



A Cross Sectional Study to Assess The Patient's Satisfaction With Services Provided At Antiretroviral Therapy Centers in Lucknow

* DR.MUKESH SHUKLA

Assistant Professor, Department of Community Medicine, Hind Institute of Medical Sciences, Ataria, Lucknow (UP)

* Corresponding Author

ABSTRACT

Introduction : Antiretroviral therapy (ART) has changed HIV infection and disease from being a sure predictor of death to a manageable chronic illness. Maintaining optimal adherence to antiretroviral drugs is essential for HIV infection management. The purpose of this work was to assess the satisfaction of the patients with the services provided at the

Antiretroviral Therapy (ART) centers in Lucknow.

Methods : A cross sectional study was conducted among patients attending two ART Centers located in Lucknow, capital city of Uttar Pradesh. Data was collected about socio-demographic characteristics of 322 patients and their perception towards the ART services provided at these centers with the help of a predesigned and pretested schedule.

Results: All the patients (100%) were satisfied with the schedule and timing of the center, total time taken at center for consultation during their monthly visit and with the arrangement provided in the waiting hall. About 10.6% of the patients were unsatisfied with the adequacy of drug indented per patient and with the monthly visit for follow-up.

Conclusion: Majority of the patients were satisfied with the services provided at the ART centre. Therefore it is necessary to sustain these center based services on a long term. The patients should always be involved in the treatment process and their opinions should be taken as they are important stake holders.

KEYWORDS : Antiretroviral therapy, HIV patients, Satisfaction

Introduction

HIV infection is growing rapidly in India with a highly uneven distribution and spread of the disease. [1] Globally over the past two years, there has been a rapid scale-up of access to treatment with ART (Antiretroviral Treatment). The ART program was started by the Government of India in 2004 at 8 ART centers and was subsequently scaled up in a phased manner across the whole country. It was planned to establish 375 ART centers all over the country to provide free ART by March 2016. [2] Main objectives of ART centers are to provide comprehensive services including ART, free diagnostic services (CD4 count), and treatment of opportunistic infections along with periodic counselling sessions and regular check-ups. [3] Various studies had reported patient satisfaction as one of the measures of patient care in addition to mortality and morbidity and a major predictor of treatment utilization and adherence. [5, 6] The services provided by ART centers are playing an increasingly important role not only in providing treatment but also in preventive aspects. As these ART centers offer many possibilities therefore it is important that they provide the optimum services to the patients. Patient's satisfaction has long been considered as an important component while assessing outcome and quality of care. The relationship between health care providers and patients (interpersonal skills) has been reported to be the most influential factor for patient satisfaction. [6] Satisfied patients are more likely to have better bonding and long lasting relationship with their service providers, thereby leading to improved compliance, continuity of care and ultimately better health outcome. The purpose of this study was to assess the satisfaction of the patients by the services provided at the ART centers.

Materials and methods

A cross sectional study was conducted among patients attending ART centers of King George's Medical University and Ram Manohar Lohia Institute of Medical Sciences, two tertiary care hospitals in Uttar Pradesh. A total of 322 patients with age \geq 18 years were enrolled in the study via systematic random sampling from November 2013 to March 2014. Data was collected on three days every week. Non-willing patients, patients who were unable to communicate and seriously ill patients were excluded from the study.

Data management

Data collection was done through direct interviews with the patients visiting the ART centres using questionnaire including socio demographic information and their perception about behaviour of the physician, counsellor and other paramedical staff, satisfaction with

location and timings of ART centre, adequacy of prescribed drug at a time, diagnostic facilities provided through ART centre, total time taken at ART centre and arrangements provided at waiting hall. The patients were informed about the aims and objective of the study and a written consent in local language (Hindi) was obtained from the patients before data collection. To ensure confidentiality and the comfort of the patients the place of interview was selected away from the personnel of the ART centre to avoid any bias during data collection. Ethical clearance was obtained from the Institutional Ethical Committee of the King George's Medical University UP. Data was compiled and analysed using the statistical software. The information collected on the study schedule was transferred on the pre- designed classified tables and analysed according to the aims and objectives.

Results:

Majority (47.5%) of the patients were in age-group 31-40 years followed by 21.4% in age-group 18-30 years. The mean age of patients attending ART center was 38.3 ± 9.0 years. About two-third were male and 63.4% were married. 74.5% belonged to Hindu religion followed by Muslim and others (23.9% and 1.6% respectively). There was almost an equal distribution with respect to urban and rural residence (50% each). About two-third (65.5%) of the patients belonged to family of average size \leq 5. Near about one-fourth (28.6%) of the patients were illiterate. About 65.2% were employed and majority of them were skilled/semiskilled workers. About 57 patients out of 322 were below poverty line and about two-third (64.6%) belonged to socio-economic status upper lower and below according to Modified B G Prasad socioeconomic scale 2013. With respect to location of ART center, majority (96.6%) of the patients were satisfied while 11 patients out of 322 were not satisfied and stated location of ART center quite away from their native places. Almost all the patients (100%) were satisfied with the schedule and timing of the center, total time taken at center for consultation during their monthly visit and with the arrangement provided in the waiting hall. Although all the patients perceived the physicians behaviour to be ideal but in contrast to that 2 patients were unsatisfied with the behaviour of counsellor and paramedical staff. A major concern was regarding satisfaction with the amount (number of pills) of prescribed antiretroviral drugs indented to the patients during routine follow up visit to ART center. About 10.6% of the patients were unsatisfied with the adequacy of drug indented per patients during each visit.

