

RESEARCH ARTICLE

Assessment of Patient Satisfaction after Counseling by a Health Care Provider before Emergency Cesarean Section in a Tertiary Care Hospital

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ABSTRACT

Introduction: Patient satisfaction is one of the most frequently reported outcome measures for quality of health care. In recent years, effective counseling has become a very important tool to involve patient participation in decision-making. The objective of this study was to assess the patient satisfaction by the counseling of a health care provider before emergency cesarean section (C-section) in a tertiary care hospital.

Materials and methods: A descriptive cross-sectional questionnaire study of 53 women, who had their first babies by C-section or had C-section first time with previous normal deliveries, in Hamdard University hospital in 3 months.

Data analysis: Questionnaires were distributed among patients on their second postoperative day after emergency C-section. A good total response rate for patient satisfaction survey is in the 40 to 60% range. Statistical Package for the Social Sciences version 20 was used to analyze the data, patient satisfaction was analyzed by using descriptive statistics (% , frequency), and independent sample t-test and analysis of variance were applied to assess the satisfaction level for demographic indicators.

Results: Out of 53 women, 38 (71.7%) were satisfied with the counseling while 15 (28.3%) were dissatisfied; 35 (66%) were primigravida while 17 (32%) were multigravida. The majority was in the age group of 25 to 30 (41%) years; 21 (39.6%) were undergraduate, out of them 12 (55.2%) were satisfied; 32 (60.3%) were graduate, out of them 26 (82%) agreed; 46 (86%) participants know their counselor; and 44 (83%) reported good attitude. A safe atmosphere was created by the counselor in 38 (71.7%) cases, and 24 (45%) participants reported that the counselor used medical jargons. Privacy was not maintained in 39.6%, and 18 (33.9%) reported negative feelings like anxiety and depression after their counseling.

Conclusion: Patient satisfaction is an important quality outcome indicator to measure success of the health care services. Evaluation of patient care is vital to provide opportunity for improvement like strategic framing of health plans.

Keywords: Counseling, Emergency cesarean section, Patient satisfaction.

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INTRODUCTION

Patient satisfaction has been an important issue for health care provider, it is a valuable tool for monitoring health care performance and quality of health plans.^{1,2,6}

The various survey on patient satisfaction identify its various dimensions including communication, clinical skills, staff, hospital, and food services, etc. However, the relationship between patients and health care provider has been reported to be the most influential factor for patient satisfaction.^{3,4,5}

In recent years, effective counseling has become a very important tool to involve patient participation in decision-making, it helps to reduce the distress, complaints, and dissatisfaction among patients and their families.^{7,9,10}

Rapid growth of counseling has also generated numerous questions. There is considerable debate how the effects of counseling should be measured. Nevertheless, robust and consistent evidence about the effectiveness of counseling is now accumulating. Controlled trials conducted in health care settings indicate that counseling is an effective intervention clinically and economically. Effective counseling shows a high level of satisfaction among patients and their families. Counseling attaches a great deal of importance to the autonomy and, therefore, the choices of patients.^{1,8}

A Cochrane review has found that decision aids improve knowledge of options and outcomes lead to more realistic expectations, reduce the decisional conflict associated with people feeling uninformed, and stimulate an active role in decision-making.⁷

Patient satisfaction survey can be tools for learning. They can help to identify problem areas and reference

points for making management decisions. They can also serve as a means of holding physician accountable.⁶

RATIONALE

Counseling plays a very crucial role in maternity hospital. Normal birth of a healthy baby is the general expectations of pregnant women and their families. On the contrary, there is a rising trend of emergency cesarean section (C-section) during labor. Two most common indications for emergency C-section are nonprogress of labor and presumed fetal distress. The decision of emergency C-section creates many queries, confusion, and mental stress for both patients and their families. In such a situation, dissatisfaction with the care provider is not uncommon and both the women and their families may become distressed and aggressive. Women who had operative deliveries and C-sections have been noted to have less satisfaction with the delivery and have more maternal psychological morbidity, such as depression and loss of self-esteem.

The aim of this study was to assess the patient satisfaction by the counseling of a health care provider before emergency C-section in consultant-led team-based tertiary care hospital.

OBJECTIVE

To assess patient satisfaction by the counseling of a health care provider before an emergency C-section.

MATERIALS AND METHODS

Study Design

Descriptive cross-sectional study.

Settings

Obstetric unit of Hamdard University hospital at Karachi.

