Study to Assess the Satisfaction Levels of Patients with Sterilization Services in Valsad District, Gujarat

By

Mungara Kartheek

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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IIHMR UNIVERSITY

TO WHOMSOEVERMAY CONCERN

This is to certify that Dr.Mungara Kartheek, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **National Health Mission**, Valsad District, Gujarat from 2nd Feb 2019 to 9th May 2019.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.
The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

Col (Dr). Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

16 May 2019

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Date: 08-05-2019

The certificate is awarded to

Dr. Mungara Kartheek

In recognition of having successfully completed his
Internship in the department of

Health & Family Welfare

and has successfully completed his Project on

Study on Patient Experience & Satisfaction Levels During and Post Sterilization Services in Valsad district, Gujarat

from 04-02-2019 to 08-05-2019

Organization – National Health Mission, Gujarat

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning.

We wish his all the best for future endeavors.

Additional District Health Officer
District Health Society
Jilla panchayat, Valsad

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled '**A study to assess the satisfaction levels of patients with sterilization services in Valsad District, Gujarat'**submitted by Mungara Kartheek vide Enrolment No. IIHMR-U/01/2017-19/604 under the supervision of Dr.Neetu Purohit(Associate Professor) for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 2nd Feb 2019 to 3rd May 2019. Embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Kartheek

Signature

ACKNOWLEDGMENT

At the outset, I would like to articulate this project as small journey which was a remarkable learning experience for me. The successful completion of this project is only because of the extraordinary support, guidance, counseling and motivation from my respectable staff, of IIHMR University and my Organization **National Health Mission, Gujarat**

This journey could not be completed without support of my family and friends. I express my deep gratitude to**Dr. Neetu Purohit(**AssociateProfessor**)** mentor for this project. Through the support provided by her, I have gained knowledge on the avenues which this project has opened and explored. Her directions in making me think about unique conceptual and practical aspects of health &safety helped in successful completion of this project.

I extend my gratitude to my Additional District Health Officer (ADHO) and all my colleagues, friends for their encouragement, support, guidance and assistance for undergoing industrial training and for preparing the project report.

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ABOUT ORGANIZATION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health system strengthening in rural and urban areas, Reproductive Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs. National Rural Health Mission (NRHM): NRHM seeks to provide quality healthcare to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu & Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. National Urban Health Mission (NUHM): NUHM seeks to improve the health status of the urban population particularly urban poor and other vulnerable sections by facilitating their access to quality primary healthcare. NUHM covers all State capitals, district headquarters and other cities/ towns with a population of 50,000 and above (as per census 2011) in a phased manner. Cities and towns with population below 50,000 will continue be covered under NRHM.

MAJOR INITIATIVES UNDER NRHM/NHM

ASHA: More than 9.15 lakh Accredited Social Health Activists (ASHAs) are in place across the country and serve as facilitators, mobilizers and providers of community level care.

The Village Health Sanitation and Nutrition Committee (VHSNC) is an important tool of community empowerment and participation at the grassroots level to address issues of environmental and social determinants. VHSNC membership includes Panchayati Raj representatives, ASHA & other frontline workers and also representatives of the marginalized communities.

Janani Suraksha Yojana (JSY) aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities.

Janani Shishu Suraksha Karyakram (JSSK): Launched on 1st June, 2011, JSSK entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section.

Facility Based Newborn Care: A continuum of newborn care has been established with the launch of home based and facility based newborn care components ensuring that every newborn receives essential care right from the time of birth and first 48 hours at the health facility and then at home during the first 42 days of life.

National Ambulance Services (NAS): 31 States/UTs have the facility where people can dial 108 or 102 telephone number for calling an ambulance

Launch of National Quality Assurance Framework for Health facilities: To improve quality of healthcare in over 31000 public facilities and provide a clear roadmap to States, Quality Standards for District Hospitals (DHs), CHCs and PHCs under National Quality Assurance

Launch of Kayakalp - an initiative for Award to Public facilities Kayakalp initiative has been launched to promote cleanliness, hygiene and infection control practices in public health facilities.

Bio Medical Equipment Maintenance: States have been asked to plan interventions for comprehensive equipment maintenance for all functional medical equipment/machinery.

DECLARATION

I do hereby declare that I am a student of 2nd year, MBA in Hospital and HealthManagement, IIHMR University, Jaipur, Rajasthan session 2017-2019.I would like to state that I have carried out my Dissertation on the topic **A study to assess the satisfaction levels of patients with sterilization services in Valsad District, Gujarat.**This project work is my own and has not been submitted to any of the other Institute or University for award of any degree or diploma.

Mungara Kartheek
MBA- HM 22
2017-2019

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LIST OF ACRONYMS

RCH -Reproductive Child Health

FP - Family Planning

PSS - Post Sterlization Services

CHC- community Health Centre

PHC-Primary Health centre

SDH -sub district hospital

DH- District hospital

FPSS- family planning sterilization services

INTRODUCTION

India is the second popular country in world with 1.31 billion people, comprising 650 million males and 589 million females. As percensus ,developing countries like India having the problem of increasing population rapidly**.** To population control should have to take measuresand implied from long back. In 1952, the Government of India formulated a Family planning program first country in the world to control population. During 1980 the program introduced techniques of female sterilization called laparoscopy, which is simple, less traumatic and common method of tubal ligation and most of tubectomy cases are laparoscopic.

In India, population is major problem due to fast growth resultsincrease in fertility rate and to reduce therate the Family planning is among the effective strategy taken by governmentwhich helps to reduce the population growth but also reduce maternal and child mortality due to outcomes of unintended pregnancies.

The most commonly used method in family planning is sterilization. Sterilization helps to men and woman who don't want children in future. It is a permant method which involves tubal ligation for females and vasectomy for males.

In 70 's the fixed static camps started in India to give sterilization services in different health facilities like CHC, PHC, sub district and district hospitals thought out the year in a regular and routine manner.

The patient satisfaction based on both quality and access of services which leads to sustainability of any programme. Patient or client satisfaction is help to find the decisions by clients and continue using of those services.These focused services of clients which satisfies their experiences in camps to achieve their reproductive intentions. Clientcentred services is main objective of most programmes.

Patient satisfiescomprises the interactions that patients with health system including doctors care, nurses, and staff in hospitals, physician practices and other healthcare facilities.

Patient satisfaction is about a patient's expectations form healthcare system and it is subjective measure of healthcare. Two patients can receive same care but have level of satisfaction is different.

In this study,thepatient satisfaction is important whether patients received goodservices or not. The care given by doctor and nurses also impacts the satisfaction levels of patients. In static camps patient experiences discomfort in sitting facilities, toilet facilities and privacy issues. This experience in facilities will affect the satisfaction levels of patient.

