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Assessment of Parents Satisfaction Level Regarding Health Care Services Provided to their Malnourished Thalassemic Major Children

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Abstract

Objective: To assess the health services satisfaction level among the parents visiting and availing treatment for their thalassemia major malnourished children in the hospital.
Methodology: This three months' duration cross-sectional research was carried out in Quetta city from July-Sept 2017. Systematic random sampling was used to gather data via preformed structured questionnaire from 100 participants. Participants without listening or speaking issues, who don't have any other systemic illness, were included in this study. Ethical consideration was acquired from all partakers & IRB of HSA before conducting the study. Descriptive statistics I.e. percentages & frequencies were calculated and then results were shown in form of tabulations.
Results: Among 100 respondents, females were 35 whereas 65 were men. Majority (92%) of them said that the doctors were good in explaining the reasons of doing the tests that why they advised them to do. 61% of them satisfied from the facilities provided to them by the doctor's office regarding the transfusion and chelating agents. About 84% of the parents told that they have to go to the pediatric medicine ward as there are less emergency facilities present in the thalassemia center. There was almost 50/50 percentage response on the question that sometimes doctors act too busy and impersonal toward the patient's attendants
Conclusion: The current study concluded the low parent's satisfaction level regarding the health care services provided to their malnourished thalassemic major siblings in the public sector hospitals were due to the socioeconomic status and increased patient burden.
Key words: Health care services, Level of satisfaction, parents, thalassemia major

Introduction

Thalassemia is a heterogeneous group of blood disorders affecting the hemoglobin genes and resulting in an ineffective erythropoiesis. The fast erythrocyte turnover might be responsible for the malnutrition among the thalassemic patients. The incidence and prevalence of malnutrition among these patients is very common in the Asia. that has become a great problem in Pakistan as well.[1]

Globally, 300,000-500,000 children are born with haemoglobinopathies where 7.0% of this population has become thalassemia trait carriers. The management of this disorder is quite difficult on the regular basis in the health care systems. Therefore, it has become a hard task to measure the satisfaction level of the patients regarding the facilities & services provided in the hospitals.[2] The patient's satisfaction is a relative concept, influenced by one's expectations and evaluations of the health services' attributes, as each person has her/his perception.[3] It is purely dependent on the attitude of the health care providers for which type of treatment is provided by them during the health care service. It involves number of components including expectations, service consumption experience, socioeconomic status, social support, and emotional or cognitive response after choice and consumption. Hence, it is a subjective evaluation of the patients' cognitive and emotional reactions resulting from the interaction between their expectations and perception of actual care received.[4-7]

Currently, patient satisfaction has become an important indicator of the quality care provided by health care facilities resulting in the amplified and more convenient patient centered care on the larger extent.[8] In clinical settings, there are always chances of cross-infection and the thalassemia malnourished patients are greatly dependent on the hospitals for long term treatments that

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might be planned in a better way with good treatment outcomes, so that quality of life could be improved.[9-11]

The satisfaction level of patients towards provision of quality health care facilities is quite low, that needs to be addressed especially among the parents that bring their malnourished major thalassemic children to the public sector hospitals for availing various medications. [12,13]

Methodology

This three months' duration cross-sectional research was carried out in Bolan Medical Hospital & Sandeman Provincial Hospital of Quetta city from July-Sept 2017. A 5% margin of error was accounted for in the study design. 10% additional sample was involved to overwhelm loss of data. Systematic random sampling was used to gather data via preformed structured questionnaire. Participants without listening or speaking issues, didn't have any sort of mental confusion, who don't have any other systemic illness, were included in this study. Remaining parents of the children who had haemoglobinopathies or complications other than mal-nourishment were excluded. Ethical consideration was acquired from all partakers & IRB of HSA before conducting the study. Questionnaire was alienated into several different portions; 1st section having patient's & their parents' demographic-data, 2nd part unfolding financial burden on their family members by inquisitions about the illness's expenditure, and final portion evaluating the satisfaction level of the parents about the health services. Satisfaction scale used was a 5-item Likert-type. Responses were recorded & scored as: (1) strongly disagree, (2) agree a little, (3) agree moderately, (4) strongly agree, and (5) agree entirely. A higher score specifies higher degree of a satisfaction from respondents.[8,14] Descriptive statistics I.e. percentages & frequencies were calculated and then results were shown in form of tabulations.

Results

Among 100 respondents, females were 35 whereas 65 were men. Almost half (47%) were accompanied by their father, one-fourth were accompanied with mother and both parents of 28% children were accompanied while visiting for treatment. Socio-demographic characteristics are shown in Table I.

The study findings revealed that while 92% of parents agreed doctors adequately explained medical tests, satisfaction with healthcare services was mixed. Approximately 61% reported satisfaction with transfusion and chelation facilities, yet 77% faced financial hardship

Table I: Demographic characteristics of participants.

Demographic characteristic	N	%
Gender:		
Male	65	65%
Female	35	35%
Patient accompanied with:		
Father	47	47%
mother	25	25%
Both	28	28%

Table II: Parents satisfaction level regarding the health care services provided to their malnourished thalassemic major siblings.

