ORIGINAL ARTICLE
pISSN 0976 3325 | eISSN 2229 6816
Open Access Article
www.njcmindia.org

PERCEPTION OF CATARACT PATIENTS REGARDING HEALTH CARE SERVICES AT TERTIARY CARE HOSPITAL

Kunjan J Patel[1], Priti R Kapadia[2], Vipul P Chaudhari[3], Nikunj V Patel[4], Shivani D Patel[5], Akshita R Jindal[6]

Financial Support: None declared
Conflict of interest: None declared

How to cite this article:
Patel KJ, Kapadia PR, Chaudhari VP, Patel NV, Patel SD, Jindal AR. Perception of Cataract Patients Regarding Health Care Services at Tertiary Care Hospital. Ntl J of Community Med 2015; 6(4):605-608.

Author's Affiliation:
[1]Asso. Prof.; [2]Prof. and Head, Dept. of Ophthalmology; [3]Asst. Prof., Dept. of Community Medicine; [4]Fourth year Resident; [5]Asst. Prof.; [6]Third year resident, Dept. of Ophthalmology, Govt. Medical College, Surat

Correspondence:
Dr. Kunjan J. Patel
E-mail: drkunjanp@yahoo.com

Date of Submission: 25-05-15
Date of Acceptance: 21-10-15
Date of Publication: 31-12-15

ABSTRACT

Introduction: Cataract is the major cause of treatable blindness in India (62.6 %). The state of Gujarat is performing more than 100% of the target given by NPCB. Ophthalmic services in private setup are very costly. Government tertiary eye care centres are now well equipped. So assessing perception of patients is very important issues and that will help to improve the services. Objective of the study was to assess the perceptions of cataract patients about the health services.

Method: This cross sectional study was carried out between August 2012 and October 2012 with purposive sampling of 300 cases.

Results: 52.3% patients came here due to good quality service. Improved visual acuity is not necessarily the most important factor for patient satisfaction after cataract surgery as many patients are influenced by the care that is provided by medical (77.7%) and paramedical staff (57.6%). The out-patient department significantly affected the level of patient satisfaction. 80%were satisfied with overall eye care services provide at hospital and 88.3% cases would recommend others to take eye care services at this centre.

Conclusions: Highly competent and professional healthcare personnel are required for providing highest quality and satisfaction to the patients.

Key words: cataract, perception, services, satisfaction.

INTRODUCTION

Cataract is the major cause for treatable blindness in India (62.6 %). [1] The state of Gujarat is performing more than 100% of the target given by NPCB.[2] In private sector, the cost of cataract surgery is ranging from Rs 5000 to Rs 1 lakh. In spite of free facilities available at government hospitals many non- affording patients still prefer NGO, trust hospital or private hospital, reasons for which are yet to be discovered.

Because of typical mindset of government employees for giving free services, illiteracy of patient population and unawareness of government funding programmes, feedback from patients has not been given priority. Government progress can be labelled effective on account of satisfactory services provided at grass root levels and not on how much grants are released.

Patient satisfaction is a valuable performance indicator for measuring the quality of care delivered by

cataract surgeons.[3-10] This perception can include domains such as gathering needed information, approachability and humanity of staff, accessibility to clinical and paraclinical services in the hospital at all level, etc.[11, 12] Intraoperative comforts with anaesthesia, surgery, good postoperative care with pleasant hospital stay and hygienic food are various factors related to patient satisfaction. [13]

Clinical impressions of patient satisfaction may differ from actual patient satisfaction, e.g. an unsatisfied patient may not harmonize with a successful medical outcome. A patient is very satisfied about the medical outcome but extremely dissatisfied about the doctor's counselling. On the other hand this contradiction may reflect the difference between the patient's and the doctor's perspective, who are supposed to have their own standards and perceptions of quality of care.

Present study is an attempt to identify loopholes in the existing system and take necessary steps to modify them. This will enable more and more people to utilize free of cost services available at government hospitals. Government services should be availed to mass without differences of class. The feedback we gathered from patients at government hospital will not only help us to know the barriers for patients in approaching a government set-up for treatment but will also help us to improve and strengthen quality service.

METHOD

It was a Cross sectional study. Purposive sampling technique was used with a sample size of 300 patients who underwent cataract surgery at Ophthalmology department in a tertiary level government hospital from August 2012 to October 2012. Outdoor patients who came for their post cataract surgery refraction were enrolled in the study.

Patients who gave consent for participation in the study, having undergone cataract surgery in the same hospital were included in the study. Patients excluded from the study were those with age less than 18 years, with traumatic and complicated cataracts and those having poor visual prognosis due to ophthalmic or systemic co-morbidities.

