Eye care services at community based eye care centers in Gujarat and patient satisfaction with the services

Dharmendra Jena^{1*}, Somya Choubey²

Manager, Blind People's Association, Ahmedabad, Gujarat, INDIA. Assistant Professor, School of Management, Raffles University, Neemrana, Rajasthan, INDIA. **Email:** <u>dkjena12@rediffmail.com</u>

<u>Abstract</u>

Customer satisfaction, which has over riding significance for any business is no less significant for hospital services. The study was conducted between February 2017 to March 2017. The patient's undergone surgical intervention in the hospital during the study period was covered under the study. In order to continue to provide the excellent quality of care, it is necessary to know patients satisfaction level. Patient satisfaction isn't just a vague matter of people feeling good about the care they have received. People's expectation toward eye care services is taking a different shape considering the development in technology and availability of competitive services. Key Words: Eye care service, patient satisfaction, Gujarat.

*Address for Correspondence:

Dr. Dharmendra Jena, Manager, Blind People's Association, Ahmedabad, Gujarat, INDIA. **Email:** <u>dkjena12@rediffmail.com</u> Received Date: 22/04/2017 Revised Date: 16/05/2017 Accepted Date: 10/06/2017

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INTRODUCTION

Customer satisfaction, which has over riding significance for any business is no less significant for hospital services. Hospitals are the most important element in any healthcare delivery system. A hospital plays a major role in maintaining and restoring the health of the people. The study has been conducted in order to understand patient's expectations toward eye care services at different levels and suggest the changes to be made accordingly. During the literature review, we did not come across any study that evaluates satisfaction for eye care services among the rural population identified thorough outreach camp. Our study, therefore, will provide crucial information to those aiming to expand and succeed to serve rural population. Although our study indicated a high satisfaction level with the quality and treatment of services, supportive services had scope for improvement to reach patient's expectations. It is a myth that rural patients give little emphasis on cleanliness. Responses of the participants in our study suggested that frequent cleaning is expected, as large number of patients and their relatives visit hospital. Food served can be improved by monitoring the quality of food served, the serving procedures and presentation, and the attitude of caterers. Continuous feedback system could further improve the services delivered. Patient satisfaction survey is a good audit tool and it should be used to improve the quality of services. Strategies to improve areas of dissatisfaction and sustain areas of high satisfaction should be implemented. Such surveys, if carried out at regular intervals, could create quality consciousness of services in hospitals and orient toward expectation of patients. The Government of India emphasizes on health issue as one of the core component to foster well-being of every individuals from all walks of life. In India, substantial part of the population who are potential of generating income and earnings for their household becomes bereft of such opportunities just because of blindness owing to cataract and other occupational hazards. This poses a serious threat to those part of the population who are labor intensive and

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households with single earning member. Overall 94% of the patients are satisfied with the overall services provided at the hospital and the major cause of dissatisfaction is long waiting time in checking eye for basis problems. The major cause of satisfaction is cost of care, nursing care, doctor's care, and physical arrangements, modern equipments used in hospital and staffs behaviors. 90% of the patients are satisfied with the house keeping services, 89% of the patients are satisfied with the time management, 90% are happy with the post operative follow up services provided by the hospital, 89% of patients are happy with the coordination between service providers, staff and patient coordination and coordination between departments and overall 94% patients were satisfied with the overall services, facilities of the hospital. The Navalbhai and Hiraba eve hospital runs by Blind People's Association, Ahmedabad keeps on providing eye care services in Ahmedabad district of Gujarat district especially in rural areas not only with the aim of removing blindness but also bringing new life to the affected population. Much importance is given to ensure that all patients are accorded the same care and high quality service, regardless of their economic status. As a result of a unique fee system and effective management N&H eye hospital could reach to the poor and marginalized patients thus well accepted by the general community.

MATERIALS AND METHODS

The study was conducted between February 2017 to March 2017. The patient's undergone surgical intervention in the hospital during the study period was

covered under the study. Random sampling methods used to finalize the sample of 200 from a list of 2000 (1000 male and 1000 female) patients operated for cataract identified through our reach camp organized by the Navalbhai and Hiraba Eye hospital, runs by Blind People's Association, Ahmedabad, Gujarat. Patients who were admitted and underwent eve surgery were interviewed. Questions were related to the cost of services, nursing, doctor's care, mode of treatment, physical facilities available, housekeeping, coordination between staff, coordination between patients and service providers, time management and patient's willingness to revisit or recommend the hospital to others. The questions were sensitive to cover issues related to both the genders and people identified through outreach camp activities. 100 female patients been selected from the 1000 female patients operated for cataract and 100 male patients been selected from the 1000 male patients operated for cataract. The structured questions were graded on five, three and few had two response scale. All the responses in text were converted into the numerical using MS Excel. Identity of patients was de-linked from their responses to maintain confidentiality.