REVIEW OF LITERATURE

Author name	Study location	Sample size	Sampling technique	Salient features
Medha Mathur, R.C. Goyal, Abhay Mudey	Maharashtra	54	Simple random	This study showed about different factors like staff behaviour at facilities, feel free to ask queriesfelt, difficulty in health facilties,post-operative care and asking suggestions from for improving services. Findings; the results are writteninstructions regarding post-operative care and medicines use were to be 38.7 and 68.3% of clients respectively, counselling on resuming light and activity was showed to 6.5% beneficiaries only. Overall 70.42% PHCs were 'Highly satisfactory', 21.13% satisfied while 7.25% showedUnsatisfied' by the clients. 60 of Rural hospitals were graded 'Highly satisfied 'other hospitals rest were just 'Satisfied'. District hospital was 'Highly satisfied regarding all the criteria by the clients.
Jasmin R Oza1, Dhara V Thakrar2, Umed V Patel3,	Gujarat	72	Stratified sampling	An observation-based, cross-sectional study was conducted client exit interviews in all health facilities of Rajkot district where fixed static camps were organized including 4 CHCs, 5 SDHs, 1 district hospital, and 1 medical college and hospital were selected for the study. A standard client exit interview form used for patient interview about female sterilization services

				A total sample size of 42 clients who have interviewed about sterilization at village facilities 23.8% beneficiaries were showing>30 years. About 9.52% beneficiaries were having age <25 years at the time of sterilization. 73.81% showed knowledge by health workers 80 percent showed that they adopted the sterilization by their own choice. In this study, waiting period from admission to surgery was <7 h among 39 (92.86%) clients, and 16 (38.10%) clients had some experience of discomfort during the whole process. About 42 (100%) clients said that the behaviour of staff is polite. However, 34 (80.95%) clients were able to feel free to ask questions. Approximately 50% of beneficiaries perceived that they have adequate privacy at the time of examination and during surgical procedure
Shakuntalachaubra, SandhyaMishra	Madhya Pradesh	565	Random sampling	A study onfemale sterilization services in Maharashtra with sample size of 1000 involved. This study mainly involves in satisfaction and dissatisfaction of beneficiaries as well as providers about sterilization services One thousand woman interviewed by health care workers regarding sterilization services. In 565,64.5%women are satisfied by counselled by doctor and

				nurses.27.7percent dissatisfied with paramedical staff behaviour.8.7 percent undergone post-operative headache treatment
Waqas Hameed, Muhammad Ishaque, Xaher Gul	Afghanistan	2805	multistage sampling technique with stratification for the selection of clients	A total of 151 SF centres were randomly selected from a list frame, stratified by project; thereafter, within the selected districts, all static clinics and outreach camps were included in the survey. The second stage included the selection of clients: for exit interviews, we employed a consecutive sampling technique whereby all clients visiting the study sites were invited to participate in the survey till the desired sample is achieved
Deogratius Bintabara, Julius Ntwenya, Isaac I. Maro	Tanzania	1746	Random sampling	Out of the 1188 facilities included in the survey, 427 (35.9%) provided family planning services. A total of 1746 women participated in observations and exit interviews. Few (22%) facilities had a high readiness to provide family planning services. While most facilities had the recommended equipment available, only 42% stocked contraceptives (e.g. oral pills, injectable contraceptives and/or condoms). Further, trained staff and clinical guidelines were present in only 30% of services. Nevertheless, the majority (91%) of clients reported that they were satisfied with services. The first domain included staff and guideline, which had two indicators, i.e., the

				guideline on FP and staff trained to provide FP services The second domain was equipment, which had one indicator, i.e., the presence of blood pressure (BP) apparatus The third domain was medicine and commodities, which had four indicators, i.e., the availabilities of progestin-only pills, combined oral pills, injectable contraceptives (combined or progestin-only), and condoms

3.1 AIM

To assess the satisfaction levels of patients with sterilization services in Valsad District, Gujarat.

3.2 RESEARCH QUESTION

What isthe satisfaction levels of patients with sterilization services in Valsad District, Gujarat?

3.3OBJECTIVES

- To asses satisfaction levels of beneficiaries availing sterilization camp services in public health facilities of Valsad district
- To propose some suggestions for improvement of family planning camp services in health facilities

METHODOLOGY

4.1 Study Area

The study was conducted in static sterilization camps from Feb 4 to May 4 in Valsad district, Gujarat.

4.2 Study Design

This observationalcross-sectional study was conducted for satisfaction levels of clients about sterilization services. A sample size of 80 have taken from each facility clients who availed the family planning sterilization services were selected and interviewed.
Total of 320 clients have taken interview at4 CHC's,2 sub district hospitals,1district hospital,3 PHC's and their views were recorded in all facilities

4.3 Study Duration

The study was carried for 3 months from 4 February 2019 to 3 May 2019.

4.4 Sample Size

A total number of 320 respondents were taken as a sample based on convenience sampling in static camps of different facilities.

4.5 Study Population

Patient who have undergone sterilization surgery in static camps of different facilities

4.6 Sampling Technique

Patients who arrived at static camps and availed sterilization services during study period and were collected as a sample by convenient sampling technique.

4.7 Data Collection Method

Data collected by interviews by using study tool. Data was collected using a pretestedquestionnaire.It consist of two parts which first one covered with age, name of block, name of designation or observer, age of client ,age of spouse and gender distribution and second part contains on family planning sterilization services covering on knowledge about services, before discharge, privacy of facilities, counselling, follow-up advice andproblem experienced after sterilization procedure. Most of the questions were pre-coded, while few were open ended. Interviews were conducted at health facilities where client has availed the family planning sterilization services (mini-laparotomy or laparoscopic tubal ligation), after the client has regained consciousness following surgery.

