since 1984 in order to reduce the government's ownership and increasing the partnership of individuals and private organizations in rehabilitation services, daily and 24-hour centers specialized for people with disability, seniors and chronic mental patients have been established in whole country by individuals and corporations that a

part of costs related to the services will be paid by government subsidies. Guerriere, et al (5) also mentioned on partnership of service receivers and the government in paying the costs, in their research on costs and determinant factors in health care with personal finance but great motion of the currently the daily and 24-hour rehabilitation services procedure for children with corporeal and intellectual disabilities, indistinct and blind children and also seniors and chronic mental patients is being done according to the welfare organization rules.

Now over 1000 rehabilitation services offering centers are active in country. Here the manager's "motive" and their "knowledge" about "disability", "rehabilitation" and "special education" for people with disabilities , and their viewpoints about these concepts can highly affect their activities performance (6) .

It's clear that the implementation of private centers establishing policy by welfare organization doesn't relieve its responsibility from welfare organization in rehabilitation and education services offering to people with disabilities, and the organization should succor the private centers and the managers to abate the problems and difficulties with continued training programs and constant supervision on their activities. Thus getting knowledge and information about different insights and viewpoints of managers pertaining to establish private rehabilitation centers can help us to realize the problems and difficulties , and find effective and practical solution to abate the halves and reach the "efficacy and efficiency increasing" target . Then to reach the main target of describing the viewpoints and experiences of private rehabilitation center's managers about establishing and managing these centers and getting more knowledge and deeper insight at this background , we surveyed the viewpoints and experiences of private rehabilitation centers' managers about managing a rehabilitation center Through a research to be able to hand over the results and findings to the responsible and rehabilitation services renderers and then to become more familiar with difficulties and problems of centers' managers and affecting factors on rehabilitation services offering quality , and find easier ways of offering rehabilitation services in their centers (6) .

Catalano, Kendall, Vandenberg, and Hunter (7) faced equal professional managers' experiences to investigate the subject of these persons' realization and knowledge toward people cooperation with each other and work together, in their research like any

other one, in this research, these were the questions to be answered after analyzing the findings. Questions are:

- 1- Which reason and motivational factors make a person emprise a private rehabilitation center?
- 2- What kind of problems, the private rehabilitation centers' managers faced in establishing and managing their centers.
- 3- Does the welfare organization's policy against the category of "Private rehabilitation centers" affect these centers' activities?
- 4- How much the human force and employees arrangement in private centers can be affected by managing styles and how effective can be the methods of management on the center.
- 5- Is it possible for the private center's manager to impart the partnership of disabled person's family and parents in directing the center, rehabilitation and education offering to this target society?

The researcher had to analyze the givens and information by recording and paying accurate attention to participants' statements and then repeating the study of recorded point and deep seated investigating of got contents and communicates these contents to the research topic.

Material and methods

The present research has been done based on a phenomenological method and as a qualitative research. The decision to use qualitative methodology should be investigated accurately because regarding the nature of qualitative research is maybe excitingly severe and highly time taking.

However this type of research gives a collection of rich information which is not reachable through statistical sampling techniques.

Strauss & Corbin (8), claim that it's possible to use qualitative methods in order to realize phenomenon which was not realized well before. Qualitative methods give us a new scope from things which are not known well and offer more accurate information which are difficult to transfer through quantitative research.

In quantitative research the prevailing sampling strategy is random sampling that depends on choosing an accident sample from a larger society. The purpose of random sampling is to generalize the research findings to the whole society in the next stage. On the other hand intended sampling is the most evident strategy in qualitative research. Purposive sampling searches rich samples of information which can be studied in details. (9)

In present research because of the qualitative type, the sampling has been done as intended and based on similar samples. According to the research aim the researcher start to choose intended sampling regarding the type of experiments (the private rehabilitation center managing). In fact, the participants have the same experience of managing the private rehabilitation center. And the similar samples in private rehabilitation center managing experience have been chosen.

