

Original Article

The status of different dimensions of responsive and justice-oriented education in the area of health and providing solutions to improve the quality of health services

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Abstract

Background: Responsive teaching values students' cultural references in all aspects of learning. This study aimed to investigate the status of different dimensions of responsive and justice-oriented education in the area of health from the perspective of experts at Hormozgan University of Medical Sciences and to provide solutions to improve the quality of health services.

Methods: This is an applied, descriptive survey with a mixed approach to develop educational programs. Using stratified random sampling 335 faculty members of the Educational and Medical Center of Payambar-e Azam were selected. A literature review and survey of experts for Qualitative data review were done. A researcher-made questionnaire consisting of 5 main dimensions and 170 items was prepared. For Qualitative data review, the data obtained from semi-structured interviews with experts. The content validity of the questionnaire was confirmed and Cronbach's alpha of the questionnaire was greater than 0.70, indicating the confirmation of reliability.

Results: The status of responsive and justice-oriented education in the area of medical science education is desirable in most components, but the components of educational equipment and financial resources, acceptance of new ideas, sense of responsibility in the educator, selection of capable people to provide education, planning educational programs, and the ability of education officials to make decisions in difficult times were not in desirable status.

Conclusion: It is necessary to develop educational programs so that students can acquire the necessary knowledge and skills for their future profession and the ways to be paved for their mastery and clinical skills.

Keywords: Diversity; Equity; Inclusion; Education; Health; Health Services.

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Introduction

The need for change in medical education programs according to the needs of society and the new role of physicians in the next century enhanced the

ability of graduates to identify society's health problems and the way of caring for and maintaining public health. However, in recent decades, it has faced serious

criticism from experts, so many specialized associations and organizations have called for serious changes and reforms in medical education (1). The rate of change in the health system and society's needs necessitates a review of medical education in a way that trains physicians who are ready to face the problems of the 21st century (2).

Responsiveness is one of the necessities for the efficiency of universities and is considered a tool that can be effectively used to monitor responsibilities (3). Justice is a human ideal and one of the main goals of the revolution and social movements has been to eliminate discrimination and establish social justice. In this regard, the health sector is one of the most important service sectors and its performance is one of the indicators of development and social welfare (4). Education (including curricula, content, teaching methods, and evaluation) should meet the needs of society and adapt the educational system, the content, and the objectives of its curriculum to the professional duties of graduates (2).

Justice in health care can be defined as moral values that try to reduce systematic differences in countries around the world. Responsiveness to society in educational programs, education in real social conditions, education in the future medical environment (responsiveness to the society in the educational programs), educational goals tailored to the needs of society, an educational curriculum tailored to the needs of society, using appropriate methods and educational technology, exams assessment tailored to the future job responsibilities of students, equality and justice are the cost of effectiveness considered in medical universities (5). The mission of responsive and justice-oriented education is a commitment to the orientation of education, research and service delivery based on the priority needs and expectations of society so that graduates can effectively perform their professional mission as soon as they graduate (6). Therefore, the present study

aimed to investigate the status of different dimensions of responsive and justice-oriented education in the area of health from the perspective of experts at Hormozgan University of Medical Sciences and to provide solutions to improve the quality of health services.

Methods

This was an applied, descriptive survey with a mixed method approach to develop educational programs. The samples included all faculty members of the Educational and Medical Center of the Payambar-e Azam Hospital of Hormozgan (129 participants), and medical students of the hospital (882 participants). The sample size was 384 samples who were selected by stratified random sampling who 335 of them were faculty members and 48 were students.

Qualitative data review method: To review the data obtained from semi-structured interviews with experts, a systematic coding method in six main steps as 1) data review and careful study 2) development of codification guide 3) data organization 4) Data classification 5) Open coding 6) Axial coding) was used. This process starts by examining the verbal statements of the interviewees in the form of objective examples, metaphors, and concepts, and by reading the text of the interview several times, the initial concepts and related categories were obtained. In fact, after reading the text of each interview several times, the parts that could be considered as the first code according to the questions and objectives of the research were identified and selected as the initial concept.

