

An evaluation of patients care in radio diagnosis Department of Tribhuvan University Teaching Hospital, Kathmandu, Nepal

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ABSTRACT

Patients care involves all the activities that are carried out before, during and after radiological diagnostic procedures. The successful application of medical knowledge depends on what patients think and feel about the medical personnel and the hospital. From the clinical experience, patients usually reacts to some factors that creates problems in the radiology units such as delay, neglect, use of harsh words, unnecessary repeats and preferential treatment. The study was aimed at evaluating patients care in radio diagnosis department of Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal. A cross sectional study was conducted from May to June, 2012 in TUTH, Kathmandu, Nepal. Semi structured both open and closed ended questionnaires were administered among 287 conscious patients who were agreed to participate in the study. A total 287 patients were enrolled in the study. Out of them, 165 (57.49%) patients perceived that instruction was adequate before and after the examination; 219 (76.30%) patients were satisfied with the services rendered in the hospital; 174 (60.62%) patients perceived that privacy was adequate but 229 (79.9%) and 145 (50.5%) perceived that waiting areas and social aspects of patients care were suboptimal and in adequate. This can be improved by hospital management system.

Keywords: Evaluation, patient care, radio-Diagnosis department.

INTRODUCTION

Improvements in technology are essential to provide safe and effective care. Radiological science change and improve in efforts to provide more effectiveness and safety, and above all, a better quality for patients.¹

Patients care involves all the activities that are carried out before, during and after radiological diagnostic procedures for make the condition of the patients better. The successful application of medical knowledge depends on what patients think and feel about the medical personnel and the hospital.²

From the practical experience it was noted , patients usually reacts to some factors that create problems in radiology department such as delay, neglect, use of harsh words on them, unnecessary repeats and preferential treatments. Patients arrived the X-ray department are often worried or apparently in aggressive attitude.³ In such cases, the radiographer must be especially understanding tolerant and should make every effort to obtain cooperation of the patients. Without cooperation, it will be seldom possible to obtain good results in radiological examination.

The model developed seen from the patients' perspective called Quality of Care (QOC), which is based on both resource structure of the care organization and the

patients' preference of the care. The resource structures involves the qualities in the relation between persons (i. e, nurses) as well as qualities related to physical and administrative environment (i.e., infrastructures in the care environment and X ray equipments). The patient's preferences of the care have a rational (the patients strive for order, predictability, and calculability) and human aspects (the patients presumes that his or her unique situation will be taken in consideration). Both the rational and human aspects of the patients perspective of QOC includes four dimension (1) medical and technical competence (MTC) of the care givers, (2) the physical technical condition (PTCS) of the care organization, (3) the identity orientation in the attitudes and action of the care givers and (4) finally socio-cultural atmosphere of the care organization.⁴

Tribhuvan University Teaching Hospital (TUTH) is one of the reputed referral institute of Nepal where patients flow is very high and get treatment at low cost. It is, there fore, essential to make effective diagnosis of patients as provided highest satisfaction. The present study aims to evaluate the standard of patients care in radio diagnosis department from the patients' perspective.

MATERIALS AND METHODS

A cross-sectional study was conducted at scheduled radio

diagnostic examination day from May to June, 2012 at TUTH, Kathmandu, Nepal. Before conducting research, verbal consent was taken. Semi structured both open and closed ended questionnaire were administered among 287 conscious patients who agreed to participate in the study. The patients who did not agree to participate were excluded from the study.

RESULTS

A total 287 patients were enrolled in the study. Out of 287 patients, 54% were male and 46% were females. Age wise distribution, 30.3% were of 15-35 yrs age; 26.4% of 26-35 yrs age; 16.06% of 36-45 yrs age and 27.1% were over 45 years respectively. Of responders, 24.3% had no education, 11.84% had primary education, 23.34% had secondary education and 40.41 had higher secondary education (Table-1).