The participants were 14 managers from private rehabilitation center with education levels bachelors and master graduated in physiotherapy, psychology, exceptional children psychology, occupational therapy and management and had special knowledge and experiences in rehabilitation services. 4 of them were female and the others were male. With the factor of: having the established authorization for private rehabilitation center, with 3 years old average of the center and taking the management position. Considering these factors for participants in this research would be possible by asking them and referring to their center establishment files .the record of service of the private centers under management of participants in this research were between 4-14 years. There was no necessity for identification of whole participants and the exact number of them from the beginning. Repetition and conformation of last collected data would be the number of participants.

Data collecting started by arranging 2 or 3 group discussion meetings with different members and continued by reach the end stage. After each focus group discussion meeting the meeting have been recorded and classified based on the interview guide and determined targets, and upon this collection the next meeting has been arranged.

Analyzing started by defining the subjects came out of data, a process which sometimes we name it coding (10). During coding process the researcher should identify conceptive headlines, through them the phenomenon have been observed and will be categorized, and name them tentatively. The target is creating multi dimensional descriptive groups from a primary framework, for analyzing word, phrases and events that look similar should become categorized as same group.

The next stage of analyzing includes reconsidering the known groups to identify relations between them, a complicated process, sometimes called axial coding (10). In present research, data analyzing has been done by written analyzing method using Van

Manen suggested style Van Manen (11) offers a primary regular structure for explanatory phenomenological research that is introduced in a model with 6 methodological contents, including these stages:

1. Having a tendency to a phenomenon which seriously makes us interested in our world.
2. Considering the experience as we live it not as we imaging it.
3. Thinking of basic and inherent contents that define the phenomenon's nature and specifications.
4. Description of the phenomenon through writing and rewriting art.
5. Keeping a strong directional training relation to phenomenon.
6. Balancing the research texture by observing and paying attention to details and totalities.

To observe the ethical principles in present research together with providing a testimonial for which given to all participants in several stages and different times to any of the focus group members became a assured that all their sayings will stay confidential and in order to record their words in focus group interview nothing will change.

Results:

Findings that will be explained in this section are part of a vaster study results came out of this research. Interview meeting which were transcribed and totalizing the participants' statements. In present research led to creating 50 subthemes and by classification of this subthemes, 11 themes have been found and in repetitive study and several considering of these themes and finally after totalizing all themes and subthemes it seemed that it's possible to take all statements of these people into account in 2 general grounds and put declared themes into these 2 general grounds and investigate the present research's topic on base of these 2 general grounds including:

1. The condition leads the person through deciding for establishing the center and executing this decision.
2. Condition the person faces, in managing the center.

One of the main and basic themes of this research found around the communication with welfare organization that in declared experiences 9 subthemes came out from this main theme Shown in below table.

Table 1: The subthemes and related themes

Main theme	Subthemes
Necessary relationship with Welfare Organization (Behzisti)	<ol style="list-style-type: none"> 1. CCoopula expert 2. LLaws and bylaws 3. GGradation of centers 4. TThe government subsidize and referrer referring 5. TThe view of organization to the centers 6. Supervision or interference? (What means supervision?) 7. TThe township welfare chief 8. WWorking place geography and type of the centers activities 9. EExpectation from the welfare organization

Thus we content to point to these theme and subthemes:

1. Copula expert

As mentioned before the uttermost relations of a private rehabilitation center is the relation with the welfare organization according to participants' statements the most important link for this relations is the copula expert and they believe that his revenue and specifications can affect the center's activities.

"What their expert say, wouldn't be as a revelation. I also have experts and I'm also an expert and my experts are also skilled".

2. Laws and bylaws

Description of each center's activities is based on elements enacted in laws and bylaws and the

valuation of the centers will be done according to them. There are some points mentioned by participants especially around this topic.

"Each year a new bylaw, each year a new circular, I feel they didn't reach to the common target even by themselves, because from the beginning, two "privatization" and "releasing" topics have been mixed up." "These changes in manuals confuse the person."