4.7.1 Data Type

The research study was carried on primary data

4.7.2 Data Analysis

Data entry and data analysis have done by using SPSS and MS Excel

RESULTS AND INTERPRETATION

Table 5.1.1shows type of facilities

	Type of Facilities				
	PHC	CHC	SDH	DH	Total
N	80	80	80	80	320

Sex and Agedistribution

5.2.1 shows sex distribution

Gender	**N=320**
females	306
Males	14

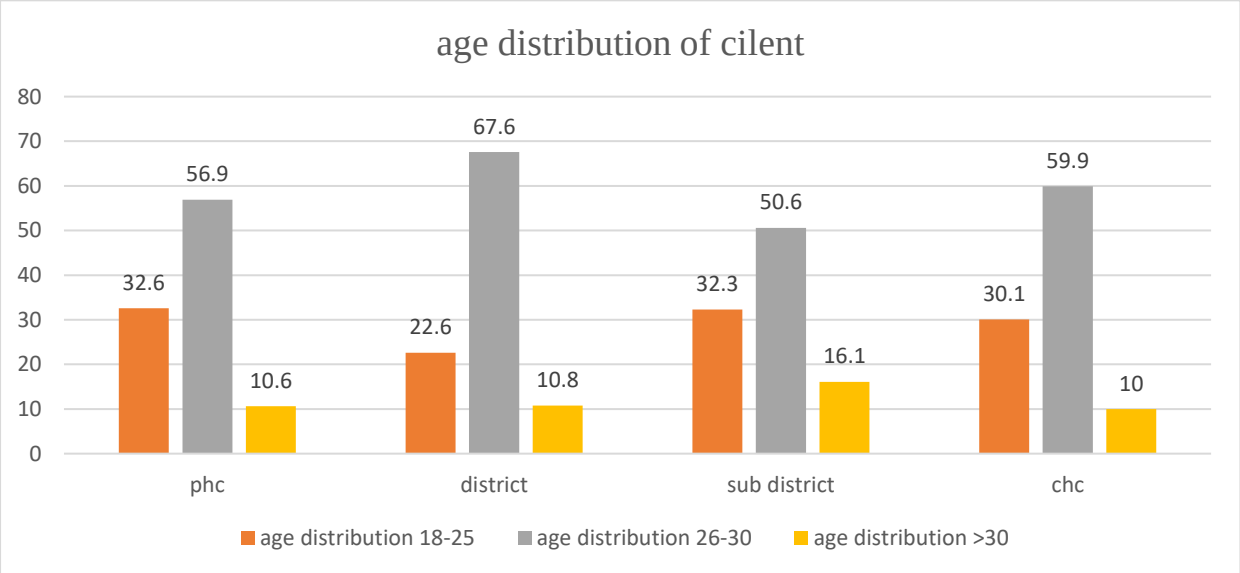
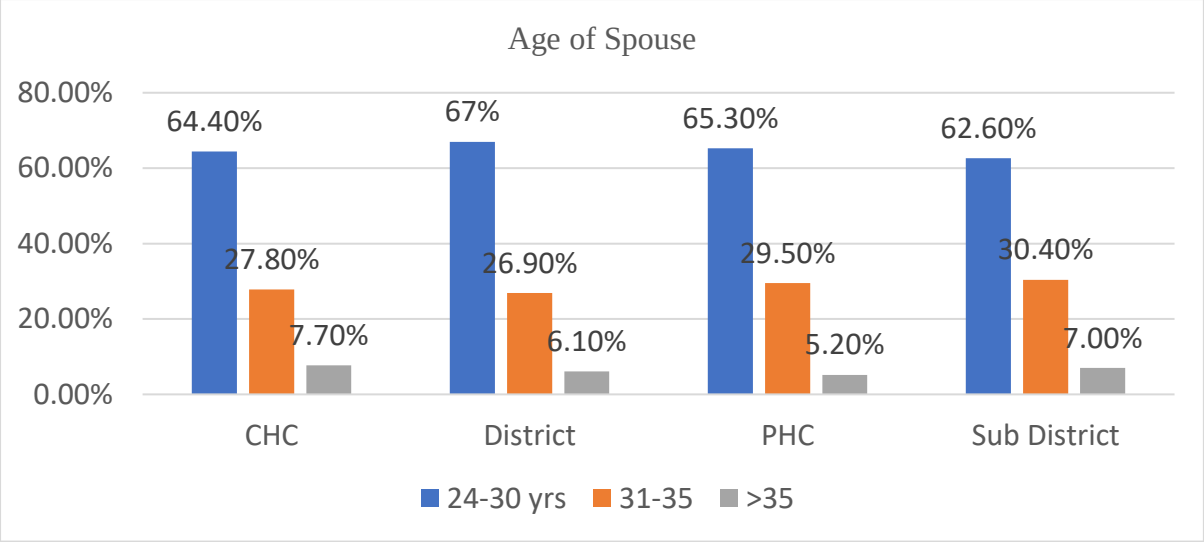


Fig 5.2.1

Out of 320 sample, about 57 percent,67.6 percent,50.6 percent,59.9 percent in District hospital, Sub district hospital and CHC respectively which belonged to age group 26- 30 years age group undergone sterilization is greater.

Fig 5.2.2shows age of spouse



This bar chart shows the number of respondents belonging to the age group 24-30 is highest in all the facilities.

Table 5.1.1 shows mean age

variable	N	Mean age
Age of client	320	27.21
Age of spouse	320	30

Table 5.1.1 shows the mean age of client is 27 and mean age of spouse is 30.

Fig5.2.3shows Number of Living Children

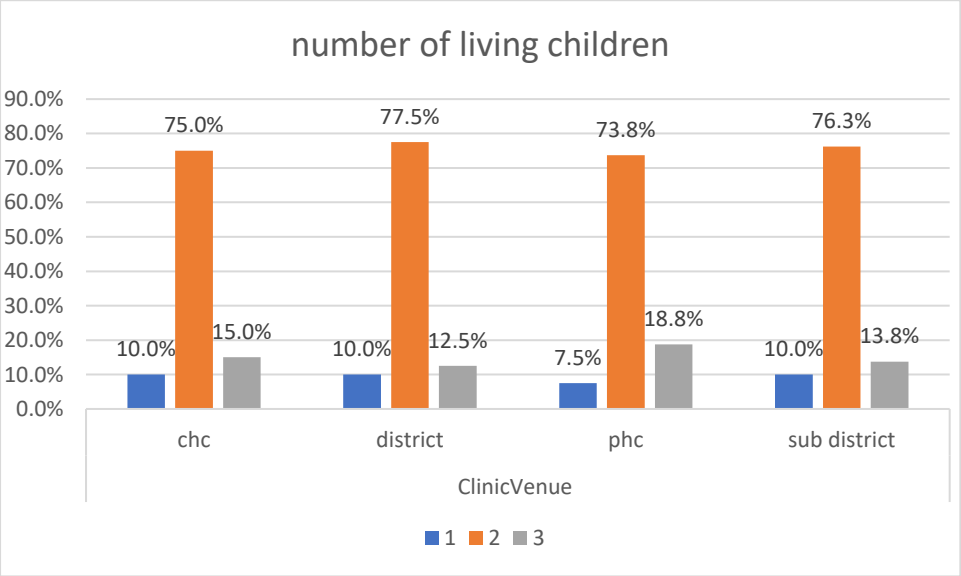


Fig5.2.3This bar chart shows overall responses of total 320 respondents. In all health facilities the number of respondents having two children have undergone sterilization is greater.

