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PATIENTS' EXPERIENCE ON PROVISION OF HEALTH CARE SERVICES IN CMC HOSPITAL LARKANA, SINDH

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ABSTRACT

Objective: To determine the patients' experience regarding provision of health care services among admitted patients of Chandka Medical Hospital Larkana. **Methodology:** A Cross sectional study was conducted in Chandka Medical College Hospital Larkana in duration from August 2017 to December 2017 among the population of admitted patients of Chandka Medical College Hospital Larkana, A non-probability consecutive sampling technique was applied with sample size of 80. A Close ended Questionnaire was used to measure outcome variable. Data was analyzed on SPSS IBM 21.0 version **Results:** Respondent rate was 100% and data was tabulated as: Out of 80 samples, 60(75%) responded positively that they were given privacy while discussing their treatment while as only 20(25%) responded No that they were not provided privacy. Overall quality of health care have been received by the patients were 7.5%, while 22.5% responded some good and 70% have received well **Conclusion:** Experience of the admitted patients is quite remarkable regarding provision of the health care in Chandka Medical College hospital Larkana. Confidence, trust, behavior, care, treatment, counseling, privacy and qualify of food were found satisfied.

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INTRODUCTION

Provision of health related care services are fulfilling the motives of health care systems. Health care services are dynamic in nature throughout the globe. Outcome of provision of health care services are directly proportional to the quality of life (Khattak, 2012).3,4 Factos affecting Quality of health care can be leadership, education, trainings, proper learning and effective management.² Quality of care can be enhanced through management quality, availabilty of resources and coordination and cooperation etc. Management skills must be effective in nature (Mosa, 2014). Patients' care is affecting patients' satisfaction. In an organized way the effective management can lead the institute towards good delivery system of the provision of health and their services (Naidu,

2009). Organizational skills can be refines and improved (Kamra, 2015). Reputation of health staff can be evaluated through the patients; satisfaction and perception (Suki, 2011).1 Satisfaction of the patient is a concept of multy factorial process either positive or negative (Ahmed, 2011). Patients' satisfaction is the most important issue for the monitoring and evaluation of health care services (Ahmed, 2011). Stake holders are the fundamental players through which one can measure the quality of product or services. Nowadays, human services framework in Pakistan is basically constituted of tertiary care doctor's facilities, health care facilities, essential care units involved well being focuses, fundamental well being units, much focuses and dispensaries, which are numerically lacking to meet the social insurance necessities of more than 200 million individuals. 5,6,7

In Pakistan, lion's shares of people in general healing centers are situated in the urban regions. Of them the quality care doctor's facilities are skewed to huge urban communities, both in broad daylight and private part. Individuals living in the provincial regions can't profit quality care from these clinics and they are constrained to benefit offices from the rustic territory offices like country well being focuses, fundamental social insurance units and dispensaries.89 Because of absence of fitting assets including framework, solutions, specialists, medical caretakers, qualified supporting staff, labs and apparatus, these offices in rustic territories can't give even the fundamental medicinal services offices to patients. Under these reasonable conditions, numerous the patients need to surge in the wake of setting out long separations to pick up expectation, help and the modest human services offices from general society clinics arranged at urban areas. This likewise brings about finished loading of general society doctor's facilities in huge urban communities. In Pakistan, the aggregate consumptions on the medicinal services are still most reduced as contrast with similar pay level nations in the local (SM, 2012) 10,11,12

Aim of the study.

To improve the provision of health care services of admitted patients of ward.

Objectives of the study:

To determine the patients' experience regarding provision of health care services among admitted patients of Chandka Medical Hospital Larkana, Sindh

METHOD AND DESIGN

A Cross sectional descriptive study was conducted at the site of Chandka Medical College Hospital Larkana, during 05 months from August to December 2017. Study population was admitted patients of Chandka Medical College Hospital Larkana in which A non-probability

consecutive sampling technique was applied. Sample size calculated, according to the formula of prevalence rate with adding 10% inflation to it, therefore total sample size was 80 Sample recruitment were as admitted patients in Surgical and medical wards with at least 2 days before and no longer than 2 weeks were included while as Patient's attendants, those patients who were unable to response were excluded in the study. A Close ended Questionnaire was used to measure outcome variable and data was analyzed on SPSS IBM 21.0 version.