3. Gradation of the centers

The result of valuation will appear as a grade given to each center and this grade in fact will determine the amount of finance and benefits the center receives from welfare organization.

"They did a subtle action graded in 1, 2 and 3 but it also doesn't work."

4. The governmental subsidize and referrer referring. Regarding the participants' statements the centers' activities are highly depended on subsidizes.

"There are infirmities but it's not a good reason for reducing the subsidizes, they should not go immediately to the last step." "They repeatedly say you have to stay quiet because you get subsidize."

5. The view of organization (welfare organization) to the centers.

The participants mentioned that, the act of the centers is in fact taking some responsibilities of welfare organization, and then they are like executing arms for the organization.

"They don't care about the service offered and the type of services which the center should offer."

"They say we should not pay attention to strong points and should never mention theme. We should only mention the weaknesses."

6. Supervision or interference? (What means supervision?)

Private rehabilitation centers became established under supervision of welfare organization and this supervision will be continued during their working. In this research some of participants believe that the description which the organization has about the supervision on centers' activities is not a suitable description and sometimes has some common point with interference in centers' management. "In my opinion it's not their business that how much salary I pay to my employee, it's related to job administration."

7. The township welfare chief

We mentioned that there is a relation between welfare organization and the centers that the managers think as the middle ring for these relations is copula expert but one who can highly affect this middle ring is the township welfare chief and his viewpoints thinking and acting.

"Our organization management is inconstant; it's 8 years that I'm working and the welfare chief has changed several times."

"The new welfare chief is so much better for us because he thinks as we think and we are not against each other he completely understands us it's better for administrating the center."

8. Working place geography and type of the center's activities

Some of participant's statements mention to the geographic location and the covered area by the center according to type of disabilities, factors like

economic partnership of families in payment. The costs and fluency or difficulty in absorbing skilled experts will affect the center.

"They should indicate the tuitions locally and describe the services according to the location. For example don't make equal the services offered in Tehran with those in township equal".

9. Expectation from the welfare organization

Some of participants stated some expectations in a frame of offering some services from welfare. Organization to private rehabilitation centers in order to help them in executing the activities and cooperation with them.

"Exceptional children in Vardavard pay only 50000 Rials for dentist but children in our centers can't and any other dentist doesn't accept them because they are afraid of unconsciousness, they are afraid because these children have abnormal movements."

Discussion and conclusion

The beginning point for private rehabilitation center activities is the decision the one makes to establish the center. Being subject of some conditions leads to this thinking and decision. If exiting condition can propel the person to establish a center and he or she can actualize the decision to establish the center, the managing and directing topic comes up (12).

A private rehabilitation center's manager faces different conditions and problems in the way of his (her) management. General problems related to privatization policies and special problems related to private rehabilitation centers activities and their internal and external relations. As mentioned in previous sections, before 1984 the welfare organization was the main responsibility for rehabilitation services offering to disabled people, and after that it transferred gradually to the private sector. But this transferring doesn't mean depriving welfare organization from all responsibilities and this organization was responsible for supervising the private rehabilitation centers' activities, and issuing all establishing justifications. Therefore all private rehabilitation centers' activities should be under supervision of this organization.

Then regarding this procedure, welfare organization takes the greatest volume of external relations of private rehabilitation centers. There for utter most problems which involve the private rehabilitation centers' management are related to these relations with welfare organization.

The connection between welfare organization and the private rehabilitation center in each county is

"copula expert" who is appointed by rehabilitation deputy of province welfare office and is the responsible one for the coordination between private rehabilitation center and welfare organizations which transfers the problems and difficulties to the organization and help them to find ways to solve the problems. On the other hand it informs the centers managers about the laws and bylaws, sanctioned by province welfare office and country welfare organization to help them to take the opportunity to adjust and execute their activities according to, and coordinated with laws and bylaws.