Fig 5.2.4Depicts bar chart shows about source of knowledge about sterilization

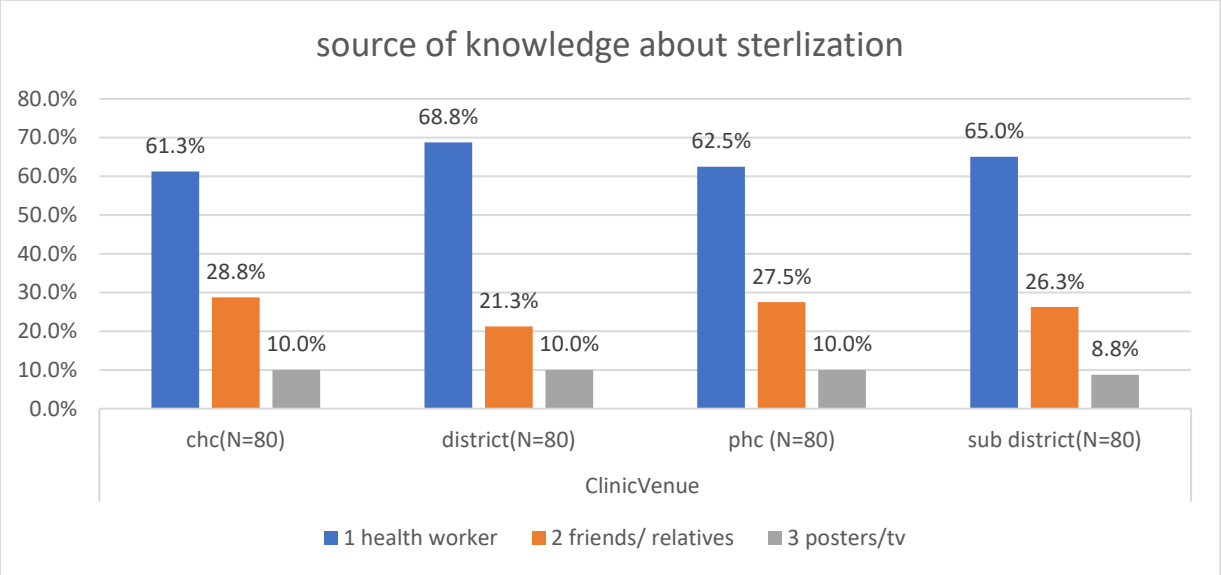
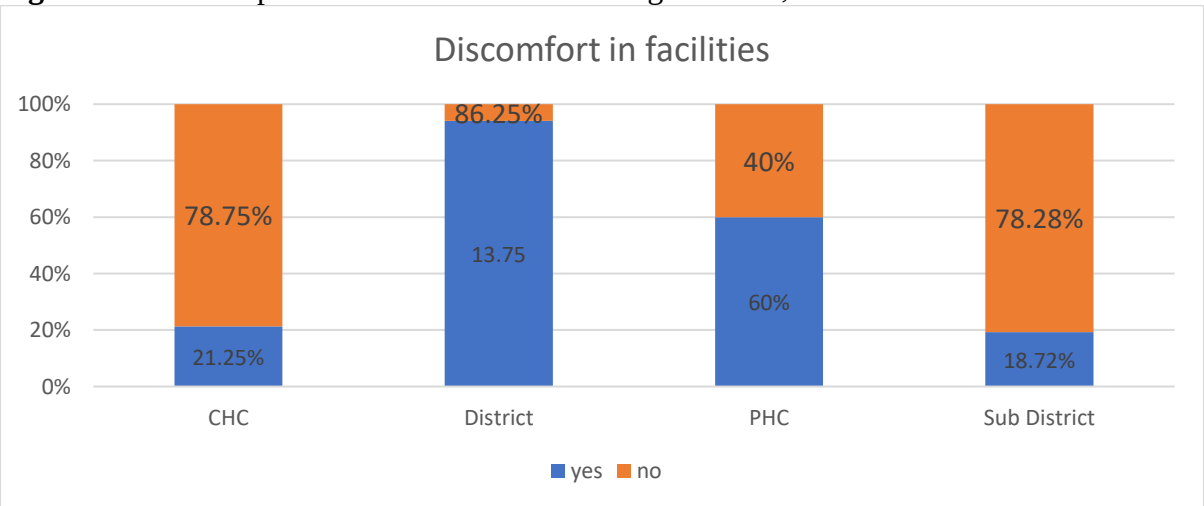


Fig 5.2.4 This bar chart shows out of 320 clients, 61.3 percent,68.8 percent,62.5 percent,65 percent got to know about sterilization from health workers in CHC, District, PHC, Subdistrict facilities respectively.

Fig 5.2.5. PatientExperience Discomfort like sitting facilities, toilet facilities



This bar chart shows, In PHC 60 percent patients felt discomfort in facilities (sitting facilities, toilet facilities).

Fig 5.2.6 Depicts Bar Diagram Shows Waiting Time before Surgery

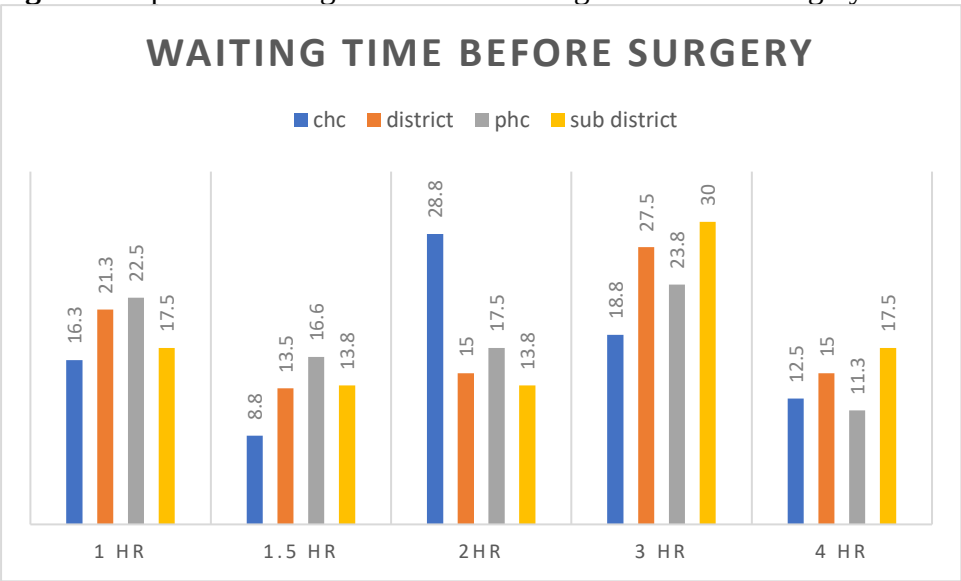


Fig 5.2.6 shows that waiting time before surgery, sub district and district hospitals shows more waiting time (3 hrs).the ideal time is 1.5 hrs.