RESULTS

Data was collected from 80 patients according to the sample size. Respondent rate was 100% and data was tabulated as under

Table 1. Demographic	
Variable	Mean
Age	38.92
Income Monthly	15200 PKR

N=80

The mean age of the admitted patients was 38.92 while as mean of income was found 15200 Pak Rupee Currency.

Table 2. Age		
Age	Frequency	Percentage
16-30	32	40.0
31-45	26	32.5
46-60	10	12.5
61 and above	12	15

N=80

Age were analyzed among them 32(40%) were found in between age of 16-30 years and 26(32.5%) were 31-45 years old, 10(12.5%) were 46-60 and 12(15%) were 61 and above years of old

Table 3. Education		
Education	Frequency	Percentage
Uneducated	48	60.0
Matric	10	12.5
Inter	16	20.0
Graduate	4	5.0
Master	2	2.5

N = 80

Educational qualification were analyzed among them 48(60%) were illiterate, 10(12.5%) were having matriculation and only 2(2.5%) were having degree of masters.

Table 4. Monthly Income		
Monthly income (PKR)	Frequency	Percentage
0-10000	38	47.5
10001-20000	14	17.5
20001-30000	16	20.0
30001-40000	12	15.0

N=80

Data of monthly income were analyzed among them 38(47.5%) were having income less than 10000 PKR, 14(17.5%) were having 10000 to 20000 PKR and 12(15.0%) were having 30000to 40000income

Table 5. Privacy Provided		
	Frequency	Percentage
Yes	60	75.0
No	20	25.0

N = 80

Out of 80 samples, 60(75%) responded positively that they were given privacy while discussing their treatment while as only 20(25%) responded No that they were not provided privacy

Table 6. Discussing Medical Issues		
	Frequency	Percentage
Yes	6	7.5
Some time	42	52.5
Often some time no	32	40.0

No = 80

42(52.5%) responded that the doctor talked in front of them regarding their disease while 6(7.5%) responded negatively and 32(40%) responded often sometime not talked in front of them.

Table 7. Patient needs doctor		
	Frequency	Percentage
Yes	4	5.0
Yes some time	60	75.0
No	16	20.0

N = 80

The opportunity to patients has to talk with doctor among then (5.0 %) are yes (75.0%) yes some time and (20%) have no to do

Table 8. Decisions made about care		
	Frequency	Percentage
Yes	32	40.0
Some time	44	55.0
No	4	5.0

N=80

The want to be involved in decisions made that the (40%) are yes (55%) are some time and (5%) are not involved

Table 9. Doctor-Nurse miscommunications		
	Frequency	Percentage
Yes	16	20.0
Some time	38	47.5
No	26	32.5

N=80

Sometimes in hospital one doctor or nurse will say one thing and another will say something quite different that (20%) yes (47%) some time and (32%) say no.

Table 10. Rate the quality of health care		
	Frequency	Percentage
Yes	6	7.5
Some good	18	22.5
Good	56	70.0

N=80

Over all the quality of health care have received the patient are (7.5%) (22.5%) some good and (70%) have well.

Table 11. Query asked from doctor		
	Frequency	Percentage
Yes always	18	22.5
Some time	40	50.0
No	22	27.5

N=80

The important questions ask from patients to doctor (22.5%) are understand (50%) are some time and (27%) not understand.

Table 12. Thinking about staff help		
	Frequency	Percentage
Yes	28	35.0
Some extent	40	50.0
No	12	15.0

N=80

The hospital staff help with patients (35%) say yes (50.0%) some extent and (15.0%) say not help with patients.