As we mentioned before all private rehabilitation centers' activities are under supervision of welfare organization and part of costs will be paid by government as government subsidy. And it will be different depending on the grade which the center can get through the province valuations (1, 2 or 3 grade), and here the report which prepared by copula expert looks very important.

According to findings of this research practically this relation makes problems for the managers to understand and realize the problems and the copula expert become informed about them during his/her presence at the center, he/she should have enough knowledge and acquaintance about the activities and responsibilities of a private rehabilitation center and about the conditions there.

It's highly depended on the copula expert's experience in this ground, as we investigated most of managers present in focus group interview meetings were interested in this point and mentioned that people who are appointed for this position have temporary presence in this position and there is not enough time to get experience and find information and knowledge related to this ground. Then of this scant knowledge, will bring the utter most prejudice to the center and its manager. Because regarding the determined responsibility for the copula expert and his/her key role in evaluation the results and determining the subsidies. If he/she could not prepare a clear and exact report from the center (either in recording the points or showing disadvantages and deficiencies) it will definitely affect a majority of the center's activities in addition to working experience, training and retraining are factors which can reduce the experimenting time and increase the knowledge of copula expert about the problems in the centers and his/her authorities and about how to play his/her role in assisting the manager to administer his/her private rehabilitation center. Regarding our investigations as either the managers or the copula

experts mentioned there is a missing part in between. To conclude the participants' statements about copula expert we get results like the irrefragable effect of copula expert and his/her visits and reports to the welfare organization – which sometimes affects by personal opinions caused by scant knowledge in related ground – and problems like this which affect the centers' activities.

On of other debatable problems is the gradation and government subsidy which is paid by the welfare organization to the centers. a great part of service offering quality in the centers depend on financial condition and as most of accepted cases in the center become enrolled through subsidies, then a great part of financial problems will be considered through subsidies. Then in this condition its irrefragable the dependence of the centers apostleship to subsidy paid by welfare organization.

Then it would be easy to imagine, which problems the manager will face if he/she doesn't get the subsidies in proper time, or be not able to enroll enough cases through subsidies.

Laws and bylaws and repeatedly changes in them after small changes in managers of welfare organization, and personal styles of managers in province and township level are the other problems which its minimum effect on the center's operation will be confusing the manager in implementing the plans related to determined responsibilities. Regarding the experiences of different managers cooperated with us in this research, we found that in determined criteria and scales for identifying the standards about the centers' activities, there are a lot of margins and offshoots in between which play down the importance of main targets in a center and the importance of target population of center's activities and apostleship of the center or make it equal with the importance of margins.

Referring to the experiences mentioned by the managers in focus group interview meetings we found the effect of some other factors like adopted policies and type of acting of the "township welfare chief" against private rehabilitation centers and his/her acquaintance and belief about rehabilitation and activities and apostleship of private rehabilitation centers.

The township welfare chiefs as the higher levels of managers should administer different departments and deputies like social, prevention engagement and rehabilitation. To manage all these sections' activities beside the frame mentioned by the rules for these sections' activities will definitely affect the

policies he/she adopt from each section and also the operation of personnel in each section – personnel include all staff in rehabilitation department, survey team those who work around private rehabilitation center activities and the copula expert – the higher level of this acquaintance and dominance will improve the acting of each section and it's staff. Regarding the important role of an organization's manager in creating coordination between his/her subordinate units, improving this coordination will help the side long wings of the rehabilitation department – that private rehabilitation centers are of these wings – in their operation and activities and it will be easier for the organization and the centers to reach their determined targets . Then it would be irrefragable the direct and indirect effects of the township welfare chief on the private rehabilitation centers' activities.

The type of the center's activities and type of disabilities the center undertakes and service offering responsibility are the factors which affect the operation and activities of private rehabilitation centers from one viewpoint we may survey this factor from view of ease or difficulty of accommodating families to the policies which the center's manager contemplates to administer his/her center.