Fig 5.2.7 shows written instructions about post-operative care

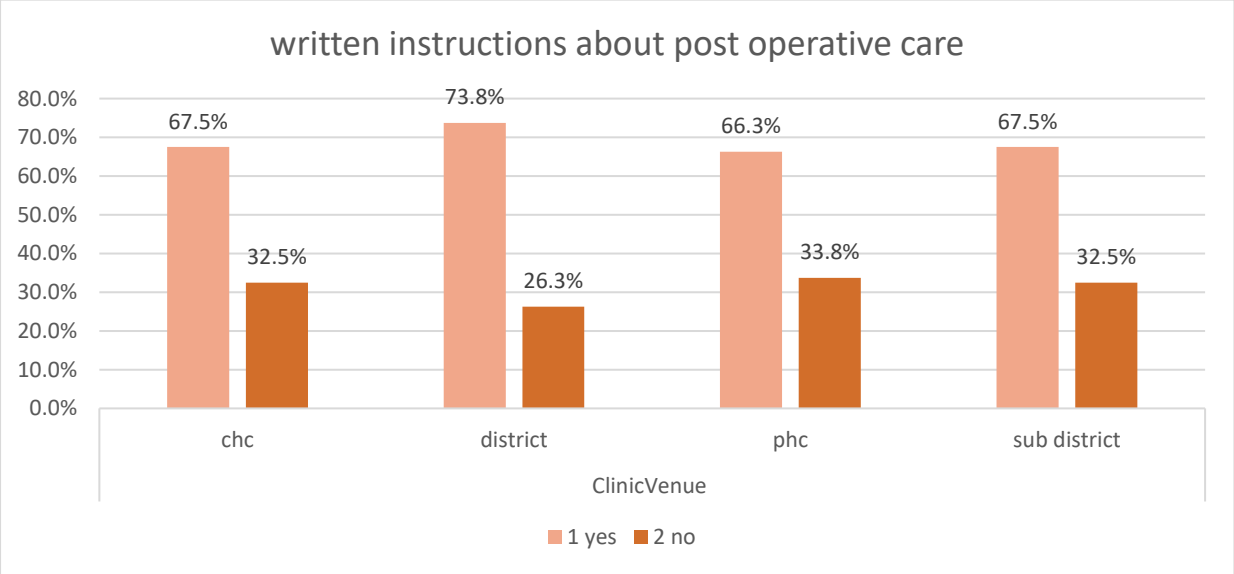


Fig 5.2.7 This bar chart shows, out of 320 respondents, 32.5 percent in CHC,26.3% in district 33.8% in PHC and 32.5% in Sub district facilities did not receive written instructions about post-operative care.

Fig 5.2.8 Depicts bar diagram shows adequate privacy during examination

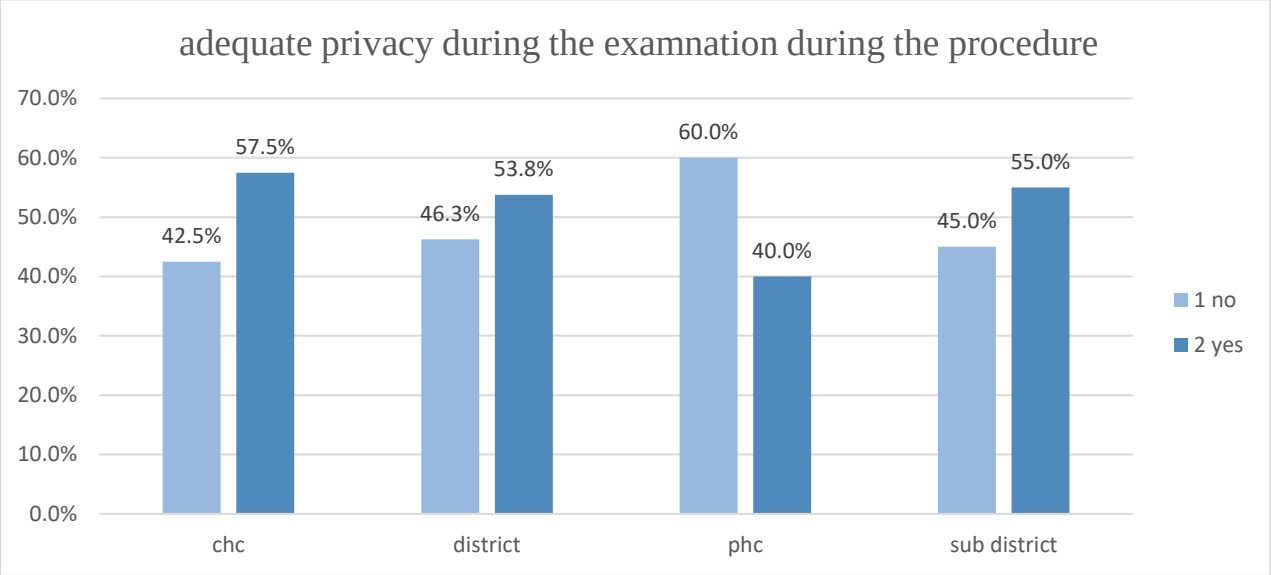


Fig 5.2.8This bar chart shows feel too comfortable ask questions in all facilities,62.5 percent clients are not felt ask questions to the staff in PHC's

Fig 5.2.9
Staff behaviour of staff at health facilities

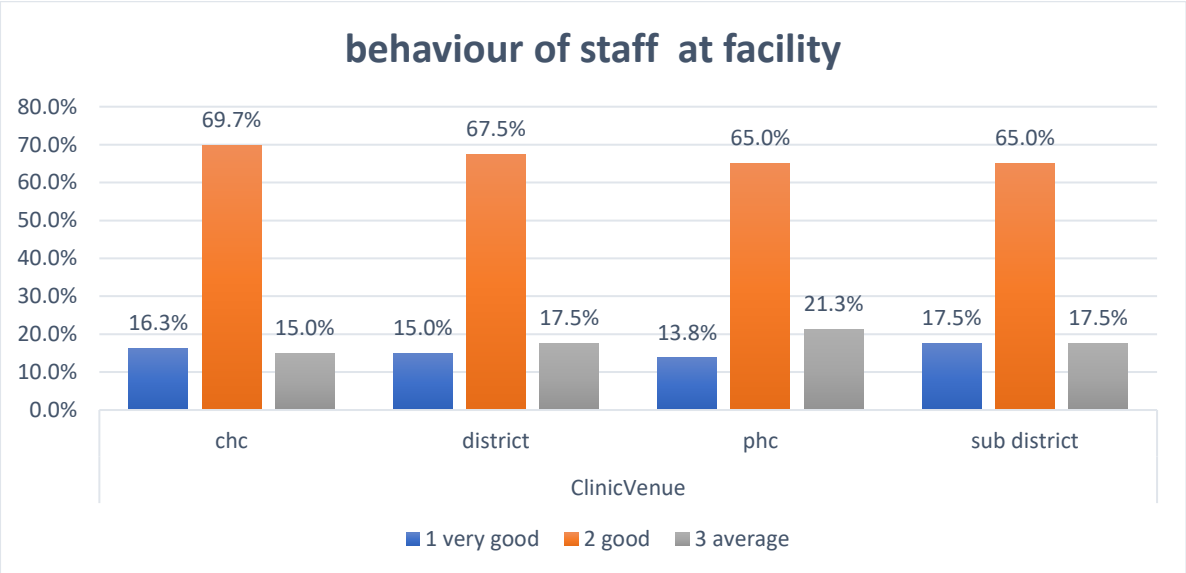


Fig 5.2. shows most of client's responses as Staff behaviour in all facilities is good.