Variables	Agree N (%)	Disagree N (%)
Doctors are good at explaining the reason of medical test	92 (92%)	8 (8%)
I think my doctor office has everything needed to provide complete medical care	61 (61%)	39 (39%)
The medical care I received is just perfect	63 (63%)	37 (37%)
Sometimes doctors make me wonder if their diagnosis is correct	68 (68%)	32 (32%)
I feel confident that I can get the medical care I need without being set back financially	63 (63%)	37 (37%)
When I go for medical care they are careful to check everything when treating and examining my patient	61 (61%)	39 (39%)
I have to pay for more of my medical care than I can afford	77 (77%)	22 (22%)
I have easy access to the medical specialists I need	82 (82%)	18 (18%)
Where I get medical care people have to wait too long for emergency treatment	84 (84%)	16 (16%)
Doctors act too business and impersonal towards me	49 (49%)	51 (51%)
MY doctors treat me in a very friendly and courteous manner	71 (71%)	28 (28%)
Those who provide my medical care hurry too much when they treat me	53 (53%)	47 (47%)
Doctors some time ignore when I tell them	72 (72%)	28 (28%)
I had some doubts about the ability of the doctors who treat me	63 (63%)	37 (37%)
Doctors usually spent plenty of time with me	58 (58%)	41 (41%)
I am dissatisfied with some things about the medical care I receive	72 (72%)	28 (28%)
I am able to get medical care whenever I need it	79 (79%)	21 (21%)

from medical costs. Accessibility issues emerged, with 84% citing long emergency wait times and 49% perceiving doctors as impersonal, though 71% noted their children received friendly treatment. Notably, only 1% of parents expressed complete satisfaction, reflecting systemic challenges in service quality, affordability, and care accessibility (Table II). These results underscore the need for improved healthcare delivery for thalassemia patients in public hospitals.

About 51% parents were not satisfied while 48% of them were less satisfied and only 01 of them was fully satisfied about the services provided over there in the hospital.

Discussion

Parents satisfaction level associated with malnourished thalassemic major patients in the health-care delivery sectors are predominantly dependent on their personal preferences, socioeconomic demographics and provision of facilities in the public hospitals. Multiple factors that influence the patients' satisfaction level regarding health-care delivery includes age, education, knowledge, awareness, previous hospital experience, economic attainment, high expectations, hospital service, patient-staff ratio and communication, location, size, and environment of the hospital respectively. [15,16] The scoring range of parents satisfaction level regarding the health care services provided to their malnourished thalassemic major siblings in the current study depicted that 51% parents were absolutely not satisfied with the health care facilities and services provided to them whereas 48% of these parents were less satisfied. On the other hand, only 01% of these parents were fully satisfied with the provision of health care services and facilities to their malnourished thalassemic major siblings in the public sector. The sole reason for this low patient satisfaction level for health care services and facilities provided in the public hospitals of Pakistan might be the socioeconomic status and increased patient burden. Although Pakistan is equipped with highly qualified doctors, well trained staff and latest equipment but still it is counted as a developing country of Asia because of its rapidly increasing population. This quick multiplying population has overburdened our country to construct more hospitals in the peripheral and rural regions instead of only relying on the hospitals that are present in the large cities and main towns.

The findings in the current study were not consistent with the reported literature where 93% of patient satisfaction level was found in the health care services and facilities provided to the malnourished thalassemic major patients but in the private hospital sectors.[17] Additionally, 60-70% patient satisfaction level about the health services and facilities in private care sectors was also recorded in Pakistan, China and Nepal. [18-20] The average income of a common man in developing state regions fall between 10,000-20,000 where they are unable to afford the expenses of a private hospital.[17] The plausible explanation for low patient satisfaction level in the current study as compared to previous studies might be the lack of available facilities, doctors and staff in the public health care sectors. The socioeconomic status might have played a key role in this aspect because the economy of Pakistan at this time and moment is overburdened as a result of which Pakistani government might not be capable of providing the required resources and manpower for smooth functioning of these health care delivery systems.

Thalassemia is at its peak in Asian countries where its managed difficultly in primary and tertiary public sectors. Therefore, 1/3 of patients' are totally dissatisfied with the provision of health care services and facilities in public hospital sectors.[21,22] The patients in the current study were highly satisfied with the health care professionals' attitude, their skills, treatments, patient dealings, diagnosis, and time management but they were highly dissatisfied with the financial overburden because these patients need to visit the hospitals for blood transfusions more than 2-3 times just within a month or two.

Previously, a study conducted in Pakistan concluded that non-availability of blood in a public hospital sector enhanced the anxiety and dissatisfaction level of patient towards the healthcare facilities and services.[23] The parents in the present study did not quote the non-availability of blood when required but it might have happened because of increased patient flow in the public sectors. This is a highly serious matter that needs to be dealt professionally because non-availability of a particular blood group for a thalassemic patient might lead to a life-threatening situation. Therefore, the blood banks of public health sectors must store extra blood bags for the thalassemic patients. Moreover, separate hospitals are required to manage the thalassemic

patients only in order to provide them with best possible facilities as they need more attention, time and care.

Conclusion

Low Parents satisfaction level regarding the health care services provided to their malnourished thalassemic major children in the public sector hospitals can be ascribed to the socioeconomic status and increased patient burden.

Although Pakistan is equipped with highly qualified doctors, well trained staff and latest equipment but still it is lacking in providing proper health facilities at hospitals as a result of increased flow of patients. Therefore, separate hospitals must be allocated for managing the thalassemic patients only in order to avoid any sort of inconvenience.

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