For the assessment of evaluation of patients care, 57.49% patients perceived that instruction was adequate before and after the examination; 76.3% patients were satisfied with the service rendered in the hospital; 60.6% patients perceived that privacy was adequate; 80.83% and 74.9% patients had less 30minutes waiting time before and after examination but 79.3% and 50.5% perceived that waiting areas and social aspects were suboptimal and inadequate (Table-1).

DISCUSSION

Hospitals in the developed world recognize the importance of the delivering patients’ satisfaction as a strategic variables and crucial determinants of long term viability and success.⁵⁻⁷ Previous research suggests that patients satisfaction may be considered to be one of the desired out comes of care information and patients satisfaction may be indispensable to assessment of quality as to the design and management of health care system.⁸

The recent surveys and their wide use in the health care industry in the USA reflect the importance accorded to consumers’ experiences with a variety of services including Medicare and Medicaid. Other organization such as the National Committee on Quality Assurance (NCQA), The Center for Medicare and Medicaid services (CMS), and The National Benchmarking Database (NBD) are also deeply involved with assessing the patients’ perspective.⁹

A comprehensive model of patient satisfaction has many policy implications in regard to identifying patients need, developing standards, designing services systems and processes, establishing employee and patients’ roles in service delivery, enhancing training programmes, managing demand and capacity, and delivering the

Table-1: Demographics of respondents n=287

Demographics of respondents	n %
Sex	
Male	155 (54)*
Female	132 (46)
Age (years)	
15-25	87 (30.3)
26-35	76 (26.48)
36-45	46 (16.06)
>45	78 (27.17)
Education	
Illiterate	70 (24.39)
Primary	34 (11.84)
Secondary	67 (23.34)
Higher secondary	116 (40.41)
Patients’ response on some criteria	
<i>Were you directed to place to be any point?</i>	
Yes	231 (80.84)
No	56 (19.51)
<i>Were you satisfied with the way you were received?</i>	
Yes	219 (76.30)
No	68 (23.69)
<i>Was the waiting area comfortable?</i>	
Yes	58 (20.2)
No	229 (79.79)
<i>Were you given adequate instruction or explanation before examination is carried out?</i>	
Yes	165 (57.49)
No	122 (42.50)
<i>Were you given privacy during the examination?</i>	
Yes	174 (60.6)
No	110 (38.3)
Waiting time	
Waiting time before examination	
<30 minutes	232 (80.83)
30minu-1hrs	20 (6.96)
Over 1hrs	35 (12.19)
Waiting time after examination	
<30 minutes	215 (74.9)
30minutes-1hrs	52 (18.11)
Over 1hrs	20 (6.96)
Patients’ overall impression	
adequate	98 (34.14)
friendly but not adequate	145 (50.52)
felt abandoned	44 (15.33)

* Parenthesis indicates percentage

needed quality of services. To these end, measuring service quality and satisfaction is very important.

Patients care is an important duty of any health care personnel. It goes a long way in alleviating the psychological pains of being unwell or injured when carried out well. The study shows that the waiting areas were perceived to be uncomfortable as they had long benches and had no facilities as televisions, air conditioners and journals, magazines or news paper to keep the patients comfortable while they are waiting. Investigator hold view that supply of recent magazines and news papers are suitable for different tastes and age's groups, pictures, toys for children, music, aquarium and flowers will help in engaging the interest of the patients while he waits.¹⁰