Then, the initial concepts in the upper class that had common characteristics were defined in the form of components of responsive and justice-oriented education, and finally, the components were classified into the main dimensions of a sustainable university. In other words, in the open coding phase, all the concepts that were in the interviewees' speech and views were

identified and broken down into smaller units. After reading several times to find similarities and differences, these small units were compared with each other, and according to the concepts that existed in each of these sub-units; they were classified into more general titles as open source. After reading the text of the interviews several times and reviewing them extensively and establishing a logical connection between the open codes, the number of duplicate codes was removed. In the next step, given the nature of open coding and the detailed study of the relationships between them, categorization was performed in the axial coding stage.

Quantitative section: To collect information, by reviewing the literature and research background and surveys of specialists and experts who have experience and educational background in the area of medical education, a researcher-made questionnaire consisting of 5 main dimensions and 170 items in a five-point Likert (very high=5), high=4), moderate=3), low=2), very low =1) was used. Accordingly, the content validity of the questionnaire was confirmed.

Content validity: Regarding the content validity of the first stage questionnaire (model validation from the experts' point of view), since the dimensions and components obtained in the questionnaire was based on the components obtained from the qualitative stage of the research and fully consistent with the qualitative findings, it can be stated that the tool has the necessary validity. Also, the content validity of this questionnaire was confirmed by the supervisors and advisors.

Construct validity: Construct validity was used to evaluate the validity of the measurement model. There are various methods for determining construct validity, including correlation, variations, group differences, logical analysis, and factor analysis. In this study, confirmatory factor analysis was used to test the construct validity.

In this study, confirmatory factor analysis was used to test the construct validity.

The model fit indices in the second-order confirmatory factor analysis show the model fit. In other words, the dimensions of the responsive and justice-oriented education model are appropriate factors. The findings show that the ratio of X^2/df (1.95) is less than 3.

The RMSEA value is 0.06 and the SRMR value is 0.03 which is less than 0.05, indicating the acceptance value in model fit. Other fit indices such as NFI, CFI, PNFI, and NNFI with values greater than 0.9 and close to 1 are considered desirable indices of model fit. Also, the GFI of 0.96 and AGFI of 0.96 confirm the measurement model of responsive and justice-oriented education.

Results suggest that the characteristics of responsive and justice-oriented education (0.18), components of responsive and justice-oriented education (0.32), dimensions of responsive and justice-oriented education (0.12), factors promoting and inhibiting responsive and justice-oriented education (0.54), the factors affecting the institutionalization of responsive and justice-oriented education (0.62) have a significant factor on responsive and justice-oriented education. The highest factor load is related to the factors promoting and inhibiting responsive and justice-oriented education and had a factor load of 0.54 and explained variance of 0.23 and the lowest factor load was related to the dimensions of responsive and justice-oriented education with a factor load of 0.12 and explained variance of 0.02.

Reliability of the questionnaire

Characteristics of responsive and justice-oriented education:0.89, Components of responsive and justice-oriented education:0.91, Dimensions of responsive and justice-oriented education:0.88, Factors promoting and inhibiting responsive and justice-oriented education:0.86, Factors affecting the

institutionalization of responsive and justice-oriented education:0.85 is showed that the Cronbach's alpha obtained for each of the research indices is greater than 0.70, which is indicates the internal correlation between the variables to measure the concepts. Thus, it can be said that the questionnaire has the necessary reliability.

Data were analyzed using SPSS software. Given that the highest possible mean in each of the components is 5 and the minimum is 1, if the mean obtained from each dimension is higher than 3.66, the status of that dimension or component will be evaluated as desirable. If the obtained mean is between 2.33 and 3.66, it will be relatively desirable and if it is less than 2.33, the status of responsive and justice-oriented education in that dimension or component will be evaluated as undesirable.

Results

Among the 110 participants, 49 (44.5%) were male and 61 (55.5%) were female. Out of 110 participants, 22 (20%) were in the age group under 25 years, 67 people (60.9%) were in the age group of 25 to 35 years, 6 people (5.5%) were in the age group of 35 to 45 years, and 15 people (13.6%) were in the age group of over 45 years. Out of 110 samples, 88 (80%) were in the student group and 22 (22%) were in the professor group.