Duration of study

Three months

Study Population

Patients undergoing emergency C-section at Hamdard University hospital.

Eligibility Criteria

Inclusion Criteria

All patients underwent emergency C-sections for the first time.

Exclusion Criteria

Patients delivered by elective C-sections.
Patients with previous C-section.

Covariates

Independent Variables

The independent variables of the study were age, parity, level of education, and type of admission (elective/emergency).

Dependent Variables

Level of patient satisfaction with the counseling by a health care provider.

Sample size

Fifty-three patients

Sample size was calculated using OpenEpi. Keeping proportion of patients who were satisfied with counseling as 50%, bound on error 5%, 60 cases of emergency C-section are expected in 3 months (20 cases per month). Sample size came out to be 53 patients.

Data Collection Methods

A questionnaire (the standard questionnaire of patient satisfaction modified for this study)^{6,12-14} was distributed among patients on their second postoperative day after emergency C-section and among their close relatives after taking informed consent. The questionnaires were filled by the patients.

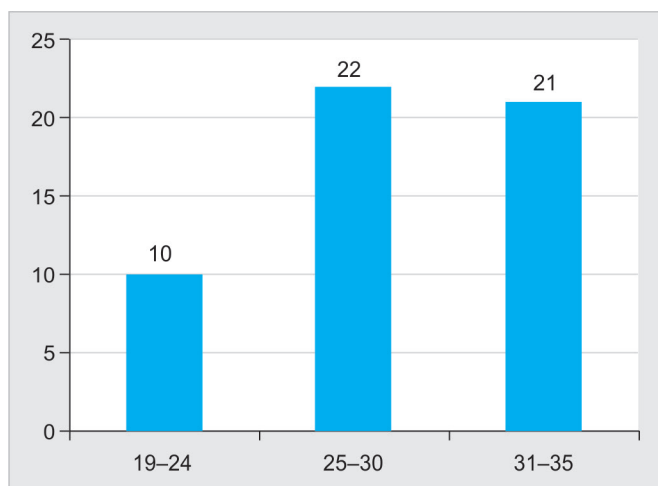
Data Analysis

A good total response rate for a written patient satisfaction survey is in the 40 to 60% range.⁶

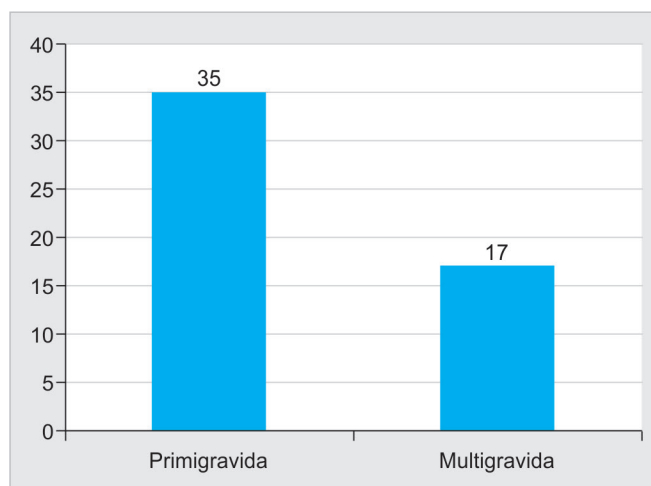
Statistical procedure to analyze the data was done by using Statistical Package for the Social Sciences version 20. Data distribution was evaluated by Shapiro–Wilk test. The assessment of patient and family satisfaction before emergency C-section was analyzed by using descriptive statistics (% , frequency). Second, independent sample t-test and analysis of variance were implemented to assess the satisfaction level for demographic indicators. Pearson’s correlation or Spearman’s rank correlation was used to check the association between the level of education and satisfaction level.

Operational Definition

Counseling: It is a systematic process which gives individuals an opportunity to explore, discover, and clarify ways of living more resourcefully, with a greater sense of well-being. Counseling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict, or improving relationships with others.¹¹



Graph 1: Participants' age



Graph 2: Participant distribution according to parity

Patient Satisfaction

It is a patient-reported outcome measure while the structures and processes of care can be measured by patient-reported experiences.¹¹

RESULTS

Fifty-three participants were included in this study, out of them 38 (71.7%) participants were satisfied with the counseling while 15 (28.3%) were dissatisfied. Out of 53, 35 (66%) were primigravida while 17 (32%) patients were multigravida with previous normal vertex deliveries. The maximum number of participants was in the age group of (41%) 25 to 30 years (Graphs 1 and 2).

