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OBJECTIVES

HYPOTHESIS (ES)

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FINDINGS

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PATIENT SATISFACTION TOWARDS HEALTH CARE AND PHARMACEUTICAL CARE SERVICES: A STUDY OF SELECTED HOSPITALS IN GUNTUR CITY, ANDHRA PRADESH, INDIA

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ABSTRACT

Health care organization is a sector where patient is the main focus where improving the patient outcome is the imperative function and it is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention and medical malpractice claims. It affects the timely, efficient and patient centred delivery of quality health care. A standard and validated questionnaire on health care services and pharmaceutical services was designed and collected the data from in-patients in 40 health care units. The present study involves 229 patients (care receivers) among which 50.2 % of patients were females and 49.8% of patients were males. Overwhelming number of care receivers were (93.4%) married. On an average care receivers were about 43.8 years of age with the standard deviation of about 10.6 years who availed health care services as in- patients. The analysis shows that about 51% of the respondents were suffering from organ related health problem whereas 45% of the respondents were suffering from general health problem. Very less percentage (about 3%) of the respondents were suffering from other types of health problems. In 229 patients, a significant number of participants 98.7%(226) were satisfied with drug therapy whereas 1.3%(3) of patients were not satisfied (z:14.754, significant at p<0.05 &0.01). It is evident from the study that treatment was ranked first (TWAS 1568) by the care receivers, followed by diagnostic service which was ranked second (TWAS 1528), whereas attention of health care professionals ranked third (TWAS 1460). Of the various areas of health care units under study, the care receivers have ranked drug information seventh (TWAS 409), while affordable cost ranked last i.e. eighth (TWAS 381). In our study, the overall response of the patient about pharmaceutical services was satisfactory. In conclusion, the principles of patient centred pharmaceutical care service and therapeutic drug monitoring with qualified clinical pharmacist has to be implemented and practiced so that we can able to achieve better patient satisfaction with improved positive therapeutic care outcome.

KEYWORDS

health care, quality, patient satisfaction, clinical outcome, pharmaceutical care, clinical pharmacist.

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I10, I11, M30.

INTRODUCTION

Patient satisfaction is one of the important goals of any health system, but it is difficult to measure the satisfaction and gauze responsiveness of health systems as not only the clinical but also the non-clinical outcomes of care do influence the customer satisfaction[1]. Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. Patient satisfaction depends up on many factors such as: Quality of clinical services provided, availability of medicine, behaviour of doctors and other health staff, cost of services, hospital infrastructure, physical comfort, emotional support and respect for patient preferences[2]. Mismatch between patient expectation and the service received is related to decreased satisfaction[3]. Therefore, assessing patient perspectives gives them a voice, which can make public health services more responsive to people's needs and expectations[4,5].

In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and mangers to improve the services in the public health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services. Patient satisfaction data can assist as an indicator of the quality of the service provided and act as a predictor of behaviour associated with health [6]. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals [7].

The present study was aimed to assess the patient satisfaction about the health care and pharmaceutical services provided to the in- patients in selected hospitals.

CARE RECEIVER

A Patient is any recipient of health care services. The patient is most often ill or injured and in need of treatment by a physician, nurse, psychologist, dentist, pharmacist or other health care provider or care giver.

An out-patient is a patient who is hospitalized for less than 24 hours. The treatment provided in this case is called ambulatory care.

An in-patient, on the other hand is 'admitted' to the hospital and stays overnight or for an indeterminate time, usually several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state patients, stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called in-patient care. The admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed discharge, and involves a corresponding discharge note.

In-patient care is the care of patients whose condition requires admission to a hospital. In the present study the data pertaining to health care and pharmaceutical care as perceived by in-patients (care receivers) in the selected hospitals is presented.

OBJECTIVES OF THE STUDY

To identify the key pharmaceutical care services and the role of pharmacist in health care team and to analyze the role of pharmacist in improvement of patient's quality of life and patient satisfaction.

RESEARCH DESIGN

After thorough review of the literature survey of pharmaceutical care and its impact on drug therapy management in health care system, the research study was designed.

DATA COLLECTION METHODS

Data was collected at primary and secondary levels.

PRIMARY DATA: Data was collected directly from the respondents of the sampling units using questionnaires.

SECONDARY DATA: The secondary data was collected from the official website soft the health care, pharmaceutical care, World Health Organization (WHO) reports, health policies and health reforms of various countries through journals, magazines, newspapers, websites etc.