In a survey conducted by Department of Public Health, Ireland the level of satisfaction among the OPD attendees were 94%. Doctors and nurses were perceived as friendly by 61% and 72% and rude by 1% and 1% of patients, respectively. The study highlighted the areas for improvement from the patient's perspective.¹¹ Similar type of research was conducted at Magdeburg, Germany only 3.6% of patients were dissatisfied.¹² It revealed that patient's participation in their care has a special place with regard to patient satisfaction. While auditing patients experience and satisfaction with Neurosurgical care at the National Hospital, London, it was found that most aspects of the patients care had 70-80% satisfaction.¹³ Poor patient satisfaction can lead to poor adherence to treatment with consequently poor health outcomes. In another study conducted on a sample of dermatology outpatients, out of 1385 randomly selected patients, 722 patients agreed to participate, 424 fulfilled the inclusion criteria and 396 of these patients (93.4%) completed the study. Overall satisfaction was reported by 60% of patients.¹⁴ But in this study, social aspects of patients care were perceived to be poor by the patients. It was found that majority of them were not given adequate attention on arrival. A member of staff should always be around to well-come them the moments he arrives instead of being allowed to try and catch the attention of the staff members as suggested.¹⁵ An impressive reception of the patients on arrival will go a long way in helping his recovery since successful application of the medical Knowledge depends on the patients' perception of hospital personnel and hospital itself. Previous research suggests that long waiting time and insufficient consultation time as factors contributing to patients' dissatisfaction^{16,17}. This study showed that waiting time before and after examination was satisfactory level.

The overall impression on the patients care in the X rays department was felt to be inadequate. Therefore, in conclusion radiographers' core professional duties of hygiene, lifting of patients, instructions and explanation seemed to be adequate but waiting areas and social aspects seemed to be inadequate and suboptimal. The hospital team should try to improve these drawbacks for health QOC.

REFERENCES

1. White FA, Zwemer FL, Beach C, Westersson PL, Fairbank RJ. Emergency department digital radiology: Moving from photos to pixels. *Academic Emerg Med* 2004; 11: 1213-22.
2. Cartwright A. Human relations and hospital care. London: Blackwell scientific publication 1982.
3. Chesney DN. Care of patients in diagnostic radiography. Oxford: Blackwell scientific publication 1982: 21-69.
4. Nathorst-boos J, Munck JME, Eckerlund I, Ekfeldtsandberg C. An evaluation of the QSP and the QPP: Two methods for measuring Patients satisfaction. *Int'l J Quality Health Care* 2001; 13: 257-64.
5. Davies, Ware JE Jr. Involving consumers in quality of care assessment. *Health affairs* 1988, 7: 33-48.
6. Makoul G, Arnsston P, Schofield T. Health promotion in primary care: Physician- patients care communication and decision making about the prescription medication. *Social Sci Med* 41: 1241-54.
7. Royal Pharmaceutical Society of Great Britain. From the Compliance to Concordance: to wards shared goals in medicine taking. London: Royal Pharmaceutical Society, 1997.
8. Donabedian A. The quality of care: how can it be assessed? *J Amer Med Assoc* 1988; 260: 1743-8.
9. Lake T, Kvam C, Gold M. Literature review: using quality information for health care decision and quality improvement. Final Report to Department of Health and Human Services. 2005 Cambridge, MA: Mathematica Policy Research Inc.
10. Okaro AO, ohagwu CC, Njoku J. Evaluation of patients care in radio-diagnostic department in Enugu, Nigeria. *European J Sci Res* 2010; 41: 310-4.
11. De Brun C, Howell F, Bedford D *et al*. Outpatient experiences in acute hospitals. *Ir J Med Sci* 2002; 171: 89-93.
12. March S, Swart E, Robra B. Patient satisfaction with outpatient/short stays operations in a practice clinic. *Gesundheitswesen* 2006; 68: 376-82.
13. Thorne L, Ellamushi H, Mtandari S *et al*. Auditing patient experience and satisfaction with neurosurgical care: results of a questionnaire survey. *Brit J Neurosurg* 2002; 16: 243-55.
14. Renzi C, Abeni D, Picardi A *et al*. Factors associated with patient satisfaction with care among dermatological out patients. *Brit J Dermatol* 2001; 145: 617-23.
15. Clark M. Practical nursing. London Baillier Tindall 1979: 56.
16. Aldana MJ, Plecchulck H, Sabir AA. Client satisfaction and quality of health care in rural Bangladesh. *Bull WHO* 2001; 79: 512-6.
17. Rahman MM, Sahidullah M, Shahiduzzaman M, Shahid HA. Quality of health care from the patients perspectives. *Bangladesh Res Council Bull* 2002, 28: 87-96.