Discussion:

As the patient's satisfaction is considered an important healthcare

outcome, this study is therefore conducted to assess the level of satisfaction with respect to services provided at ART center. A study conducted by Kishor *et al.*, reported quite excellent satisfaction of patients with respect to facilities provided at ART center. [7] Similar findings were also revealed in present study. Most of the studies from developed countries showed high level of satisfaction in almost all the domains of health care services. [8,9] In contrast, studies from Ethiopia and Vietnam reported low level of patients satisfaction. [10,11,12] This might be due to the provision of standardized facilities provided at these center according to guidelines laid down by National AIDS Control Organisation (NACO). Patients visiting ART center stated a major concern regarding the amount of drug indented at a time. When patients on ARV medication visit the center they are routinely indented drug free of cost for next month and they have to come again next month for availing subsequent medication. As reported by Shukla *et al.*, about one-fifth (16.1%) patients suffered from catastrophic expenditure (due to travel, food and overnight expenses) during their visit to ART center which might be the reason behind non satisfaction of patient with the amount of pills indented and monthly visits. Karunamoorthi *et al.*, also reported in their study that about one-fourth (26.9%) of patient to be unsatisfied with pharmacy services.

Conclusions:

The findings of our study showed high level of satisfaction on various aspects of treatment services and behaviour of staff at ART center. Almost all the patients were satisfied with the location of ART center, quality of services provided, attitude and behaviour of doctors and paramedical staff.

Table no. 1 Distribution of patients on the basis of patient’s satisfaction with the services provided at the ART center.

(N=322)

Satisfaction with healthcare services	Number	Percentage
Location of ART centre		
Satisfied	311	96.6
Not satisfied	11	3.4
Schedule and timings of ART centre		
Satisfied	322	100
Not satisfied	0	0
Physician’s Behaviour		
Satisfied	322	100
Not satisfied	0	0
Counselor’s and Other paramedical staff Behaviour		
Satisfied	320	99.4
Not satisfied	2	0.6
Adequacy of drugs supplied and frequency of visit		
Satisfied	288	89.4
Not satisfied	34	10.6
Total time taken at ART centre		
Satisfied	322	100
Not satisfied	0	0
Arrangement provided in waiting hall		
Satisfied	322	100
Not satisfied	0	0

References:

1. An overview of the spread and prevalence of HIV/AIDS in India. Available at, www.naco.nic.in/nacp/bss1.pdf. Accessed on 01 January 2016.
2. Government of India, Ministry of Health and Family Welfare, National AIDS Control Organisation. Programme Implementation Plan (PIP), NACP-III (2007-12). Available from: www.nacoonline.org. Assessed on Jan 1st, 2015.
3. National AIDS Control Organisation. NACO Annual Report;2013-14. Available from:http://www.naco.gov.in/upload/2014%20MnIns/NACO_English%20-2013-14.pdf. [Last accessed on 2014 Dec 30].
4. Mahon PY. An analysis of the concept of patient satisfaction as it relates to contemporary nursing care. JA DV Nurs, 1996;24:1241-1248.
5. Roberts K.J. Physician-patient relationships, patient satisfaction and ARV medication adherence among HIV infected adults attaining a public health clinic. AIDS patient

- care STDS 2002;16:43-50.
6. Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality of care. Inquiry 1998; 25: 25-36.
7. Bhagat Vimal Kishor, Pal D K, Lodha Rama, Bankwar Vishal. Clients’ satisfaction with anti- retroviral therapy services at hamidia hospital Bhopal. National Journal of Community Medicine 2011; 2(2): 241-46.
8. Beck EJ, Griffith R, Fitzpatrick R, Mandalia S, Carrier J, Conlon C et al. Patient satisfaction with HIV service provision in NPMS hospitals: The development of a standard questionnaire. AIDS care 1999;11(3):331-343.
9. Tsisis P, Tsoukas C, Deutsch G. Evaluation of Patient Satisfaction in a Specialized HIV/AIDS Care Unit of a Major Hospital. AIDS Patient Care and STDs 2000;14(7):347-349.
10. Oljira L, Gebreslassie S. Satisfaction with outpatient health services at Jimma hospital. Ethiop J Health Dev 2001;15(3):179-184.
11. Birna Abdosh. The quality of hospital services in eastern Ethiopia: Patient’s perspective. Ethiop J Health Dev 2006;20(3):199-200.
12. Tran BX, Nguyen NPT (2012) Patient Satisfaction with HIV/AIDS Care and Treatment in the Decentralization of Services Delivery in Vietnam. PLoS ONE 7(10): e46680. doi:10.1371/journal.pone.0046680
13. Shukla M, Monika Agarwal M, Singh J, Tripathi A, Srivastava A, Singh VK. Catastrophic Health Expenditure amongst People Living with HIV/AIDS Availing Antiretro-viral Treatment Services at Two Tertiary Care Health Facilities in District of Northern India. Ntl J of Community Med 2015; 6(3):323-328.
14. K. Karunamoorthi, M. Rajalakshmi, S. Makes Babu, A. Yohannes. HIV/AIDS patient’s satisfactory and their expectations with pharmacy service at specialist antiretroviral therapy (ART) units. Eur Rev Med Pharmacol Sci 2009;13:331-39.