Pre-tested and pre-validated questionnaire was given to all patients containing 20 questions with either multiple choices or Likert scale[14, 15], in the language which they understood and were either self-filled or with the help of relatives and doctors. Two focus group discussions containing 20 random patients each were also conducted. Data entry was done into Excel sheet and data analysis was done by Epi_info version 6.04 software. [16]

RESULTS

Four fifth (80%) patients got their case paper registration done within 30 minutes, 63% could reach eye OPD in less than 30 minutes and 56% patients met consultants within 60 minutes. On advice of admission 81.7% patients got admission in eye ward within 60 minutes [Table 1].

More than two fifth (80.4%) patients had their eye check up within 2 hours. These included complete eye check after dilatation of pupil.

Table: 1 Distribution of patients according to time spent for reaching at different health services.

Time Spent for Various Services n=300	< 30 Minutes	30 to 60 minutes	>60 Minutes
Registration	239 (80%)	50 (17%)	11 (3%)
Reaching to Eye OPD	189 (63%)	96 (32%)	15 (5%)
Reaching the Doctor	23 (7%)	149 (49%)	128 (42%)
Admission in Eye ward	75 (25.0%)	170 (56.7%)	55 (18.3%)

Table: 2 Distribution of patients according to time spent at different health services.

Time Spent for Various Services n=300	< 1 Hour	1-2 Hour	>2Hour
Complete eye check up at OPD	71 (23.7%)	170 (56.7%)	59 (19.7%)
Ophthalmic Pre-Operative procedure	47 (15.7%)	170 (56.7%)	83 (27.7%)

Table: 3 Distribution of patients according to their perceptions.

Perceptions of Patients n=300	Not Satisfied n= 142 (%)		Satisfied n=158 (%)		
	Worst	Bad	Good	Very good	Excellent
Behaviour of Paramedical Staff	29 (9.7)	98 (32.7)	154 (51.3)	16 (5.3)	3 (1.0)
Consultation with Ophthalmologist	13 (4.3)	54 (18.0)	155 (51.7)	50 (16.7)	28 (9.3)
Staying Experience in	27 (9.0)	115 (38.3)	121 (40.3)	34 (11.3)	3 (1.0)

Table: 4 Distribution of patients according to their experiences.

Experience of Patients n=300	Not Satisfied n=60 (%)		Satisfied n=240 (%)		
	Worst	Bad	Good	Very good	Excellent
Post Operative Care Experience	17 (5.7)	44 (14.7)	174 (58.0)	47 (15.7)	18 (6.0)
Experience of Post-Operative Results	16 (5.3)	46 (15.3)	165 (55.0)	51 (17.0)	22 (7.3)
Overall Experience of	16 (5.3)	44 (14.7)	191 (63.7)	32 (10.7)	17 (5.7)

Patients went through pre operative procedures like anterior segment examination, keratometry, A-scan and detailed fundus examination in ophthalmology ward. Two third (72.4%) patients had to spend less than 2 hours for this procedure, rest taking more than 2 hours. [Table 2]

57.6 % patients were satisfied by the services provided by the paramedical staff, 77.7 % cases were satisfied with the consultation given by ophthalmologists. They appreciated a patient friendly sympathetic and professional hospital staff. Ward stay was satisfactory for half and half of the patients did not like it for reasons like crowding, food quality of a government hospital, etc. [Table 3]

79.3% patients were satisfied with their post-operative visual outcome. Few patients gave bad response as their post operative visual acuity did not reach their expectation.

Focused group discussion revealed that four fifth (80%) patients rated overall eye care services as good. Three fourth patients preferred taking treatment at our hospital because of someone else's reference and good quality services.

"My cataract surgery was done nicely over there and you should go there too", "it is like getting operated in a private hospital" were the comments received from few patients. One fourth patients visited us because of free services provided at our hospital, some saying "we came here because we heard that lens is provided free of cost here".

DISCUSSION

Hospital where the study was conducted caters about 200 patients per day in its out-patient department and about 10 major ophthalmic surgeries are done per day. It is imperative to take patient perception about approachability, accessibility to services and humanity of medical and paramedical staff which in turn reflects the quality of services available in the hospital. Delay may be because of the reason that we are running general ophthalmic OPD with workload of physical fitness certification, blindness certification and non-cataract patients also.

Our study shows that improved visual acuity is not necessarily the most important factor for patient satisfaction after cataract surgery as many patients are influenced by the ancillary services provided by medical and paramedical staff.

Majority of cases were happy with consultant services and paramedical staff [Table 3]. This data correctly indicate that patient satisfaction is proportionate to the number of times the patient comes in contact with consultants and the way they are explained and care provided by them, as also shown by Elder and Suter.[17]

Most patients were satisfied with their care and results after cataract surgery. This outcome is achieved consistently through careful attention, proper patient selection process, accurate measurement of axial length and corneal power, appropriate selection of an IOL power calculation formula, etc.