Fig 5.2.10depicts bar diagram shows feel to ask questions to staff

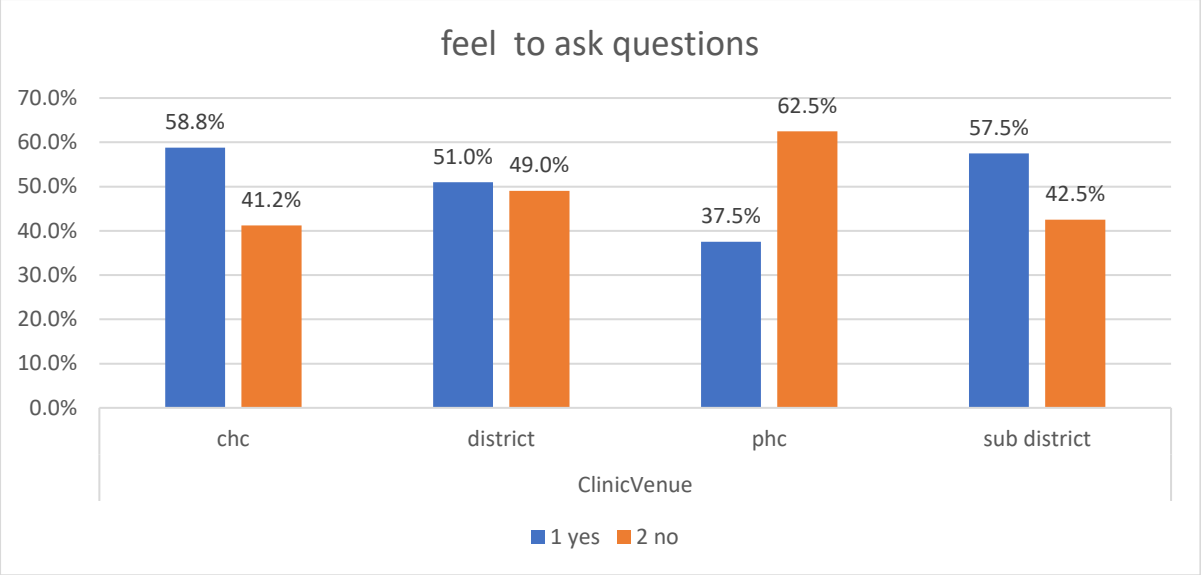
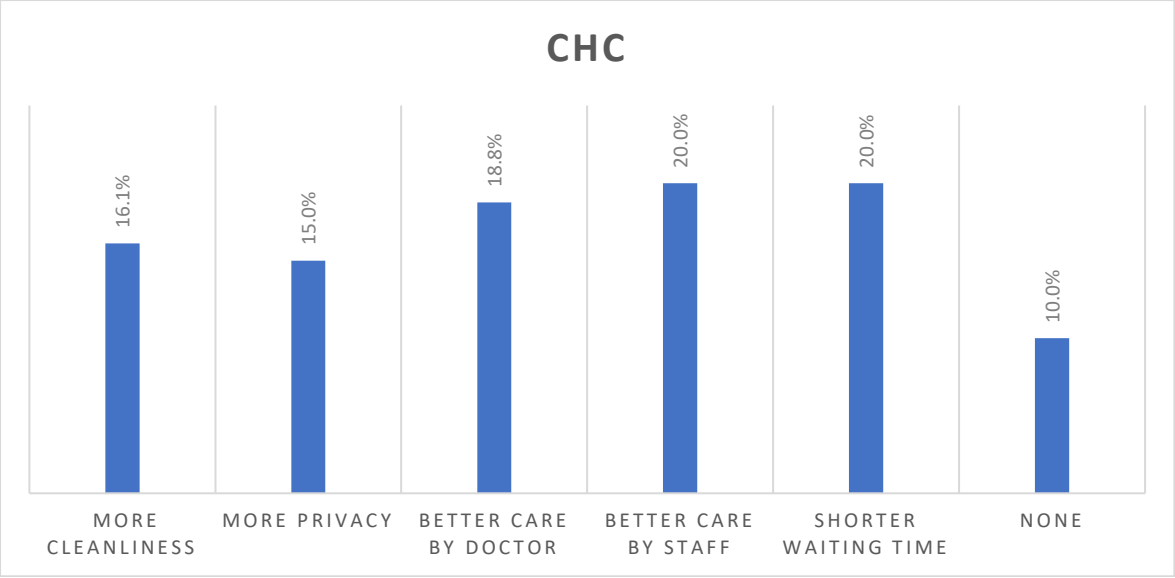


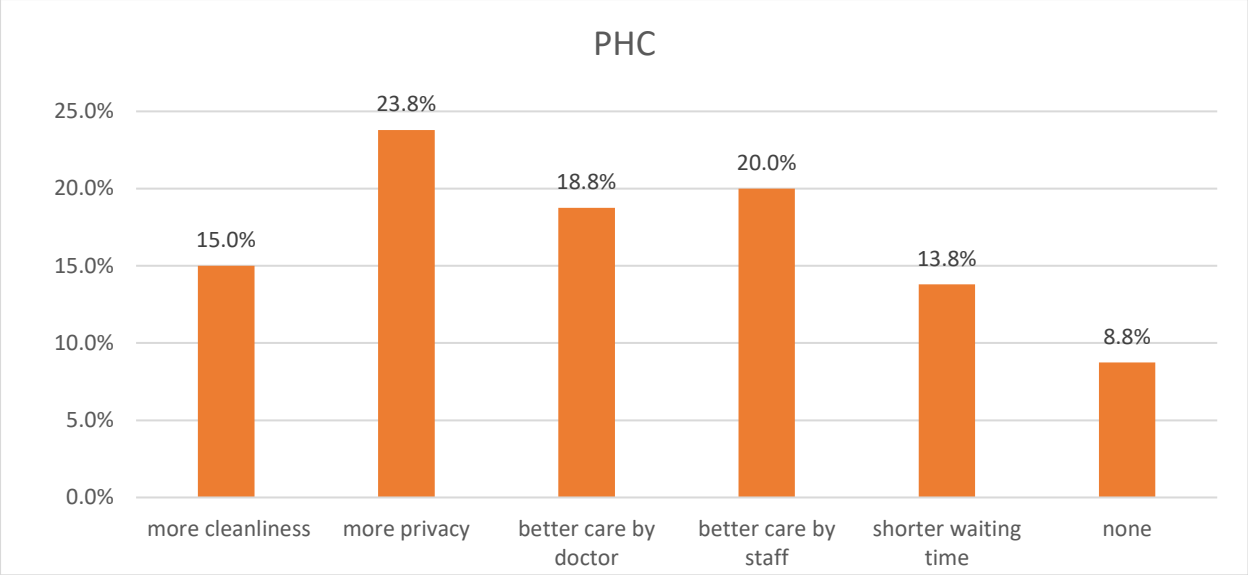
Fig 5.2.10 shows feel to ask questions in all facilities,62.5 percent clients are not felt ask questions to the staff.

