

ASSESSMENT AND COMPARISON OF PATIENT'S SATISFACTION WITH QUALITY OF ANTENATAL CARE SERVICES IN GYNAE OUTPATIENT DEPARTMENT OF GOVERNMENT AND PRIVATE HEALTH CARE SETTINGS

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ABSTRACT

OBJECTIVES: To assess and compare patient's satisfaction with quality of antenatal care services in gynae outpatient department of government (public sector) and private hospitals (PH).

METHODS: Study was conducted by randomly selecting 300 patients; 150 patients each from government hospitals (GH) and PH of Lahore, Pakistan, from July 2016-September 2016. A preformed "data-collection-form" was filled during interviews.

RESULTS: In our study, 107 (71.3%) patients of PH and only 29 (19.3%) patients of GH had started their antenatal care before the 3rd month pregnancy. Satisfaction with the behavior of doctors and paramedical staff was 73.3% (n=110) & 93.3% (n=140) respectively in patients going to PH as compared to 6.7% (n=10) & 86.6% (n=130) in patients attending GH, respectively. Care providers/doctors were good listener to the patient's questions in 68.6% (n=103) of PH and 15(10%) of GH. In PH, 140 (93.33%) patients and in GH, 130 (86.67%) patients were satisfied with the time given to patient-care by healthcare provider. Family planning services were provided to 40% patients of GH and 11.3% patients of PH. In GH, majority (73.3%) of patients was followed up at one month and in PH majority (54.6%) was followed up within a week. More than three sonographs were prescribed to 33.3% patients in PH and 10% patients in GH.

CONCLUSION: Patients are more satisfied in PH because of the overall antenatal facilities, dealing of paramedical and medical staff. In GH less cleanliness, more waiting time and unsatisfactory behavior of healthcare providers makes them less satisfied for patients.

KEY WORDS: Antenatal Care (MeSH), Personal Satisfaction (MeSH), Quality (Non-MeSH), Public Sector (MeSH), Private Sector (MeSH).

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INTRODUCTION

Pregnancy, also known as gravidity or gestation, is a physiological phenomenon.¹ Every pregnancy carries risks. Factors like age and overall health status can increase chances of experiencing complications during pregnancy. Other

factors include reproductive abnormalities, weight, diabetes, hypertension, kidney disease and multiple birth pregnancies.

Antenatal care (ANC) is care for women during pregnancy and is necessary for good health of fetus, newborn

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child and mother during pregnancy and after pregnancy. The aim of ANC is to avoid health problems in both fetus and mother and to give newborn child a good start. ANC should be of good quality so that patient's satisfaction can be achieved. World Health Organization (WHO) recommended that pregnant women should start ANC from the first 3 months of pregnancy.²⁻⁴

Patient's satisfaction of antenatal care is influenced by behavior of staff, cost of care, time spent at the hospital and communication with the doctor.⁵ Number of visits, timing of initiation of care and recommended components of care are the dimensions to access the quality of care.⁶

During the first three months of pregnancy antenatal care detects and treats complications of pregnancy and helps during delivery and after childbirth. Failure to receive antenatal care early results in complications during pregnancy, delivery and puerperium.⁷ Many factors affect initiation of antenatal care.^{8,9}

Counseling during antenatal care guides women when to seek help and where to give birth. It also helps prepare women for the mental and physical challenges that they may face during pregnancy and childbirth.¹⁰

Most government hospitals provide majority of services free of charge or at very low cost. This led to overcrowding and over-extended staff in these hospitals which decreases the quality of care provided. Private hospital situations are different from these as although care provided is more in them but at high cost. Improved birth outcomes obtained where proper care is provided in obstetric units.

Patient satisfaction deals with the quality of services given and how much specific needs are met. Satisfied patients come back for the services more likely

and recommend services to others as well.⁵ Health center administrators should increase the number of staff to lessen client load and increase the time of consultation and to decrease the waiting time and overcrowding.¹¹

Current research was done to evaluate and compare the quality of services related to antenatal care provided by public and private health care settings and to assess the level of satisfaction in patients of both settings. Initiation of antenatal care, various satisfaction parameters regarding environment of Outpatient Department (OPD) and behaviors of both healthcare providers and paramedical staff were assessed. Quality of services provided and satisfaction of patients with these services were evaluated.