Table 13. Information about in treatment recovers		
	Frequency	Percentage
Yes definitely	28	35.0
Some extent	28	35.0
No	24	30.0

N = 80

When the doctors or nurses give the patients family or someone close to all the information then needed to help recover that (35.0%) patient's say that yes definitely (35.0%) say some extent and (30%) say no.

Table 14. Information about side effects		
	Frequency	Percentage
Yes completely	10	12.5
Yes some extent	20	25.0
No	50	62.5

N = 80

The staff tell about the medication to patients (12.5%) are yes say (25.0%) say yes some time and (62%) say cannot tell us about the side effects of medication.

Table 15. Alarming Signals		
	Frequency	Percentage
Yes completely	8	10.0
Yes to some extent	12	15.0
No	60	75.0

N = 80

(10%) say yes completely tell someone about the danger signals (15.0%) yes to some extent and (75%.0) say did not tell about danger signals.

N=80

In the opinion hospital room was (12%) very clean

Table 16. Hospital cleanliness		
	Frequency	Percentage
Very clean	10	12.5
Fairly clean	4	5.0
Not every clean	52	65.0
Not all clean	14	17.5

(5.0%) fairly clean (65%) say not every clean and (17.5%) say not all clean.

Table 17. Bathroom and toilets clean		
	Frequency	Percentage
Yes	2	2.5
Some time	20	25.0
Not very clean	32	40.0
Not all clean	20	25.0
Not use	6	7.5

N=80

The bathroom and toilets that used in patients (2.5%) says yes was clean (25.0%) was says some time (40%) say not all clean (7.5%) say we not use the bathroom.

Table 18. Confidence and trust staff treating			
	Frequency Percentage		
Yes always	2	2.5	
Some time	72	90.0	
No	6	7.5	

N=80

Out of 80 samples that (2.5%) have confidence (90%) have some time and (7.5%) have not a confidence

Table 19. Doctors hand sterilize		
	Frequency	Percentage
Yes always	14	17.5
Yes some times	38	47.5
Don't know	28	35.0

N=80

The patient says that doctor's touch and check the clean hands were (17.5%) says yes always (47.5%)

Table 20. Nursing care in hospital		
	Frequency	Percentage
There were always or nearly	20	25.0
There were some times enough nurses	38	47.5
There were rely or never enough nurses	22	27.5

say yes some time and (35%) say don't know about clean hand.

Table 21. Information about treatment		
	Frequency	Percentage
Not enough	20	25.0
The right amount	54	67.5
Too much	6	7.5

N=80

In the opinion were the enough nurses on duty to care in the hospital the patient says (25.0%) there were always near (47.5%) say there were some times enough nurses and (27.5%) say that never enough nurses.

Table 22. Privacy discussing condition or treatment		
	Frequency	Percentage
yes always	14	17.5
some time	60	75.0
No	6	7.5

N = 80

54(67.5%) responded that they were given information about their condition or treatment, 20(25%) responded that not enough information were provided to them and 6(7.5%) were among them they responded that they were given too much information regarding their condition or treatment.

Table 23. Enough privacy examined or treated		
	Frequency	Percentage
Yes always	24	30.0
Yes some time	44	55.0
No	12	15.0

N=80

The privacy of treatment discussing that was (17.5%) say yes always (75.0%) say some time and (7.5%) say have did not privacy.

Table 24. Privacy when being examined or treated		
	Frequency	Percentage
Yes always	6	16.0
Yes some time	40	57.5
No	26	27.5

N=80

Given the enough privacy when examined or

treated then (30%) say yes always (55.0%) say yes some time and (15.0%) say no.