Almost four fifth patients came to know about their diagnosis after consulting the ophthalmologists. Talking to the patients improves their satisfaction and they are least concerned about the technique of surgery after proper counselling and just saying that "everything is going to be alright".

The fact that no extra operation charge will be levied on them was also found to have an impact on the level of satisfaction and the patients showed the attitude of accepting a lower visual acuity than expected when they realized that they have been treated for free. This is in sharp contrast to the scenario in the private clinics where the patient shows high dissatisfaction if the visual acuity is not up to the expected level and he is charged heavily for the treatment.

"We had to run a lot for getting admission", "from one window to another, it is very difficult for us illiterate people to understand", "everything should be at one single place so that we don't have to run with our old patients who are unable to see", were the comments we received while conducting focused group discussion. Many participants suggested streamlining of registration and admission procedure for providing ease and comfort to old patients. Many patients recommended providing in house separate windows for registration, admission, pre-operative systemic and ophthalmic evaluation to avoid confusion, chaos and reduce waiting time of the patients. Around 90% patients will be recommending others to utilize services provided at a government hospital like ours.

Patient education and counselling regarding their realistic expectation before surgery should be emphasized for improving their satisfaction. Mass media should be involved to educate the general population regarding availability and utilization of services at a government hospital. Continuous availability of grants at grass root levels is necessary for continuing provision of better services to all the patients.

CONCLUSION

Patients coming for cataract surgery at a tertiary care government hospital have developed better perception regarding quality care. Patient satisfaction is an important health outcome and is not necessarily the same as his perception about health care provision. Person centered care by highly competent and professional healthcare personnel is required for providing highest quality and satisfaction to the patients.

REFERENCES

1. National programme for control of Blindness homepage. Available at: http://npcb.nic.in/index.asp. Accessed 2nd December , 2012.
2. NPCB Statistics: Physical performance during 11th plan. Available at: http://npcb.nic.in/index1.asp?linkid=93&langid=1. Accessed 2nd December , 2012.
3. Dawn AG, Lee PP. Patient's expectations for medical and surgical care: A review of the literature and applications to ophthalmology. Surv Ophthalmol. 2004;49:513–24.
4. Mahapatra P, Srilatha S, Sridhar P. Patient Satisfaction survey in Public Hospitals. J Hosp Adm. 2001;13:7–12.
5. Owsley C, McGwin G, Scilley K, Girkin CA, Phillips JM, Searcey K. Perceived barriers to care and attitudes about vision and eye care: Focus groups with older African Americans and eye care providers. Invest Ophthalmol Vis Sci. 2006;47:2797–802.
6. Muralikrishnan R, Sivakumar AK. Patients' perspective: An important factor in assessing patient satisfaction. Community Eye Health. 2002;15:5–7.]
7. Kovai V, Rao GN, Holden B, Sannapaneni K, Bhattacharya SK, Khanna R. Comparison of patient satisfaction with services of vision centers in rural areas of Andhra Pradesh, India. Indian J Ophthalmol. 2010;58:407–13.
8. Sudhan A, Khandekar R, Deveragonda S, Devi S, Jain BK, Sachan R, and Singh V. Patient satisfaction regarding eye care services at tertiary hospital of central India. Oman J Ophthalmol. 2011 May-Aug; 4(2): 73–76.
9. Gurung K, Baniya B, Rai N, Pokharel NR, Shrestha MK, Poudyal G, et al. Patient's perception towards the eye health care system in a tertiary eye care centre in Nepal. Nepal Med Coll J. 2006;8:115–7.
10. Addisu Z, Solomon B. Patients' preoperative expectation and outcome of cataract surgery at Jimma university specialized hospital -department of ophthalmology. Ethiop J Health Sci. Vol.21, No.1 March 2011.
11. Wasfi EL, Pai P and Abd-Elsayed AA. Patient satisfaction with cataract surgery. International Archives of Medicine 2008, 1:22
12. Faris S. Alghamdi. The impact of service quality perception on patient satisfaction in Government Hospitals in Southern Saudi Arabia, Saudi Med J 2014; Vol. 35 (10)
13. Nijkamp MD, Nuijts RM, Borne B, Webers CA, van der Horst F, Hendrikse F.Determinants of patient satisfaction after cataract surgery in 3 settings. Cataract Refract Surg. 2000 Sep: 26 (9): 1379-88
14. Likert R. A Technique for the Measurement of Attitudes, Archives of Psychology 140: 1–55.
15. CDC Coffee Break: Using Likert Scales in Evaluation Survey Work. Available at www.cdc.gov/dhdsp/pubs/docs/CB_February_14_2012.pdf. Accessed 6th June, 2012.
16. CDC - Epi Info. Available at http://www.cdc.gov/epiinfo/. Accessed 5th August, 2012.
17. Elder MJ, Suter A. What patients want to know before they have cataract surgery. Br J Ophthalmol. Mar 2004; 88(3): 331–2.