METHODS

A descriptive observational study conducted in gynecology outpatient area of different government and private hospitals of Lahore, Pakistan from July 2016

– September 2016 on pregnant women. Study population was 300 randomly selected pregnant women. Equal number of patients i.e. 150 women were taken from both private sector hospitals and government (public sector) hospitals.

All the new and referred pregnant women in the gynecology OPDs of tertiary health care facilities for receiving antenatal care services were selected. Women in the gynecology OPDs of tertiary health care facilities who were not receiving antenatal care services were excluded.

A data collection form covering patient's demographics, different variables concerning patient satisfaction with quality of antenatal care provided i.e. initiation of antenatal care, behavior of both healthcare provider and paramedical staff, services provided and follow up. Data was collected by direct interview with patients and their care providers. Collected data was analyzed and represented in the form of frequency tables.

RESULTS

As shown in Table I, only 19.3% patients of government hospitals started their antenatal care before 3rd month of pregnancy as compared to 71.3% patients in private hospitals. Minimum time for waiting in line was 20% and 42.5% for government and private hospitals respectively. About 93.3% and 86.6% of patients were satisfied with the dealing of paramedical staff of private and government hospitals respectively. Satisfaction with the behavior of health care professionals was more in private hospitals (73.3%) as compared to government hospitals (6.7%). Care providers/doctors were good listener to the patient's questions in 68.6% of private hospitals and satisfactory listeners in 84% of government hospitals. About 86.6% of patients in government hospitals and 93.3% of patients in private hospitals were satisfied with the time given to them.

Quality of services provided to patients in both government and private

TABLE I: LEVEL OF SATISFACTION AMONG PATIENTS IN BOTH GOVERNMENTS AND PRIVATE HOSPITALS

Parameters	Variables	Frequency (%)	
		Government (public sector) Hospitals (n= 150)	Private Sector Hospitals (n= 150)
Initiation of antenatal care	Before 2nd month	5(3.33%)	10(6.66%)
	From 2nd to 3rd month	24(16%)	97(64.6%)
	After 3rd month	121(80.6%)	43(28.6%)
Satisfaction with the waiting area	Yes	145(96.6%)	147(98%)
	No	5(3.33%)	3(2%)
Time for waiting in line	Minimum	30(20%)	64(42.6%)
	Moderate	110(73.3%)	82(54.6%)
	Lengthy	10(6.66%)	4(2.6%)
Satisfaction with the cleanliness of OPD	Yes	120(80%)	138(92%)
	No	30(20%)	12(8%)
Satisfaction with the dealing of paramedical staff	Yes	130(86.6%)	140(93.3%)
	No	20(13.3%)	10(6.66%)
Care provider/Doctor as listener to your question	Good	15(10%)	103(68.6%)
	Satisfactory	125(83.3%)	37(24.6%)
	Poor	10(6.66%)	10(6.66%)
Behavior of health care professionals	Good	10(6.66%)	110(73.3%)
	Moderate	126(84%)	35(23.3%)
	Poor	14(9.33%)	5(3.33%)
Satisfaction with the time given	Yes	130(86.6%)	140(93.3%)
	No	20(13.3%)	10(6.66%)

TABLE II: QUALITY OF SERVICES PROVIDED TO PATIENTS IN BOTH GOVERNMENT AND PRIVATE HOSPITALS

Parameters	Variables	Frequency (%)	
		Government (public Sector) Hospitals (n= 150)	Government (public sector) Hospitals (n= 150)
Services provided	Counseling about warning signs	16(10.6%)	12(8%)
	Importance of good nutrition	49(32.6%)	66(44%)
	Preventive treatment for diseases	10(6.66%)	25(16.6%)
	Family Planning	60(40%)	17(11.3%)
	Appropriate actions to be taken	10(6.66%)	30(20%)
	Breast Feeding	5(3.33%)	0
Tetanus vaccination	Yes	130(86.6%)	145(96.6%)
	No	20(13.3%)	5(3.33%)
Number of sonographs	1	40(26.6%)	30(20%)
	2	32(21.3%)	27(18%)
	3	63(42%)	43(28.6%)
	More	15(10%)	50(33.3%)
Health care providers answer your question regarding this pregnancy [#]	Yes	130(86.6%)	145(96.6%)
	No	20(13.3%)	5(3.33%)
Easy access to the medical specialist	Yes	110(73.3%)	130(86.6%)
	No	40(26.6%)	20(13.3%)
Follow up	1 week	30(20%)	82(54.6%)
	2 week	10(6.66%)	5(3.33%)
	1 month	110(73.3%)	63(42%)