RESULTS

We interviewed 200 patients to find out their satisfaction levels. Among the participants, 50% were females and 50% respondents were male and all of them provided free surgical intervention facility at the hospital identified through outreach camp organized by Navalbhai and Hiraba Eye hospital, runs by Blind People's Association, Ahmedabad, Gujarat.

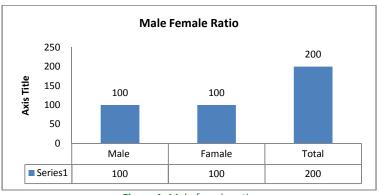


Figure 1: Male female ratio

A total no of 200 patients been interviewed of which 50% of the respondents are female and 50% are female.

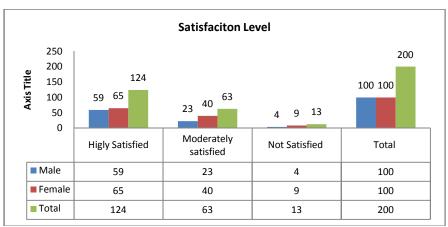


Figure 2: Satisfaction of patients attending the eye clinic

62% of the respondent expressed highly satisfaction with the service provided at the hospital, 31% of the responded expressed moderately satisfied with the services, where as 6 % of the respondent mentioned that they are not satisfied with the services provided at the hospital.

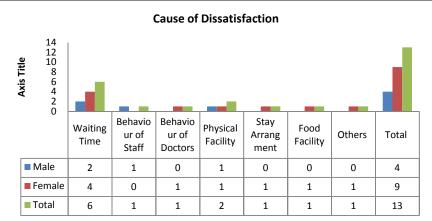


Figure 3: Cause of Dissatisfaction

Majority of the respondent mentioned that dissatisfaction was for the long time they had to spend in the hospital to get cheeked their eyes, followed by physical facility in the hospital.

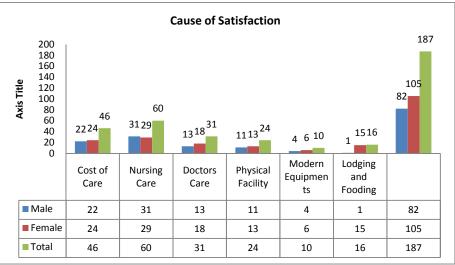


Table 4: Cause of Satisfaction

94% expressed very high satisfaction for the services. Majority of the patients are satisfied with the Nursing care followed by cost to be paid for the services which is very low compare to the other service providers. Patients are also expressed happiness with the kind of behavior they received from the doctors and with physical arrangements.

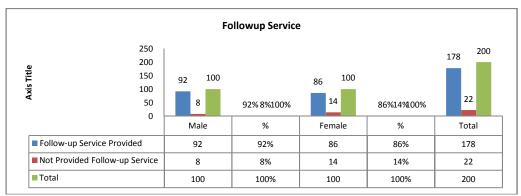
Table 1: Satisfied with the care received from the Nursing staff						
Category	Male	%	Female	%	Total	
Very Satisfied	76	76%	60	60%	136	
Somewhat Satisfied	14	14%	34	34%	48	
Not Very Satisfied	10	10%	02	02%	12	
Not at all Satisfied	0	0%	04	04%	4	
Total	100	100%	100	100%	200	

Nursing Care							
	250					200	
	200						
Axis Title	150	100		100		136	
Axis	100	76		60		48	
	50 0 -	¹⁴ 10 ₀	76%14%10%0%100%	34	60%34%2%4%100%	12 4	
	0	Male	%	Female	%	Total	
Very Sat	isfied	76	76%	60	60%	136	
Somewh	at Satisfied	14	14%	34	34%	48	
Not Very	/ Satisfied	10	10%	2	2%	12	
Not at al	l Satisfied	0	0%	4	4%	4	
Total		100	100%	100	100%	200	

136 (76 male and 60 female) of respondent are very satisfied, 48 (14 male and 34 female) are some-what satisfied, 12 (10 male and 2 female) are not very satisfied and 4 (4 female only) are not at all satisfied with the care received from the nurse staff.

	Table 2: Follow-up service						
Category	Male	%	Female	%	Total		
Follow-up Service Provided	92	92%	86	86%	178		
Not Provided Follow-up Service	08	08%	14	14%	22		
Total	100	100%	100	100%	200		

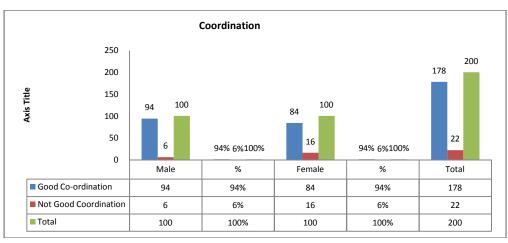
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The above table explains on the topic of follow-up service. 178 (92 male and 86 female) of patients are highly satisfied with follow-up service. They share that doctors called them for follow-up after one week and _ second follow-up after 15 days of first follow-up and they _ called for subsequent follow-ups according to the condition of their eye. After 45 days, if necessary patients were also provided with spectacles with concession _ values according to their financial conditions and if

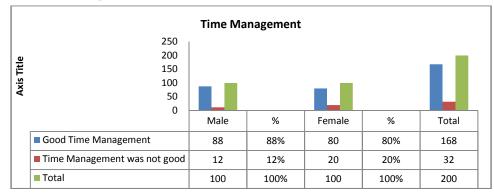
spectacles are not available in hospital they provided spectacles from outside glass show rooms.