RESEARCH AREA: Guntur city was chosen for Research area of study.

RESEARCH UNITS

a) Allopathic hospitals approved by District Medical & Health Office (DMHO), Guntur city up to 2018 and minimum 3 years old hospitals with in-patient service facility.
b) In-patient who stayed at least one complete day and underwent drug therapy.

SAMPLING FRAME

a) Sampling Frame of hospitals: Total 92 allopathic hospitals units approved by District Medical & Health Office (DMHO) in Guntur city upto 2018 and minimum 3years old Allopathic hospitals with In-patient service facility.
b) Sampling Frame of in-patients: The patients admitted due to ill-health who were hospitalized and stayed in the hospital as In-patients for at least one complete day and underwent allopathic drug therapy were included in the study

SAMPLE SIZE

a) Population Sample Size of hospitals: In this study more than 40 percent (40) of total population (92) was selected as sample size which will give more reliable solutions. Hence, the researcher has considered 40% population as sample size.
b) Population Sample Size of In-patient: Assuming that at least 50 percent of hospital beds were occupied from which sample size 7.5% (229) was taken.

MATERIALS AND METHODS

The study was conducted in selected health care units in Guntur city, Andhra Pradesh for a period of more than 1.5 years. Proper consent was obtained from the hospital authorities prior to study. All patients in the present study were in-patients only and they were enrolled in the study with inclusion and exclusion criteria. Healthcare in Guntur is provided by many facilities supported by both the government and private institutions. It is one of the top cities on the east coast region of India in providing excellent medical and health care facilities. The following in-patient parameters were investigated in the present study.

1] Age: Age of the respondents is one of the most important characteristics in understanding their views about the particular problem, by and large age indicates level of maturity of individuals in that sense age becomes more important to examine the response (Table 1).

2] Gender: Gender is an important variable in a given Indian social situation which is variably affected by any social or economic phenomenon and globalization is not an exception to it. Hence the variable gender was investigated in our study. Data related to gender of the respondents is presented in the table 2.

3] Marital Status: Marriage is one of the most important social characteristics. In a developing country like India, it has undergone many changes. The perceptions and attitudes of the person can also differ by the marital status of the persons because the marriage might make the persons little more responsible and matured in understanding and giving the responses to the questions asked. The details of the marital status of the care receivers is presented in table 3.

4] Nature of Health Problem: The nature of health problem of the respondents is an important variable because health is a dynamic state of well-being emergent from conducive interactions between an individual's potentials, life's demands and social and environmental determinants."

"Health results throughout the life course when an individual's potentials – and social and environmental determinants – suffice to respond satisfactorily to the demands of life.

Life's demands can be physiological, psychosocial, or environmental and vary across individuals and contexts, but in every case unsatisfactory responses lead to disease." In view of the above nature of health problem of the respondents was investigated. The data is presented in the table 4

5] Previous Treatment: Treatment is medical attention given to a sick or injured person or animal. Many patients are not getting the medical treatment they need. When we asked about their previous treatment. We received mixed responses. The data is presented in the table 5.

6] Reason for Shifting from one Hospital to Another: Expectations, with reference to healthcare, refer to the anticipation or the belief about what is to be encountered in a consultation or in the healthcare system. It is the mental picture that patients or the public will have of the process of interaction with the system. Patients come to a consultation with expectations which they may or may not be overtly aware of. These expectations may be openly presented or the physician may have to attempt to elicit them. Reactions to unmet expectations can range from disappointment to anger. Various reasons were expressed by 119 respondents are recorded. The data is presented in table 6.

7] Side Effects of the Previous Treatment: The treatment options for most of the patients probably included chemotherapy, radiation therapy and surgery. But the treatment often produces side effects including nausea, fatigue, diarrhoea, nails become dark, pigmentation. Treatment sometimes may also affects the nerves, blood vessels, hormones etc. Certain anti -cancer drugs have side effects these can vary from person to person. For patients such side effects can take over daily life. They can make patients uncomfortable at best and miserable at worst. Sometimes affecting their ability to stick to their treatments, or making treatments less effective than could be. Patients experiencing side effects with drugs should pay close medical attention. Hence the variable side effects of the previous treatment were investigated. The data was collected only from the respondents those who have taken treatment previously and it is presented in table 7.

8] Satisfaction of health care services and order of preferences: Measuring patients' satisfaction has become an integral part of hospital management strategies for quality assurance and accreditation process in most countries, distinguishing that lack of sufficient data can severely inhibit an organization's ability to understand its strengths and to target areas in which performance can be improved.