[#]Any query/question asked by the patient from the doctor. Any information acquired by the patient from the doctor.

hospitals are given in Table II. Family Planning services were provided to 40% patients of government hospitals as compared to 11.3% patients of private hospitals. In government hospitals, majority (73.3%) of patients were followed up in one month and in private hospitals majority (54.6%) were followed up with in a week. More than three sonographs were prescribed to 33.3% patients in private hospitals as compared to 10% patients in government hospital.

DISCUSSION

In this study, various parameters were compared for quality of antenatal care in government and private hospitals of Lahore Pakistan. Overall, attitude of health care providers, services and care provided at private hospitals were more satisfactory for the patients as compared to government hospitals.

Antenatal care (ANC) includes the medical procedures and care that provided during pregnancy.¹² It is the care a woman receives throughout her preg-

nancy which leads to healthy pregnancy state and safe childbirth. Every wanted pregnancy should result in the delivery of a healthy baby without impairing the mother's health.¹³ In Pakistan, care seeking is very common and on average people visits a health provider once every 3 months often for minor symptoms. A study conducted in Hyderabad shows that provision of antenatal care was not adequate; improvement is required in government hospital obstetric services by increasing resources, sufficient medicine supply, and effective staff duty and minimize waiting time.¹⁴

Early initiation of antenatal care was seen more in private settings while it is less in government sector. G. Carroli et al agreed that attaining antenatal care during first 3 months increases chances of uncomplicated pregnancy.¹⁵ Overall environment of private hospitals according to patients i.e. waiting area, cleanliness and dealing of paramedical staff was better as compared to government hospitals. Behavior of health care provider was

more satisfactory in private settings. Individual time given to every patient is very important for proper care and good outcome. Less time conferred in government hospitals as large numbers of patients are in waiting line. While in private setting, no such issues arise. According to a study conducted in Islamabad, poor households get worried because of the so-called "free" maternal care given in government hospitals which include unrevealed charges.¹⁶

Tetanus vaccination ratio was almost equal in both government and private sector in this study but there are no other vaccination and testing for pregnant women available in any setting. Khan et al. concluded that in developing countries like Pakistan, vaccination of pregnant women with tetanus toxoid, regular checkups and patient compliance can be effective in reducing neonatal tetanus.¹⁷

Proper counseling about every aspect of pregnancy i.e. warning signs related to medication use during this phase and importance and selection of

food etc. were more satisfactory and of good quality in private settings. Another study conducted in Pakistan also proved that infrastructure and the availability of equipment, services and supplies were generally better in private health clinics as compared to government settings.¹⁸ Majority of patients have been prescribed ultrasound more than 3 times by the provider up till now in both sectors. A study shows ultrasound was more accurate than last menstrual period in dating, and when it was used, the number of post term pregnancies decreased.¹⁹ Follow up time was more frequent in private sector which ensures proper care to patients.

From the present study we concluded that overall environment of gynecology OPD department with respect to the provision of antenatal care services was good for patients in private hospitals and satisfactory for patients in government hospitals. Waiting time was less for more patients in private hospital because of less overcrowding and waiting time was moderate for more patients in government hospitals.

CONCLUSION

Patients are more satisfied with private hospitals because of the overall antenatal facilities, dealing of paramedical and medical staff. Behavior of care provider was good for patients in private hospitals and satisfactory for patients in government hospitals. Time given per patients was more in private hospitals. Various antenatal care services were provided in both sectors. Women came to government hospitals because of less cost while in private hospitals women came due to the good behavior of staff. In private hospitals provision of antenatal services was good than government

hospitals somehow due to overcrowding in government hospitals.

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CONFLICT OF INTEREST

Authors declared no conflict of interest

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AUTHORS' CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

NK & FH: Concept & study design, acquisition, analysis and interpretation of data, drafting the manuscript, final approval of the version to be published.

MR: Acquisition of data, drafting the manuscript, critical revision, final approval of the version to be published.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.