Table 3: Coordination between all the Caregivers					
Category Male % Female % T					
Good Co-ordination	94	94%	84	94%	178
Not Good Coordination	06	06%	16	06%	22
Total	100	100%	100	100%	200



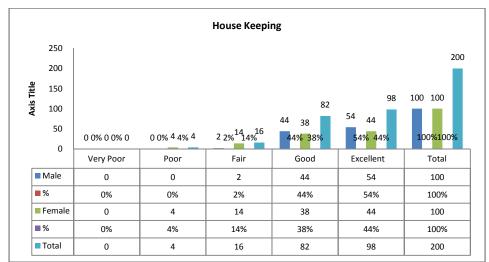
Among the total respondent (200 nos.) 178 (94 male and 84 female) patients feel that there is good coordination between all the care givers, where 22 nos. (6 male and 16 female) feel there is no good coordination between all the care givers. The receiver given comments on this keeping in view- Time management of their care, it includesregistration, admission, pre surgery preparation, operation, post surgery care and discharge facility. Suppose before operation doctors need everything ready like- pathology report, ophthalmologist report on presurgery preparation, nurses and ophthalmic assistant must made the operation instrument and bed ready. And cooperation of each staff in better patient care.

Table 4: Time Management						
Category	Male	%	Female	%	Total	
Good Time	88	88%	80	80%	168	
Management	00	00/0	00	0070	100	
Time Management	12	12%	20	20%	32	
was not good						
Total	100	100%	100	100%	200	



Among 200 nos. of patients 168 (88 male and 80 female) are satisfied with the time management of the service provided to them. They explained that time management was very effective; every service provided to them was point in time. 32 (12 male and 20 female) are dissatisfied with time administration. They communicate that their time for operation or diagnosis were changed more than once.

Table 9: House Keeping Service							
Category	Male	%	Female	%	Total		
Very Poor	0	0%	0	0%	0		
Poor	0	0%	04	04%	04		
Fair	02	02%	14	14%	16		
Good	44	44%	38	38%	82		
Excellent	54	54%	44	44%	98		
Total	100	100%	100	100%	200		



Among 200 respondent 54 male and 44 female stated that the house keeping service is excellent, 44 male and 38 female stated that it was good, 2 male and 14 female stated it was fair and only 4 female respondents stated that it was poor.

CONCLUSION

In order to continue to provide the excellent quality of care, it is necessary to know patients satisfaction level. Patient satisfaction isn't just a vague matter of people feeling good about the care they have received. It is essential to delivering the highest quality medical care possible. In today's health care environment, having satisfied patients is very much required to sustain the system, so it is very much necessary to know the satisfaction of the customer in order to take any action steps in all areas of the practice. We know that patients deserve proper care and again in case of eye patient it needs extra care. Developing countries, the demand for better and low-cost health services is increasing due to increased population. On the other hand, end-users of these services are expecting high standards of facilities. Eve care providers try to satisfy both qualitative and quantitative demands of clients. Due to better access to the knowledge and services, concerns for affordability, and changing practices of proactive marketing of health services, the health care services have undergone rapid transformations in the last three decades. More and more hospitals cater to health services of different specialties. Competition among service providers has given wider opportunities to patients to select the hospitals. A happy customer not only shows faithfulness in availing the services for rest of the life, but also acts as an agent to bring few more customers. Hence, measuring the satisfaction level of patients, and understanding and meeting their expectations are crucial. Measurement of patient satisfaction stands poised to play an increasingly important role in the giving push toward accountability among health care providers. Overshadowed by measures of clinical processes and outcomes in the quality of care equation, patient satisfaction measurement has traditionally been relegated to service improvement efforts by hospitals and larger physician practices, and for fulfilling accreditation requirements of health plans, while some plans tie satisfaction scores to financial incentives as a portion of their calculation of payment bonus to primary care physicians with capitation contracts. Eye problem remains one of the commonest public health problems. People's expectation toward eve care services is taking a different shape considering the development in technology and availability of competitive services. Eye care is a service industry and its uptake depends on the quality of services delivered. Evaluation of services usually focuses on the quality of medical care and the surgical outcomes. But satisfaction of patients is often forgotten.

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