Measuring patient satisfaction is a way of assessing the process of care, describing the patient's viewpoint and evaluating care by reflecting patient views back into the system and through comparing facilities. Hence the data was collected from all 229 care receivers and it is presented in the table 8.

The table 9 shows the order of preferences in different areas of health care given by the care receivers.

9] Drug therapy: Drug therapy, also called pharmacotherapy, is a general term for using medication to treat disease. Drugs interact with receptors or enzymes in cells to promote healthy functioning and reduce or cure illness.

A drug therapy problem *(DTP)* is any undesirable event experienced by a patient that involves, or is suspected to involve, drug therapy, and that interferes with achieving the desired goals of therapy and requires professional judgment to resolve. The data is presented in table 10.

RESULTS AND DISCUSSION

As shown in the table 1, it is evident that the large number of respondents were above 40 years of age where as low percentage (0.9%) were below 10 years. The table 1 clearly shows that on an average care receivers were about 43.8 years of age with the standard deviation of about 10.6 years who availed health care services as in- patients.

TABLE 1: DISTRIBUTION OF CARE RECEIVERS ACCORDING TO AGE

Age in years	Frequency	Percentages
Below 10	2	0.9
11-20	3	1.3
21-30	17	7.4
31-40	49	21.4
41-50	108	47.2
51-60	38	16.6
Above 60	12	5.2
Total	229	100.0

It is quite clear from table 2 that out of the total respondents investigated in this study, the difference between the observed and the expected frequencies was not significant and hence there was no significant differences between number of male respondents and number of female respondents. The probability of males was exactly equal to the probability of females. The ratio between male and female respondents was found statistically 1:1.

As per descriptive statistics about 49.8% males and 50.2% females were involved in the present study. This can be concluded that the variation was common cause variation.

TABLE 2: GENDER OF THE CARE RECEIVERS

Gender	Frequency	Percentage
Male	114	49.8
Female	115	50.2
Total	229	100.0

Chi-square:0.0044, df: 1, p: 0.9471, α: 0.05 p >0.05

Table 3 shows that overwhelming number of the care receivers (93%) were married and remaining (7%) were unmarried.

TABLE 3: DISTRIBUTION OF CARE RECEIVERS ACCORDING TO MARITAL STATUS

Marital status	Frequency	Percentage
Married	212	92.6
Un-Married	17	7.4
Total	229	100.0

Table 4 shows that about 51% of the respondents were suffering from organ related health problem, whereas 45% of the respondents were suffering from general health problem. Very less percentage (about 3%) of the respondents were suffering from other types of health problems.

TABLE 4: NATURE OF THE HEALTH PROBLEM

Description	Frequency	Percentage
General	105	45.9
Related to Specific Organ	117	51.1
Any Other	7	3.0
Total	229	100.0

It can be concluded from the above table that more than 50% of the respondents were suffering from organ related health problem which is so serious issue and medication therapy management is needed. The drug therapy should be monitored under the supervision of professionally competent person.

As indicated in table 5, about 52% (119) of the respondents were taken treatment previously in other hospital, whereas 48%(110) of the respondents were not taken any treatment in any hospital.

The data was analyzed by binomial test –Z test. The result indicates that the test was not significant at $p<0.05$. Hence it was concluded that there was not enough evidence to claim that the population proportion was greater than 50%. Hence, 50% care receiver's health problems were not rectified in the previous health care units.

TABLE 5: OPINION ON PREVIOUS TREATMENT OF THE RESPONDENTS BEFORE JOINING AS IN-PATIENTS

Have you taken treatment in any other hospital?	Frequency	Percent
Yes	119	52.0
No	110	48.0
Total	229	100.0

Z Score: 0.595, One tailed test, p: 0.2759, α: 0.05, p>α

Not significant at $p<0.05$, 95% confidence interval :0.455-0.584.

As indicated in table 6, more than 50% (119) of the respondents under study had already undergone treatment previously in other hospitals, subsequently we asked all the 119 respondents about reasons for shifting from one hospital to other. Various reasons were expressed by all 119 respondents are recorded. The data is presented in table 6.