Our study showed that 46 (86%) participants know their counselor and 44 (83%) reported good attitude. The counselor focused and understands participant's problems in 79.2 and 77.3% respectively. A safe atmosphere was created by the counselor in 38 (71.7%) cases.

Out of 53, 24 (45%) participants reported that the counselor used medical jargons during counseling, 18 (34%) failed to understand the language. Privacy and confidentiality was not maintained in 39.6% of participants, and even 18 (33.9%) reported negative feeling or symptoms like anxiety and depression after their counseling (Table 1).

Out of 53, 18 (34%) participants were admitted through Out patient department and had emergency C-section, among them 15 (83%) were agreed, while 3 (16.7%) were disagreed, Moreover, 35 (66%) were admitted through emergency and had C-section, among them 22 (63%) were satisfied and 13 (37%) were dissatisfied (Table 2).

This study showed that 21 (39.6%) participants were undergraduate, out of them 12 (55.2%) were satisfied while 9 (44.8%) were dissatisfied; 32 (60.3%) were graduate, out of them 26 (82%) agreed while 6 (17.9%) disagreed (Table 3).

Table 1: Patients satisfactory level

	Strongly agree n (%)	Agree n (%)	Disagree n (%)	Strongly disagree n (%)
Counselor known to you	23 (43.4)	23 (43.4)	7 (13.2)	0 (0)
Counselor has good attitude	17 (32.1)	27 (50.9)	9 (17.0)	0 (0)
Language understandable	15 (28.3)	20 (37.7)	18 (34.0)	0 (0)
No medical jargons	6 (11.3)	23 (43.2)	22 (41.5)	2 (3.8)
Focusing your problem	12 (22.6)	30 (56.6)	8 (15.1)	0 (0)
Understand your problem	7 (13.2)	34 (64.2)	12 (22.6)	0 (0)
Concerns and feelings	4 (7.5)	33 (62.3)	15 (28.3)	1 (1.9)
Safe atmosphere	4 (7.5)	34 (64.2)	13 (24.5)	2 (3.8)
Confidentiality and privacy	3 (5.7)	29 (54.7)	19 (35.8)	2 (3.8)
Enough time	3(5.7)	29(54.7)	18 (34.0)	2 (3.8)
Helped you to become aware of the choices open to you	4 (7.5)	30 (56.6)	17 (32.1)	2 (3.8)
Agree with decision	5 (9.4)	35 (66.0)	11 (20.8)	1 (1.9)
Satisfied with counseling	5 (9.4)	33 (62.3)	12 (22.6)	1 (1.9)
Benefited from counseling	5 (9.4)	32 (60.4)	13 (24.5)	2 (3.8)
Negative feeling or symptoms	5 (9.4)	30 (56.6)	15 (28.3)	3 (5.7)

DISCUSSION

Patient satisfaction is one of the most frequently reported outcome measures for quality of health care. It also reflects patients' involvement in decision-making and their role as partners in improving the quality of health care services.¹⁵ In the present study, 71.7% of participants were satisfied with the counseling of health care provider, which is more than that reported by Khanam et al¹⁶ (51%). However, Porter et al¹⁷ revealed 81% satisfaction. Moreover, study

