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

Kunjan J Patel¹, Priti R Kapadia², Vipul P Chaudhari³, Nikunj V Patel⁴, Shivani D Patel⁵, Akshita R Jindal⁶

ABSTRACT

Introduction: Cataract is the major cause for 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.
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.\textsuperscript{11, 12} Intraoperative comforts with anaesthesia, surgery, good postoperative care with pleasant hospital stay and hygienic food are various factors related to patient satisfaction.\textsuperscript{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\textsuperscript{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.\textsuperscript{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>
<thead>
<tr>
<th>Time Spent for Various Services n=300</th>
<th>&lt; 30 Minutes</th>
<th>30 to 60 minutes</th>
<th>&gt;60 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>239 (80%)</td>
<td>50 (17%)</td>
<td>11 (3%)</td>
</tr>
<tr>
<td>Reaching to Eye OPD</td>
<td>189 (63%)</td>
<td>96 (32%)</td>
<td>15 (5%)</td>
</tr>
<tr>
<td>Reaching the Doctor</td>
<td>23 (7%)</td>
<td>149 (49%)</td>
<td>128 (42%)</td>
</tr>
<tr>
<td>Admission in Eye ward</td>
<td>75 (25.0%)</td>
<td>170 (56.7%)</td>
<td>55 (18.3%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Spent for Various Services n=300</th>
<th>&lt; 1 Hour</th>
<th>1-2 Hour</th>
<th>&gt;2 Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete eye check up at OPD</td>
<td>71 (23.7%)</td>
<td>170 (56.7%)</td>
<td>59 (19.7%)</td>
</tr>
<tr>
<td>Ophthalmic Pre-Operative procedure</td>
<td>47 (15.7%)</td>
<td>170 (56.7%)</td>
<td>83 (27.7%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perceptions of Patients n=300</th>
<th>Not Satisfied n=142 (%)</th>
<th>Satisfied n=158 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour of Paramedical Staff</td>
<td>29 (9.7) 98 (32.7)</td>
<td>154 (51.3) 16 (5.3) 3 (1.0)</td>
</tr>
<tr>
<td>Consultation with Ophthalmologist</td>
<td>13 (4.3) 54 (18.0)</td>
<td>155 (51.7) 50 (16.7) 28 (9.3)</td>
</tr>
<tr>
<td>Staying Experience in</td>
<td>27 (9.0) 115 (38.3)</td>
<td>121 (40.3) 34 (11.3) 3 (1.0)</td>
</tr>
</tbody>
</table>
Table: 4 Distribution of patients according to their experiences.

<table>
<thead>
<tr>
<th>Experience of Patients n=300</th>
<th>Not Satisfied n=60 (%)</th>
<th>Satisfied n=240 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Worst</td>
<td>Bad</td>
</tr>
<tr>
<td>Post Operative Care Experience</td>
<td>17 (5.7)</td>
<td>44 (14.7)</td>
</tr>
<tr>
<td>Experience of Post-Operative Results</td>
<td>16 (5.3)</td>
<td>46 (15.3)</td>
</tr>
<tr>
<td>Overall Experience</td>
<td>16 (5.3)</td>
<td>44 (14.7)</td>
</tr>
</tbody>
</table>

Patients went through preoperative 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 postoperative visual outcome. Few patients gave bad response as their postoperative 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**