The table 6 shows the reasons given by the 52% (119) respondents out of total respondents i.e. 229 under study. The remaining 48%(110) of the respondents were not taken treatment in any hospital previously. Hence the data is presented only for 119 respondents. As indicated in the table 6 about 42%(50 out of 119) of the respondents were directed by the previous doctor for better treatment, whereas about 34% (41out of 119) of the respondents were discharged from the hospital due to lack of necessary medical facilities. About 17% (20 out of 119) of the respondents were shifted from the hospital due to failure of drug therapy. Very few of the respondents (6.7%) were not satisfied with the treatment in the previous hospital.

It can be concluded that more than 52%(119 out of 229) of the respondents have not received proper medical treatment previously and hence they were shifted from one hospital to other for better treatment which ultimately increases medical expenses, length of hospital stay and further delay in treatment.

TABLE 6: REASONS GIVEN BY THE RESPONDENTS FOR SHIFTING FROM ONE HOSPITAL TO ANOTHER

Reasons	Frequency	Percentage
Unsatisfactory Treatment	8	6.7
Not Relieved From Symptoms	20	16.8
Not Enough Facilities Available	41	34.5
Doctor Directed For Better Care	50	42.0
Total	119	100

The table 7 shows the side effects noticed by the patients who had taken treatment in previous hospital. As indicated in table 7, about 65% (78 out of 119) patients had experienced side effects with previous treatment whereas 35% (41 out of 119) patients did not exhibit any side effects.

The data was analyzed by binomial test –Z test at 5% level of significance. The result indicates that the test was statistically significant at $p<0.05$.

Hence, it was concluded that there was enough evidence to claim that population proportion was greater than 50%. Therefore, enormous number of care receivers had experienced side effects with the previous drug therapy.

The reason might be due to constitution of the body system and nature of drug substance and its chemical reaction. It is evident from table 7, overall 34% (78) of care receivers out of 229 under study had experienced different side effects. This might be due to lack of therapeutic drug monitoring system and improper drug therapy management in previous care units.

TABLE 7: OPINION ON SIDE EFFECTS OF THE PREVIOUS TREATMENT BEFORE JOINING AS IN-PATIENTS

Side effects of the previous treatment	Frequency	Percentage	Proportion
Yes	78	65.5	0.655
No	41	34.5	0.345
Total	119	100	1.0

Z score: 3.384, one tailed test, p: 0.0003, α :0.05, Significant at p<0.05,
95% confidence interval at 5% level of significance: 0.570 - 0.741.

The table 8 shows the responses given by the care receivers (229) about their health information obtained from hospital. It is clearly indicating that 88% (202) care receivers stated that they obtained clear information about their disease and health problem from the hospital where as 12%(27) care receivers said that they didn't get any clear information. The data was analyzed by binomial test –Z test at 5% level of significance.

The result indicates that the test was statistically significant at p<0.05. Hence it was concluded that there was enough evidence that population proportion was greater than 50%. Therefore, enormous number of care receivers were satisfied with hospital information about their health problem.

TABLE 8: WERE YOU SATISFIED WITH INFORMATION PROVIDED BY HOSPITAL WITH RESPECT TO YOUR HEALTH PROBLEM / DISEASE?

Response	Frequency	Percentage	Proportion
Yes	202	88.21	0.8821
No	27	11.79	0.1179
Total	229	100	1.00

Z score: 11.579, one tailed test, p:< 0.00001, α :0.05, Significant at p<0.05(and at p<0.01), 95% confidence interval at 5% level of significance: 0.8470 - 0.9172.

The order of preferences in different areas of health care given by the care receivers was investigated.

It is evident from the table 9 that treatment was ranked first (TWAS 1568) by the care receivers, followed by diagnostic service which was ranked second (TWAS 1528), whereas attention of health care professionals ranked third (TWAS 1460). Of the various areas of health care units, the care receivers have ranked drug information seventh (TWAS 409), while affordable cost ranked last i.e. eighth (TWAS 381). Majority of the care receivers have preferred treatment was ranked first among other areas of health care as this could be due to the fact that this might be the most effective area in health care. Care receivers have not preferred drug information and affordable cost which were ranked seventh and eighth respectively among others. It is inferred that the care receivers were unaware about drug information and they felt that the health care services were expensive.