For example, about therapeutic feedbacks from disabled people present in the center for instance the results would be more touchable and take less time in corporal – motional centers in comparison with mental centers, receiving these feedbacks from the parents will cause them to accept the conditions and accommodate themselves to the terms according to which the center's manager administrates his/her center – like transportation services costs and undertaking this responsibility by the families – whereas in comparison to mental centers. These payments and partnership will not appear easily and the manager will face problems about them. Another viewpoint we can contemplate for this view is the comparison between vocational training centers and other centers with a view to difficulties in finding referrers and substituting released ones and on the other hand , absorbing the cooperation and partnership of the families in different grounds of the center's activities . And this difficulty might be because of missing of engagement and ways to complete the treatment and training for disabled people who are in vocational training centers for treatment and training and have to leave after the period of time which welfare laws and bylaws

mentioned (5 years) . In fact "abettor workshops" subject – one of the ways to provide treatment and rehabilitation continuance for these people – was that all managers with responsibilities in vocational training centers mentioned on missing of that (as we investigated there are 4 active abettor workshops and one establishing one in the country) .

The geographic region which the center acts, affects the private rehabilitation center's activities with a view of local culture and people's attitude against disability and rehabilitation, and it causes different experiences for managers present in focus group interview meetings In different geographic regions there are different cultures which definitely causes differences in attitude against social , political , economical , therapeutic this also includes rehabilitation and private rehabilitation center topics and this type of attitude will from part of private rehabilitation center working and it's manager's experiences . Because regarding type of private rehabilitation center's activities and human target society for its activities, people in each region will be outside customers. Another effect which is caused by this factor is substituting released referrers, that based on differences in disabled population in different townships and effect of economic and cultural texture in the township the list of waiting referrers has been reported different in different townships. The discussable point is not the differences in compression to the mentioned list, but is the effect of that on administrating and managing the center. A manager who has no problem in substituting released referrers can act easier and stronger in practicing his/her frames and rules for managing the center and can easily bind the families to pay all tuitions and partnership payments.

Whereas the private rehabilitation center's activities should be done under supervision of welfare organization the determined confine for this supervision and contemplating a separation boundary between supervision and interference would be another factor which affects the private rehabilitation center's activities that has been mentioned by the managers present in this research. As they said, the experts who are responsible for this supervision should act in determined frame and through the purpose of helping the private rehabilitation center reach prescribed targets. While some of the managers present in research declared that these experts even enter some managing areas which are completely authorized by the manager himself/herself, in case of their supervision

responsibilities – like determining the economic partnership of the families – or areas out of the private rehabilitation center's activities area – like type of fruit for feeding program – Regarding the likeness between welfare organization and exceptional education organization and considering more exceptional education organization in side services offering to disabled people covered by them there will appear some expects from these services offered in welfare organization (private rehabilitation center manager) and from receivers of these services (disabled people families) that stated as suggestions by participants of this research. From another view, the result comes out of this comparison, to outside customers of these services, will be a basis for the customers to choose the exceptional education organization for these services offering because of more services offered in there and it will cause the case absorption problem in the centers Some of the suggestions were not result of mentioned comparison and just propounded as a suggestion to help service offering in private rehabilitation centers.

Finally and based on what the managers present in the research said, interaction with welfare organization engrosses the uttermost volume of intellectual engagements of a private rehabilitation center's manager. What we can get from these statements is that this interaction and relation will

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cause managers to face several problems and regarding can highly affect the private rehabilitations' activities and managers that because of the extent of this effect it looks necessary to find a good solution for this problem.

It is sensible the missing of negotiation in a calm and safe environment without deflecting the private rehabilitation service managers or welfare organization responsible in province and township areas. Reducing the intellectual engagements and the worries caused by them which engage a private rehabilitation center's manager will definitely provide more comfortable conditions for managing and administrating the private rehabilitation center and regarding a better ground to offer the services to disabled people society (13). As the effect of the worry level for service offered in private institutes on quality of service offering to the target population has studied by Bilotta (10) on a issue of private personal care for disabled seniors and had same results.

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