Table 25. The call button use for help				
	Frequency	Percentage		
0 minute	8	10.0		
1-2 minutes	14	17.5		
3-5 minute	16	20.0		
More than 5 minutes	2	2.5		
I never got help	20	25.0		
i never used the call button	20	25.0		

N=80

Given the enough privacy when examined or treated then (30%) say yes always (55.0%) say yes some time and (15.0%) say no

Table 26. Felling about waiting or admission				
	Frequency	Percentage		
I was admitted	16	20.0		
I should have been admitted a bit sooner	32	40.0		
I should have been admitted a lot sooner	32	40.0		

N = 80

(% 10) are use the call button (17.5%) are 1-2 minute use (20%) 3-5 minute use the button 2.5% have not need and (25%) never not use and (25%) have did not used the button

Table 27. Over all treated with respect and dignity				
	Frequency	Percentage		
Yes always	30	37.5		
Yes some time	40	50.0		
No	10	12.5		

N=80

The waiting and admission list were (20%) say that was admitted (40.0%) say should have been admitted a bit sooner and (40.0%) say should have been admitted a lot sooner.

Table 28. Treatment (advice /Support) effectiveness				
	Frequency	Percentage		
Agree	50	62.5		
Disagree	18	22.5		
Comment	12	15.0		

N=80

Over all the treated the patients with respect and dignity were in the hospital that (37.5%) say yes

always (50.0%) say yes some time and (12.5%) say did not.

N=80

The support was given in hospital/ward ((62.5%) was agree (22.5%) was disagree and (15.0%) was some other comments.

DISCUSSION

Study conducted in Chandka hospital Larkana in which respond rate was 100% date was analysis in which frequency percentage were generated in demographic section while were analysis. In this study patients given the enough privacy when examined or treated then (30%) say yes always (55.0%) say yes some time and (15.0%) say no. Most of the patients were satisfied with the behaviors of doctor which is the similar with the present research. In this research most of the patients were says that doctor's touch and check the clean hands were (17.5%) says yes always (47.5%) say yes some time and (35%) say don't know about clean hand. In this research patient were (% 10) are use the call button (17.5%) are 1-2 minute use (20%) 3-5 minute use the button 2.5% have not need and (25%) never not use and (25%) have did not used the button. When the doctors or nurses give the patients family or someone close to all the information then needed to help recover that (35.0%) patient's say that yes definitely (35.0%) say some extent and (30%) say no.

The staff tell about the medication to patients (12.5%) are yes say (25.0%) say yes some time and(62%) say cannot tell us about the side effects of medication. The important questions ask from patients to doctor (22.5%) are understand (50%) are some time and (27%) not understand. The hospital staff help with patients (35%) say yes (50.0%) some extent and (15.0%) say not help with patients. In the opinion hospital room was (12%) very clean (5.0%) fairly clean (65%) say not every clean and (17.5%) say not all clean. Most of the patients were satisfied. The bathroom and toilets that used in patients

(2.5%) says yes was clean (25.0%) was says some time (40%) say not all clean (7.5%) say we not use the bathroom. Over all the treated the patients with respect and dignity were in the hospital that (37.5%) say yes always (50.0%) say ves some time and (12.5%) say did not in a research conducted in Chandka medical college hospital Larkana Sindh. over all in this research that patients have not fully privacy when was treated in ward and that patients have more need the privacy in ward Most of the patients were satisfied with the behaviors of doctor which is the similar with the present research. In this research most of the patients were says that doctor's touch and check with the clean sterilize procedure. In this research patient were did not use the call button when patients have need the help. And more than staffs were did not inform about the side effects off medication. When the important questions ask from patients from doctor some patients are understand but more patients have did not understand because that educated person's ratio was come more than educated persons. In the opinion hospital room ward and bathroom were not properly clean in this problem patient were facing more difficulty when use the bathroom. Over all the hospital staffs were cooperated with patients when patient have difficulty or when need

CONCLUSION

Experience of the admitted patients is quite remarkable regarding provision of the health care in Chandka Medical College hospital Larkana. Confidence, trust, behavior, care, treatment, counseling, privacy and qualify of food were found satisfied. A few remarks were also experienced like not wearing of gloves and hand washing was not done frequently.