TABLE 9: ORDER OF PREFERENCES IN DIFFERENT ASPECTS OF HEALTH CARE GIVEN BY CARE RECEIVERS

Performance Area (Different Aspects)	1 (8)	2 (7)	3 (6)	4 (5)	5 (4)	6 (3)	7 (2)	8 (1)	Overall Composite performance (TWAS)	Rank
a) Attention of health care professionals	140 (1120)	14 (98)	12 (72)	8 (40)	5 (20)	10 (30)	40 (80)	0 (0)	1460	**3**
b) Diagnostic service	120 (960)	50 (350)	3 (18)	15 (75)	2 (8)	39 (117)	0 (0)	0 (0)	1528	**2**
c) Treatment	170 (1360)	4 (28)	0 (0)	0 (0)	15 (60)	40 (120)	0 (0)	0 (0)	1568	**1**
d) Time punctuality	25 (200)	85 (595)	35 (210)	30 (150)	15 (60)	4 (12)	15 (30)	20 (20)	1277	6
e) DrugInformation	4 (32)	15 (105)	10 (60)	3 (15)	0 (0)	0 (0)	0 (0)	197 (197)	409	7
f) Administration of Intravenous Fluids/Injections	60 (480)	70 (490)	20 (120)	20 (100)	10 (40)	19 (57)	0 (0)	30 (30)	1317	5
g) Cleanliness	85 (680)	50 (350)	30 (180)	7 (35)	2 (8)	10 (30)	45 (90)	0 (0)	1373	4
h) Affordable cost and economical	18 (144)	2 (14)	3 (18)	1 (5)	0 (0)	0 (0)	5 (10)	190 (190)	381	8

The table 10 shows the opinion of care receivers about their drug therapy**.**

It is clearly evident from the above table that 98.7% (226) care receivers stated that they were satisfied with drug therapy whereas a few care receivers 1.3%(3) said that they were not satisfied with drug therapy. The data was analyzed by binomial test –Z test at 5% level of significance.

The result indicates that the test was statistically significant at p<0.05. Hence it was concluded that there was enough evidence that population proportion was greater than 50%. Therefore, enormous number of care receivers were satisfied with the given drug therapy. This might be due to the fact that they were relieved from their disease symptoms.

TABLE 10: WERE YOU SATISFIED WITH DRUG THERAPY?

Response	Frequency	Percentage	Proportion
Yes	226	98.7	0.987
No	3	1.3	0.013
Total	**229**	**100**	**1.0**

Z score: 14.754, one tailed test(Right), p:< 0.00001, α :0.05, Significant at p<0.05 (and at p<0.01),
95% confidence interval at 5% level of significance: 0.9745-0.9993.

CONCLUSIONS

- Lack of administrative support was considered a major obstacle to pharmaceutical care provision.
- In all health care units under study the pharmaceutical care activities and intervention outcomes were noticed by nurses and they were rarely documented.
- All hospitals under study at present had no plan to adopt pharmaceutical care.
- Many physicians and nurses did not know the role and contribution of clinical pharmacist in health care system.
- Majority of care receivers felt that they were not received clear information about their medication and they wanted to know the purpose of their medication and the patient counselling sessions.
- Many commented that no one had ever gone through all their medicines with them and nobody explained their purpose, usage and storage, type of food recommended during drug therapy etc.
- There was no cross verification and checking of patient prescriptions by the expert in pharmacy.

- No therapeutic drug monitoring by clinical pharmacist/ clinical technician was observed in all selected care units.
- Nurses played a key role in drug therapy management in all selected care units.

SUGGESTIONS

- The findings of the study suggest that the role of pharmacists should be changed from product – oriented to patient-oriented.
- Pharmaceutical care activities and intervention outcomes should be documented.
- Pharmacist's role should be activated and utilized to add value to patient care and reduce overall health care cost, prevent adverse drug reactions, reduce drug interactions and drug related problems.
- Ward round pharmaceutical care services and patient centred pharmaceutical care services are very essential to avoid drug related morbidity and mortality.
- Health care organizations should implement proven medication safety practices and standard therapeutic guidelines.
- Ensure that people do not suffer unnecessarily from illness caused by inappropriate or inadequate consumption of medicines.
- Lack of administrative support is considered a major obstacle to pharmaceutical care provision. Hence, necessary support should be provided.
- There is a need to update the existing pharmacy department and need to expand its pharmaceutical services.
- Separate health care teams are need to be constituted based on the type of disease and nature of illness. The team should normally consist of doctor, nurse, clinical pharmacist / clinical technician, senior pharmacist and junior pharmacist.
- State and central governments should take all possible measures to control the bad practices in healthcare profession and introduce policies to improve the quality of care, to reshape care around the patient and improve access to care and make better use of the skills and expertise of all health care professionals.

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