A) Characteristics of responsive and justice-oriented education

Based on Table 1 and based on evaluating the status of each component of responsive and justice-oriented education from the expert's perspective, the status of responsive and justice-oriented education in the areas of medical sciences education

Table 1. The desirability status and the current status of the dimensions of characteristics of responsive and justice-oriented education

Components	Mean	SD	Desirability level		
			Desirable	Relatively desirable	undesirable
education without considering relationships	3.21	0.654			
education without considering emotions	1.48	0.632			
Commitment-based education	3.05	0.556			
Justice-oriented education	1.52	0.586			
Modern education	3.11	0.728			
Responsiveness tailored to the future job	1.44	0.585			
Proper planning	3.27	0.689			
Paying attention to the interests of learners	1.47	0.554			
Maximum utilization of the capabilities of the society	3.30	0.740			
Public access to education	1.45	0.617			
Provide equal educational facilities	3.08	0.718			
Equal education based on the principle of equality of assessment and fair selection	1.55	0.630			
public education	3.22	0.614			
Education in line with the needs of society	1.39	0.543			
Education as a tool for finding social problems	1.65	0.524			
To the general needs of society	1.25	0.587			
Identify the needs of society	3.02	0.789			
The needs of society based on justice	1.38	0.598			
Creating and increasing the literacy of society through the popularization of science	3.95	0.543			
developing education forces	3.98	0.542			
Identify the factors required for education	3.89	0.532			

Table 2. Desirability status and current status of education content dimension

Components	Mean	SD	Desirability		
			Desirable	Relatively desirable	Undesirable
Pay attention to the amount of learning	1.21	0.654			
A critical look at the type of education	1.48	0.632			
Appropriate educational content	3.05	0.556			
Accurate educational content	1.52	0.586			

Desirable status and current status of principles-oriented education

Components	Mean	SD	Desirability		
			Desirable	Relatively desirable	Undesirable
Control	3.21	0.654			
Monitoring	3.10	0.632			
Coordination	3.05	0.556			
Implementation	2.06	0.586			
Justice and equality	3.06	0.579			

is "relatively desirable" and undesirable in most components and it is desirable only in areas of identification of the factors required for education, educating of educators, the creation and increase of social literacy through the popularization of science.

B) Education content

According to Table 2 and based on evaluating the status of each component of education content from the experts' point of view, in general, the status of responsive and justice-oriented education in the areas of learning and critical look at the type of education, appropriate educational content and accurate educational content is desirable.

C) Principle-oriented education

According to Table 2 and based on the evaluating status of each component of principles-oriented education from the experts' point of view, in general, the status of responsive and justice-oriented education in the areas of medical science education in all components is relatively desirable.

D) Components of responsive and justice-oriented education

According to Table 3 and based on evaluating the status of each of the components of responsive and justice-oriented education from the experts' point of view, in general, the status of responsive and justice-oriented education in the areas of medical education in the components of responsive and principles-oriented education is in a desirable and relatively desirable status and only the components of educational equipment and financial resources, cooperation, acceptance of new ideas, sense of responsibility in the educator, selection of capable people to provide education, planning educational programs, the ability of education officials to make decisions in difficult times are at an undesirable level.

E) Dimensions of responsive education

According to Table 4 and based on the status of each component of responsive and justice-oriented education from the experts' point of view, in general, the status of responsive and justice-oriented education in the areas of medical education in the dimensions of responsive education is relatively desirable and undesirable.

Table 3. Desirable status and current status of responsive education and principle-oriented components