Recommendations

- Patients' experience survey should be carried out routinely
- Results should be provided towards stakeholders
- · All farcicalities should be provided to the

- patients
- · Waiting time should be minimized
- · Privacy of the patient must be maintained

REFERENCES

- ftikhar Ahmad, Allah Nawaz, Shadiullah Khan, Habibullah Khan, Muhammad Adnan Rashid MHK. PREDICTORS OF PATIENT SATISFACTION. Gomal J Med Sci. 2011;9(No.2):183–188.
- 2. Iftikhar Ahamad S ud D (Community MGMC and BA. Patients' Satisfaction From the Health Care Services. Gomal J Med Sci. 2010;8(1):95–7.
- Irfan SM, Ijaz A, Farooq MM. Patient Satisfaction and Service Quality of Public Hospitals in Pakistan: An Empirical Assessment. Middle-East J Sci Res. 2012;12(6):870–7.
- Khattak A, Alvi MI, Yousaf MA, Zain-ul- S. Patient Satisfaction – A Comparison between Public & Private Hospitals of Peshawar. 2012;4(5):713–22.
- 5. Kamra V, Singh H, Kumar De K. Factors affecting patient satisfaction: an exploratory study for quality management in the health-care sector. Total Qual Manag Bus Excell [Internet]2015;3363 (September):1–15.Availablfrom:
 - 6.http://www.tandfonline.com/doi/full/10.1080/147 83363.2015.1057488
- 7. Mosadeghrad AM. Factors influencing healthcare service quality. Int J Heal policy Manag. 2014;3(2):77-89.
- Naidu A. Factors affecting patient satisfaction and healthcare quality. Int J Health Care Qual Assur. 2009;22(4):366–81.
- Suki NM. Assessing patient satisfaction, trust, commitment, loyalty and doctors' reputation towards doctor services. Pakistan J Med Sci. 2011;27(5):1207-10

- lement Lo, Dragon Iliac, Helena Teed, Greg Filcher, Martin Gallagher, Peter G Kerr, Kerry Murphy, Evan Polkinghorne, Grant Russell, Timothy Sherwood, Rowan Walker and Sophia Zoungas, 2016, Primary and tertiary health professionals' views on the healthcare of patients with co-morbid diabetes and chronic kidney disease – a qualitative study, DOI 10.1186/s12882-016-0262-2
- Nera Komaric, Suzanne Bedford2 and Mieke L van Driel, 2012, two sides of the coin: patient and provider perceptions of health care delivery to patients from culturally and linguistically diverse backgrounds, http://www.biomedcentral.com/1472-6963/12/322
- Rebecca Anhang Price, PhD, Marc N. Elliott, PhD,Alan M. Zaslavsky, PhD,Ron D. Hays, PhD, William G. Lehrman, PhD, 2014, examining the Role of Patient Experience Surveys in Measuring Health Care Quality, doi: 10.1177/1077558714541480
- Sofia Xesfingi and Athanassios Vozikis, 2016, Patient satisfaction with the healthcare system: Assessing the impact of socioeconomic and healthcare provision factors, DOI 10.1186/s12913-016-1327-4
- 14. Anastasia Pini, Pavlos Sarafis, Maria Mallari, Andreas Tsounis, Michael Igoumenidis, Panagiotis Bamidis 6 & Dimitris Niakas, 2014, Assessment of Patient Satisfaction of the Quality of Health Care Provided by Outpatient Services of an Oncology Hospital, doi:10.5539/gjhs.v6n5p196
- 15. Ingrid Vargas, MSc, PhD, Marta-Beatriz Aller, MPH, PhD, Renata Gusmão, MPH, Diana Henao, MPH, M. Luisa Vázquez, MD, MSc, PhD, 2015, The performance of integrated health care networks in continuity of care: a qualitative multiple case study of COPD patients, International Journal of Integrated Care Volume 15, 20 July URN:NBN:NL:UI:10-1-114834 http://www.ijic.org/
- P Blenkiron, C a Hammill, 2003, what determines patients' satisfaction with their mental health care and quality of life? Postgrad Med J 2003; 79:3

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