Fig 5.2.11shows suggestions to improving servicesin CHC



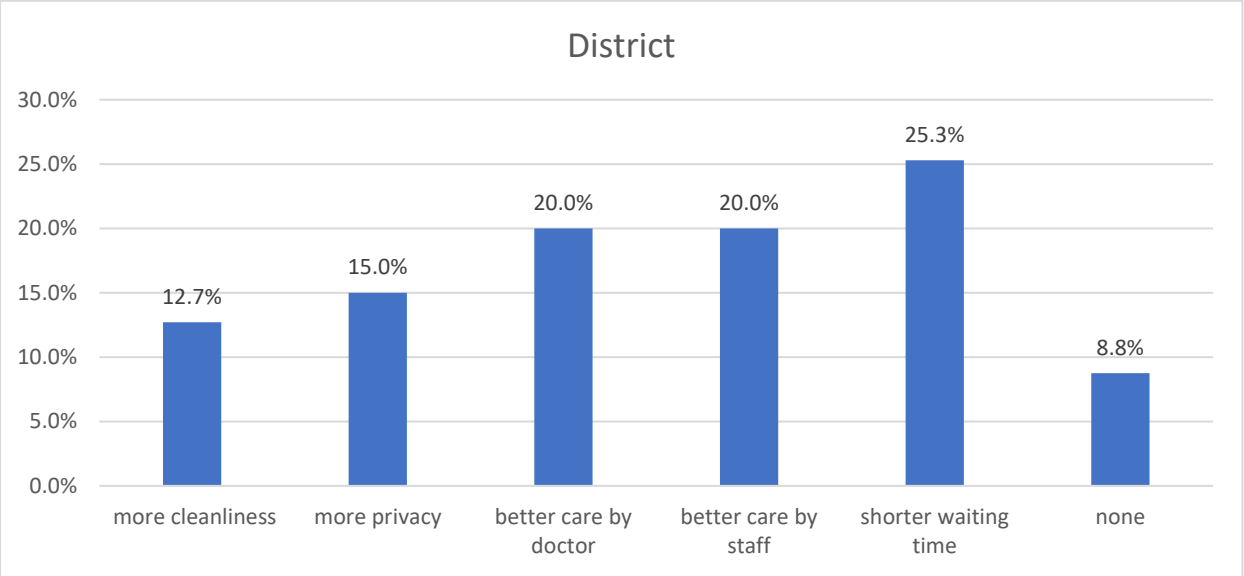
This bar chart shows,20 percent clients suggested better care by staff in CHC.

Fig5.2.12 shows suggestions to improving services in PHC



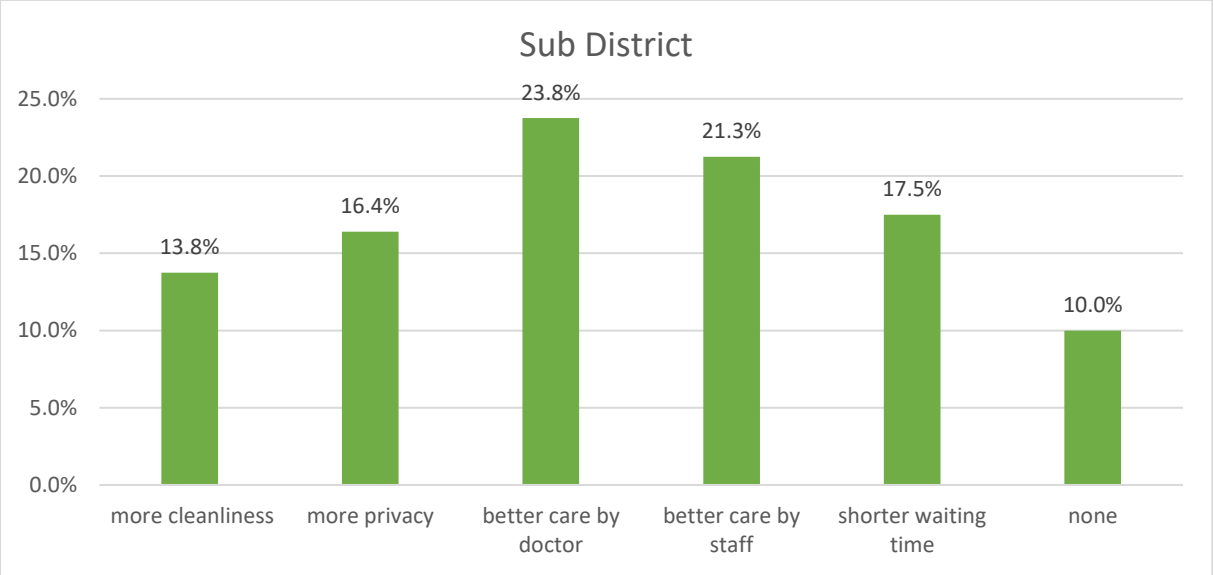
This bar chart shows 23.8 percent suggested that there should be more privacy available in PHC.