Components	Mean	SD	Desirability		
			Desirable	Relatively desirable	Undesirable
Setting goals	3.78	0.654	■		
Identifying priorities	3.82	0.632	■		
Selecting appropriate strategies	3.05	0.556		■	
Designing appropriate educational strategies by education officials	1.52	0.586			■
Selecting strategies based on respect for graduates' time	3.11	0.728		■	
The ability of education officials to make decisions in difficult times	1.44	0.585			■
Continuous evaluation of the educational quality and elimination of shortcomings	3.27	0.689		■	
Planning educational programs	1.47	0.554			■
Implement educational programs	3.30	0.740		■	
Selecting capable people to provide education	1.45	0.617			■
The relationship between the educator and the learner	3.08	0.718		■	
Feeling responsible in the educator	1.55	0.630			■
Being modern	3.22	0.614		■	
Accepting new views	1.39	0.543			■
Support and cooperation of officials	3.02	0.769		■	
Pragmatism in the learner	3.02	0.718		■	
Justification and education of students	3.69	0.569	■		
Identifying the physical and mental components of society	2.02	0.589			
Experts	3.88	0.563			
experienced people	3.99	0.536			
Informed people	3.98	0.524			
Employing specialized people in health centers	3.86	0.596	■		
Meeting the personal needs of learners	3.01	0.618		■	
Sufficient experience in gathering information and required content	3.98	0.623	■		
Meeting the needs of people	3.01	0.639		■	
Being responsible	3.87	0.678	■		
Being compassionate	2.23	0.639		■	
Being disciplined	2.15	0.789		■	
Responsibility of the relevant officials regarding the provision of education	2.54	0.741		■	
Cooperative	1.02	0.752			■
Work enthusiasm	3.54	0.726		■	
Being justice-oriented	3.26	0.736		■	
Feeling useful in the learner's education	3.26	0.796		■	
Publicization of literacy	3.26	0.536		■	
Educating people to participate in society	3.78	0.523	■		
Increasing health literacy in the society	3.96	0.524	■		
Available to everyone	3.26	0.514		■	
Creating a balance between different sectors of society	2.56	0.504		■	
Facilities available in health service centers	3.26	0.523		■	
Development of educational spaces	3.26	0.569		■	
Development of applied research based on the needs of society	3.26	0.589		■	
Creating a balance between basic and clinical science research	3.56	0.523		■	
Interaction of different levels with each other	3.26	0.632		■	
Funds	2.25	0.612			■
Educational equipment	2.26	0.632			■
Educational content	3.76	0.634	■		
Promoting research related to society's needs and promoting society's health	3.78	0.639	■		
Creating conditions for acquiring the necessary capabilities for students in the university	3.87	0.789	■		

Table 4. Desirability status and current status of responsive education dimensions

Desirability	Mean	SD	Desirability		
			Desirable	Relatively desirable	Undesirable
Political dimensions	3.21	0.654			
Cultural dimensions	1.48	0.632			
Scientific dimensions	3.05	0.556			
Functional dimensions	1.52	0.586			
Physical and mental dimensions	3.11	0.728			
Human dimensions	1.44	0.585			
Identifying interested people	3.27	0.689			
Teaching people up-to-date knowledge of the world	1.47	0.554			
Individual dimensions	3.30	0.740			
Technology	1.45	0.617			
Group dimensions	3.08	0.718			
Social dimensions	1.55	0.630			
Educator dimension	3.22	0.614			
Learner dimension	1.39	0.543			

Table 5. Desirability status and the current status of the promoting and inhibiting factors

Desirability	Mean	SD	Desirability		
			Desirable	Relatively desirable	Undesirable
The right choice of officials	3.21	0.654			
Selection of experienced officials	1.48	0.632			
Poor knowledge of the officials	3.05	0.556			
Lack of criticism of relevant officials	1.52	0.586			
Lack of responsiveness of officials	1.11	0.728			
Careful and smart planning	1.44	0.585			
Updating information	3.27	0.689			
Budget allocation	1.47	0.554			
facilities	1.30	0.740			
Institutionalize responsive learning	1.45	0.617			
Providing welfare and cultural facilities	1.08	0.718			
Get acquainted with the latest technologies	1.55	0.630			
Lack of facilities	3.22	0.614			
Interaction with students	1.39	0.543			
Awareness of students' challenges and problems	1.56	0.632			
Lack of attention to students' opinions	1.23	0.659			
Establishing appropriate incentive mechanisms	2.03	0.752			
Existence of a healthy competitive system	2.08	0.736			
Lack of time on the part of students	2.06	0.712			
Lack of motivation in the faculty	2.06	0.726			
Selection of professional and motivated people	3.06	0.569			
necessary motivation in the student	3.06	0.523			
Motivational factors	3.25	0.512			
Improving the quality of education	3.62	0.536			
Quality improvement in line with standards	3.25	0.563			
Updating education content	3.99	0.596			
Lack of proper education	3.02	0.569			

F) Promoting and inhibiting factors

According to Table 5 and based on evaluating the status of each component of responsive and justice-oriented education from the experts' point of view, in general, the status of responsive and justice-oriented education in the area of medical education in the component of promoting and inhibiting factors is relatively desirable and undesirable, but it is in the desired status in the updating the education content dimension.

G) Factors related to institutionalization

According to Table 6 and based on evaluating the status of each component of responsive and justice-oriented education from the experts' point of view, in general, the status of responsive and justice-oriented education in the area of medical sciences education in the component of institutionalization is at an undesirable level and the components of finding interested

people and selecting the right people who are in desirable status.