Table 2: Satisfactory level between elective and emergency admissions

	Emergency admission: n (%)	Elective admission: n (%)	p-value
<i>Counselor known to you</i>			
Strongly agree	12 (66.7)	11 (31.4)	0.022
Agree	6 (33.3)	17 (48.6)	
Disagree	0 (0)	7 (20.0)	
<i>Counselor has good attitude</i>			
Strongly agree	11 (61.1)	6 (17.1)	0.004
Agree	6 (33.3)	21 (60.0)	
Disagree	1 (5.6)	8 (22.9)	
<i>Language understandable</i>			
Strongly agree	11 (61.1)	4 (11.4)	0.001
Agree	3 (16.7)	17 (48.6)	
Disagree	4 (22.2)	14 (40.0)	
<i>No medical jargons</i>			
Strongly agree	3 (16.7)	3 (8.6)	0.274
Agree	10 (55.6)	13 (37.1)	
Disagree	5 (27.8)	17 (48.6)	
Strongly disagree	0 (0)	2 (5.7)	
<i>Focusing your problem</i>			
Strongly agree	8 (44.4)	4 (12.5)	0.026
Agree	9 (50.0)	21 (65.6)	
Disagree	1 (5.6)	7 (21.9)	
<i>Understand your problem</i>			
Strongly agree	2 (11.1)	5 (14.3)	0.075
Agree	15 (83.3)	19 (54.3)	
Disagree	1 (5.6)	11 (31.4)	
<i>Concerns and feelings</i>			
Strongly agree	2 (11.1)	2 (5.7)	0.438
Agree	13 (72.2)	20 (57.1)	
Disagree	3 (16.7)	12 (34.4)	
Strongly disagree	0	1 (2.9)	
<i>Safe atmosphere</i>			
Strongly agree	2 (11.1)	2 (5.7)	0.665
Agree	12 (66.7)	22 (62.9)	
Disagree	4 (22.2)	9 (25.7)	
Strongly disagree	0 (0)	2 (5.7)	
<i>Confidentiality and privacy</i>			
Strongly agree	1 (5.6)	2 (5.7)	0.525
Agree	12 (66.7)	17 (48.6)	
Disagree	5 (27.8)	14 (40.0)	
Strongly disagree	0 (0)	2 (5.7)	
<i>Enough time</i>			
Strongly agree	1 (5.9)	2 (5.7)	0.413
Agree	12 (70.6)	17 (48.6)	
Disagree	4 (23.5)	14 (40.0)	
Strongly disagree	0 (0)	2 (5.7)	
<i>Helped you to become aware of the choices open to you</i>			
Strongly agree	2 (11.1)	2 (5.7)	0.197
Agree	13 (72.2)	17 (48.6)	
Disagree	3 (16.7)	14 (40.0)	
Strongly disagree	0 (0)	2 (5.7)	

	Emergency admission: n (%)	Elective admission: n (%)	p-value
<i>Agree with decision</i>			
Strongly agree	2 (11.1)	3 (8.8)	0.189
Agree	15 (83.3)	20 (58.8)	
Disagree	1 (5.6)	10 (29.4)	
Strongly disagree	0 (0)	1 (2.9)	
<i>Satisfied with counseling</i>			
Strongly agree	2 (11.1)	3 (9.1)	0.369
Agree	14 (77.4)	19 (57.6)	
Disagree	2 (11.1)	10 (30.3)	
Strongly disagree	0 (0)	1 (3.0)	
<i>Benefited from counseling</i>			
Strongly agree	2 (11.1)	3 (8.8)	0.219
Agree	14 (77.8)	18 (52.9)	
Disagree	2 (11.1)	11 (32.4)	
Strongly disagree	0 (0)	2 (5.9)	
<i>Negative feeling or symptoms</i>			
Strongly agree	3 (11.1)	3 (8.6)	0.251
Agree	13 (72.2)	17 (48.6)	
Disagree	3 (16.7)	12 (34.3)	
Strongly disagree	0 (0)	3 (8.6)	

Table 3: Satisfactory level between graduate and undergraduate patients

	Undergraduate n (%)	Graduate n (%)	p-value
<i>Counselor known to you</i>			
Agree	16 (76.2)	30 (93.8)	0.07
Disagree	5 (23.8)	2 (6.2)	
<i>Counselor has good attitude</i>			
Agree	15 (71.4)	29 (90.6)	0.075
Disagree	6 (28.6)	3 (9.4)	
<i>Language understandable</i>			
Agree	10 (47.6)	25 (78.1)	0.02
Disagree	11 (52.4)	7 (21.9)	
<i>No medical jargons</i>			
Agree	6 (28.6)	23 (71.9)	0.002
Disagree	15 (71.4)	9 (28.1)	
<i>Focusing your problem</i>			
Agree	16 (76.2)	29 (90.6)	0.149
Disagree	5 (23.8)	3 (9.4)	
<i>Understand your problem</i>			
Agree	13 (61.9)	28 (87.5)	0.034
Disagree	8 (38.1)	4 (12.5)	
<i>Concerns and feelings</i>			
Agree	11 (52.4)	26 (81.2)	0.027
Disagree	10 (47.6)	6 (18.8)	
<i>Safe atmosphere</i>			
Agree	13 (61.9)	25 (78.1)	0.166
Disagree	8 (38.1)	7 (21.9)	
<i>Confidentiality and privacy</i>			
Agree	7 (33.3)	25 (78.1)	0.001
Disagree	14 (66.7)	7 (21.9)	
<i>Enough time</i>			
Agree	8 (38.1)	25 (78.1)	0.004
Disagree	13 (61.9)	7 (21.9)	
<i>Helped you to become aware of the choices open to you</i>			
Agree	9 (42.9)	25 (78.1)	0.010
Disagree	12 (57.1)	7 (21.9)	

Cont...