Fig5.2.13shows suggestions to improving services in District



In this bar chart,25.3% of the respondents suggested for a decrease in waiting time in District Hospitals

Fig5.2.13 shows suggestions to improving services in Sub district



In this bar chart,25.3% of the respondents suggested for a decrease in waiting time in District Hospitals

Fig 5.2.14 grading of overall services

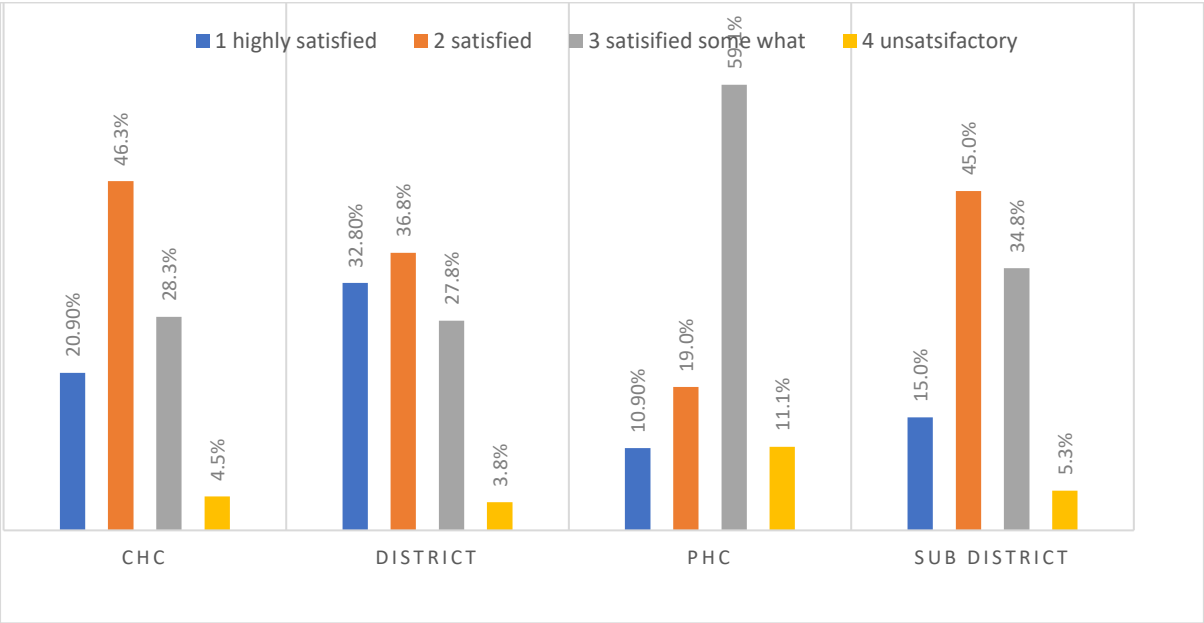


Fig 5.2.13 This bar chart shows that the satisfaction levels of patient is 32.80 percent highly satisfied in District hospitals,20 percent highly satisfied in CHC,10.9 percent and 15 percent are highly satisfied in PHC and Sub district hospitals respectively.

DISCUSSION

In the present study, the mean age of clients is 27 and mean age of spouse is 30 in total 320 clientsAbout 31 (64.81%) clients received knowledge of sterilization from health workers and 34 (25.95%) clients adopted sterilization by their own choice and 10 percent by posters/tv. Almost 60 percent of beneficiaries perceived that they don't have adequate privacy at the time of examination in PHC'sand during surgical procedure, and in CHC, District and Sub District hospitals of beneficiaries were found to be satisfied regarding privacy during examination and surgical procedure.In this study, all clients said that behaviour of staff is polite and similar finding was also reported in the study by Williams et al.Nearly 70% of clients were able to feel free to ask questions in this study while 83.5 of clients were able to feel free to ask questions in the study by Jasmine R Oza et al.Approximately 50% of beneficiaries perceived that they have adequate privacy at the time of examination and also during surgical procedure in this study, while in the study by Mathur et al.,[5] .Written Instructions about post-operative care and know about mediciness35.4% and 64.6% of beneficiaries in this study, 38.9% and 68.5% in the study by Mathur et al.,[5] and 36% and 18.3% of beneficiaries in the study by Pal et al.,[4] respectively. Most of clients' dissatisfaction with long waiting hours, behaviour with staff in some facilities, written instructions after sterilization.

LIMITATION

Strength and Limitations of the Study

A standard checklist recommended by Research Studies & Standards Division, Ministry of Health and Family Welfare, Government of India, October 2006, quality assurance manual for sterilization services, used for satisfaction levels of sterilization Whereas, satisfaction regarding sterilization services of beneficiaries was a subjective matter that is the limitation of this study.

CONCLUSION

Level of satisfaction had wide range at different health facilities and improvement is required to provide quality of service to clients. Satisfaction can be enhanced by improving client provider interactions. In this study, the clients are dissatisfied as they expect better care by doctor and better care by staff. For this counselling by health providers need to be improved by providing training in this area. In PHCs there is privacy issues in during examination, providing separate room or curtains for examination which helps to increase privacy could be provided Some clients are dissatisfied with written instructions of post-operative care reasons for dissatisfaction could be explored and addressed.

RECOMMENDATIONS

1. Provide proper training to staff on how to counsel the patients on post-operative care
2. To Ensure adequate privacy in PHC, CHC during examination by using separate room or curtains in Doctors room for examination.
3. To Provide sitting facilities for patients in PHCs before surgery
4. To decrease waiting time in district and sub district hospitals for clients before surgery to give fix time to attend the patients for surgery.
5. Before discharging the patients Doctors should be present their to fulfil the queries asked by patients.

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Annexure 1

1	Date (D/M/Y)	
2	Clinic Venue: HC/CHC/DH/Any Other (Specify)	
3	Name of the block, district and state	
4	Name and designation of observer	
Client Information		
5	Name of the client (Optional)	
6	Age of client	
7	Sex of client	Male/Female
8	Age of spouse	
9	Number of living children	
10	How did you come to know about sterilization? (**P**) *Tick the response*	• HealthWorker… • Friends/Relatives……. • Posters/hoardings/banners
11	How long did you have to wait before surgery from the time of admission?	…….hrs…..... min
12	While waiting, did you have a place to sit? Were toilet facilities available Did you experience any discomfort?	Yes/No……. Yes/No……. Yes/No…….
13	Was the facility static/camp?	Yes/No…….
14	How will you take your medicines during the post-operative period?	Knows well……. Does not well…….

15	Did you have any problem after sterilization? If yes what sort of problem?	Yes/No……. .....
16	Did you have adequate privacy during the examination? During the procedure?	Yes/No……..……. Yes/No……..…….
17	Did you receive written instructions about post-operative care	Yes/No……..…….
18	How was the behavior of the staff at the facility? *(**P**) Tick the response*	• VeryGood…… • Good…… • Indifferent…… Rude……
19	Did you feel free to ask questions?	Yes/No……..…….
20	Do you have any suggestions for improving sterilization services? *(**P**) Tick the response*	• MoreCleanliness……..…… • More Privacy……..……. • Better care bydoctor……..……. • Better care by otherstaff……..…… • Shorter waitingtime……..……. • Low cost……..……... • Any other (Specify)……..…… • None……..……

21	Did you get any compensation money for undergoing sterilization? If yes how much?	Yes/No…….. ……..Rs

Grading of services
1.Highly Satisfied 2. Satisfied3. Somewhat Satisfied 4. Unsatisfactory