Discussion

According to the results of the present study, selecting specialized, experienced, knowledgeable people for education, fair distribution of specialized personnel in the area of education, holding briefings for students, identifying physical, mental, and psychological components of students, observing professional ethics in education, institutionalizing structural factors and educational factors in the medical education system promote responsive and justice-oriented education.

Based on the results of the present research, the state of responsive and justice-oriented education in the field of medical science education is relatively favorable and unfavorable in most of the components, and only in the field of identifying the factors required for education, training the teaching

Table 6. Current status and desirability status of factors related to institutionalization

Desirability	Mean	SD	Desirability		
			Desirable	Relatively desirable	Undesirable
Creating a sense of responsibility in the educator and the learner	3.21	0.654			
Practical education at the family level and in a practical way pursuing educational issues at all levels	1.48	0.632			
Correct education	3.05	0.556			
Educating interested people	1.52	0.586			
repeating education daily	3.11	0.728			
Reviewing educational feedback	1.44	0.585			
Appropriate educational content	3.27	0.689			
Careful planning	1.47	0.554			
Existence of necessary facilities and technology	3.30	0.740			
Proper application of techniques	1.45	0.617			
Applying appropriate solutions	3.08	0.718			
Selection of experts	1.55	0.630			
Corporate culture	3.22	0.614			
Needs assessment in the society	1.39	0.543			
Finding interested people	1.34	0.639			
selecting the right time	3.96	0.725			
selecting the right place	3.25	0.623			
Selecting the right people	3.29	0.693			
Advertising	3.88	0.678			
Costs for executive programs	3.25	0.612			
	1.52	0.632			

staff, creating and increasing the literacy of the society through popularizing science. The conducted research shows that the selection of experts, experienced. Knowledgeable people for education, the fair distribution of expert staff in the field of education, holding briefing sessions for students, identifying the physical and mental components of students, observing professional ethics in education, Structural institutional factors, and educational factors in the medical education system promote responsive and justice-oriented education. In Pour Abbasi's study, providing the human resources needed by the health system to respond to the health needs of society is the primary mission of the field of medical science education. And it is necessary to monitor and evaluate transformation and innovation packages in medical science education in the planning and evaluation phase of the packages, simultaneously with their implementation (7). Vejdani et al., the study showed that hospitals have the necessary potential to improve the various aspects of staff training, improve the awareness and attitude of patients and medical staff, better allocation of resources, and reengineering some processes can play a role in improving responsiveness and paying attention to non-medical aspects of service delivery (8).

In our study, the evaluation of the status of each component of the responsive and justice-oriented education content in the area of attention to the amount of learning and a critical look at the type of undesirable education in the area of appropriate educational content and specific educational content, and the total status of responsive and justice-oriented education In the field of medical science education, it is in a relatively good condition in all its components. In other words, one of the smart policies specified in the comprehensive scientific and technological map of the country is the constant monitoring of the environmental capacities and social requirements and the adjustment of the capacity of universities in different

scientific levels and fields according to their scientific rank and current and future needs based on principles and considerations. The preparation of the land has been announced. In a research conducted by Jalalvandi et al., under the title of evaluating the state of educational justice from the perspective of Kermanshah Paramedical Faculty students, they stated Demographic characteristics of students are one of the influencing factors on the form of educational justice in Kermanshah paramedical faculty. Therefore, the university and especially the professors should consider the necessity of creating equal opportunities in education so that all students have access to the same facilities in a single environment (9).

As the results of the research showed, identifying the dimensions of responsive education, the components of responsive education, promoting and inhibiting factors in this field, and taking action to solve and correct the existing problems in this field will improve the achievement of educational goals, train skilled people, and improve the quality of services. It will be medical and health care at the level of the country. Responsive and justice-oriented education in the field of medical science education in the components of responsive and principles-oriented education is in a favorable and relatively favorable situation, and only two components are educational equipment and financial resources, cooperation, acceptance of new opinions, sense of responsibility in the teacher, selection of people capable of providing training, planning training programs, the ability of education officials to make decisions in difficult times is at an unfavorable level. William & Tierney, in a study titled "The Responsive University: Restructuring for High Performance", showed how colleges and universities can effectively respond to changing social, demographic, and political forces. that colleges should become channels of society for social change and improvement (10). The conclusion of Dehghani et al., the study

showed that the position of responsive medical education (weakness-threat) is not considered a suitable situation for this type of education, and to improve the quality of responsive medical education at Kerman University of Medical Sciences, an appropriate mechanism should be taken. Also, it seems necessary to use the potential of faculty members regarding innovative activities in medical education, especially responsive medical education (11).