Cont...	Undergraduate n (%)	Graduate n (%)	p-value
<i>Agree with decision</i>			
Agree	13 (61.9)	28 (87.5)	0.034
Disagree	8 (38.1)	4 (12.5)	
<i>Satisfied with counseling</i>			
Agree	14 (66.7)	26 (81.2)	0.189
Disagree	7 (33.3)	6 (18.8)	
<i>Benefited from counseling</i>			
Agree	13 (61.9)	25 (78.1)	0.166
Disagree	8 (38.1)	7 (21.9)	
<i>Negative feeling or symptoms</i>			
Agree	10 (47.6)	25 (78.1)	0.023
Disagree	11 (52.4)	7 (21.9)	

by Turnbull¹⁸ showed 61.5% patients were satisfied, out of which 28.8% strongly agreed for the decision.

In our study, the maximum number of participants was in the age group of 25 to 30 years, and 60% of participants were graduate, while Khanam et al¹⁶ reported that maximum number of participants were within the age group 20 to 24 years and with education up to high school.

Level of education of participants may affect their satisfaction, as our study showed that 82% of graduate participants were satisfied, while only 55.2% undergraduates agreed with the decision. These findings differ from the study by Kolip and Büchter¹⁹, who reported that more than 80% participants were satisfied and no significant difference found between levels of education. Priporas et al²⁰ reported that educational status and the emergent admission significantly affect perceptions of satisfaction. However, undergraduate patients need more precise counseling so that they can feel more involved in decision-making and satisfied with the information.

Mode of delivery does not directly influence women's satisfaction with childbirth, involvement in decision-making, support during labor, and effective analgesia appear to be the most important factors that improve women's birth experience. The study by Spaich et al²¹ showed the negative experience of score <70%, while in our study 18 (33.9%) participants developed negative feelings like anxiety and depression after counseling. Similarly, Ryding et al²² reported that 55% of the women experienced intense fear for their own life or babies' life.

The study by Porter¹⁷ showed that the most distressing factors were of a psychological nature, with 66% of distressed women mentioning poor communications and fears. Another study by Graham et al²³ reported that almost a third of the women undergoing emergency C-section expressed negative feelings toward their delivery. The current evidence suggests that provision of counseling may make a useful addition to primary care provision alongside other mental health treatments.

Participants who had elective C-section after educational counseling had significantly lower depression scores (mean 2.6 [SD 2.6]) compared with those receiving routine care (mean 3.9 [SD 3.2]). However, educational counseling may have deleterious effect in women who had emergency C-sections.³ The study by Chang²⁴ showed that cesarean delivery was associated with an increased prevalence of depressive symptoms at 3 months and higher pain levels that persisted at 6 months postpartum.

In our study, those patients that admitted electively for delivery and had emergency C-section were more satisfied 15 (out of 18, 83%) as they were counseled for the possibility of C-section in clinics, while those who were admitted through emergency were appeared less satisfied, i.e., 22 (out of 35, 63%).

Data from previous studies lack much information on privacy and confidentiality of participants during counseling and use of medical jargons, while in current study, 22 (45%) of participants reported that the counselor used medical terminologies, and 21 (39.6%) patients felt uncomfortable due to lack of privacy and confidentiality. Further studies will require to assess the association of these factors with patient satisfaction.^{25,26}

For C-section patients, satisfaction is crucial which can be achieved by appropriate and satisfactory counseling. Our study revealed four shortcomings in counseling before emergency C-section. First, focusing on patient problem, it is necessary to maintain ease during conversation by considering their education level, language should be easily understandable and avoid medical jargons, comfortable zone of privacy should be provided, and patient's confidentiality should be maintained.

CONCLUSION

Patient satisfaction is an important quality outcome indicator to measure success of the health care services. Evaluation of patient care is vital to provide opportunity for improvement like strategic framing of health plans.

CLINICAL SIGNIFICANCE

This study on various components of patient satisfaction, helped in improving overall patient satisfaction and to build up strategic quality improvement plans. It also provides opportunity for organization administration and policy makers to yield a better understanding of patient views and perceptions, as well as the extent of their involvement in improving the quality of health care and services.

This study will also help to identify weaknesses in counseling methods and help in planning the counseling sessions and workshops to train the health care providers.

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