In the current study, responsive and justice-oriented education in the field of medical science education is at a relatively level and unfavorable level in the dimensions of responsive education. The state of responsive and justice-oriented education in the field of medical science education in the component of promoting and inhibiting factors is at a relatively favorable level and an unfavorable level, except for updating the content of education, which is at a favorable level. Our research has stated that the state of responsive and justice-oriented education in the field of medical science education in the component of institutionalization is at an unfavorable level. Apart from the component of finding interested people and choosing the right people who are in a favorable situation.

Publicity and availability of education for all, distribution of equal educational facilities and equipment throughout the country, production of appropriate educational content and review of the previous content, proper planning in the area of education, strengthening ethical values in education, development, and strengthening of educational infrastructure, the institutionalization of the right principles in medical education will help fair, responsive, and justice-oriented and high-quality medical education, and ultimately, it will promote education in the area of medical sciences and enhance and improve the health of society. In a research entitled "Accountability mechanisms in public multi-campus systems of higher education", Rothchild, uses a mixed quantitative and qualitative research

methodology to explain and evaluate the mechanisms of responsiveness in the exchange environment between state higher education leaders and institutional leaders. The results revealed four important mechanisms considered by the leaders of institutions in both low-performance and high-performance states. They included strategic planning, state budget, institutional accreditation, and system policies (12).

In a study, Gupta, concluded that teachers in three types of schools, despite the differences faced in formal responsiveness systems, and their social and economic area had similar views on the sense of responsibility. The quality of schools and education is one of the most important issues that have always been of great importance and responsiveness is one of the best ways to ensure its quality (13). Relationships in education are changing and teaching in the research of previously held institutions is now considered secondary and teacher education is a primary goal (14). In a general statement, it can be stated that the results of the present research are in agreement with the research of Plastaras et al. (15), Lavender et al. (16), Kazemi et al. (17), Rajabzadeh et al. (18) and in line with the research of Shoja et al. (19), and Pourabbas et al. (20).

Recommendations

Consistent with the results of this study, it is recommended to prepare and develop objective indicators for evaluating the quality of clinical education and periodic evaluation using these indicators and education needs assessment based on the burden of diseases, native diseases of each region, the prevalence of diseases, and several general practitioners and specialists and treatment staff in each area. Also, the development of educational spaces homogeneously throughout the country and the development of human resources in charge of education in the whole country and reviewing of educational content taught and rewriting of contents are recommended

in this regard. Also, the development of hospital spaces for education and reducing student congestion in the room and re-engineering of educational processes of physicians, careful and smart planning based on needs, and facilities are recommended. Also, courses should be prepared with clear goals. The duties of students should be clarified and qualified and interested teachers who have updated knowledge and communication skills with staff and students should be used.

Conclusion

The results of this study conducted to investigate the status of different dimensions of responsive and justice-oriented education in the area of health from the experts' point of view of Hormozgan University of Medical Sciences showed that theoretical education, development of capabilities, and skills should be emphasized. Educational planners should strive to make the best use of available resources so that students can acquire the knowledge and skills necessary for their future jobs. The educational programs of these disciplines should be designed in such a way that in addition to the growth and development of students, they provide a basis for their acquisition of clinical mastery and skills. To create and implement responsive and justice-oriented education in the area of medical education in the country needs assessment should be done, the contents of education should be modified based on needs, and the educational program should be implemented with careful and purposeful planning and all people should have fair access to education. Principle-oriented education, including proper implementation, proper monitoring, and control, justice, and equality in the implementation of education for all at the level of medical education is necessary for the country.

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Authors' contribution

Haniyeh Hafezi and Kolsum Nami developed the study concept and design. Mohammad Sahebalzamani acquired the data. Mehdi Bagheri and Haniyeh Hafezi analyzed and interpreted the data, and wrote the first draft of the manuscript. All authors contributed to the intellectual content, and manuscript editing and read and approved the final manuscript.

Informed consent

Questionnaires were filled with the participant's satisfaction and written consent was obtained from the participants in this study.

Conflict of interest

The authors declare that they have no conflict of interest.

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