

COPD patients’ satisfaction with the quality and methods of current information delivery by health care providers at Hamad Medical Corporation; focused insight into patients' voice to improve quality of services.

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Background:

In the last few decades, there has been a significant improvement in the health care systems and available services in many of the Middle Eastern countries. However, patients’ level of satisfaction with the provided services are not widely examined and measured in these countries. Furthermore, there is a lack of published literature regarding patients’ voice, perceptions and needs, which may be considered as an method for improving quality of services. [BMJ] Considering that patients’ satisfaction is a priority, we suggested it is time to give COPD patients the opportunity to voice their suggestions, evaluation, and planning for their health and how to improve their quality of life.

Aim and objectives:

Aims:

To evaluate patients' satisfaction with the provided services and explore their suggestions for further services quality improvement.

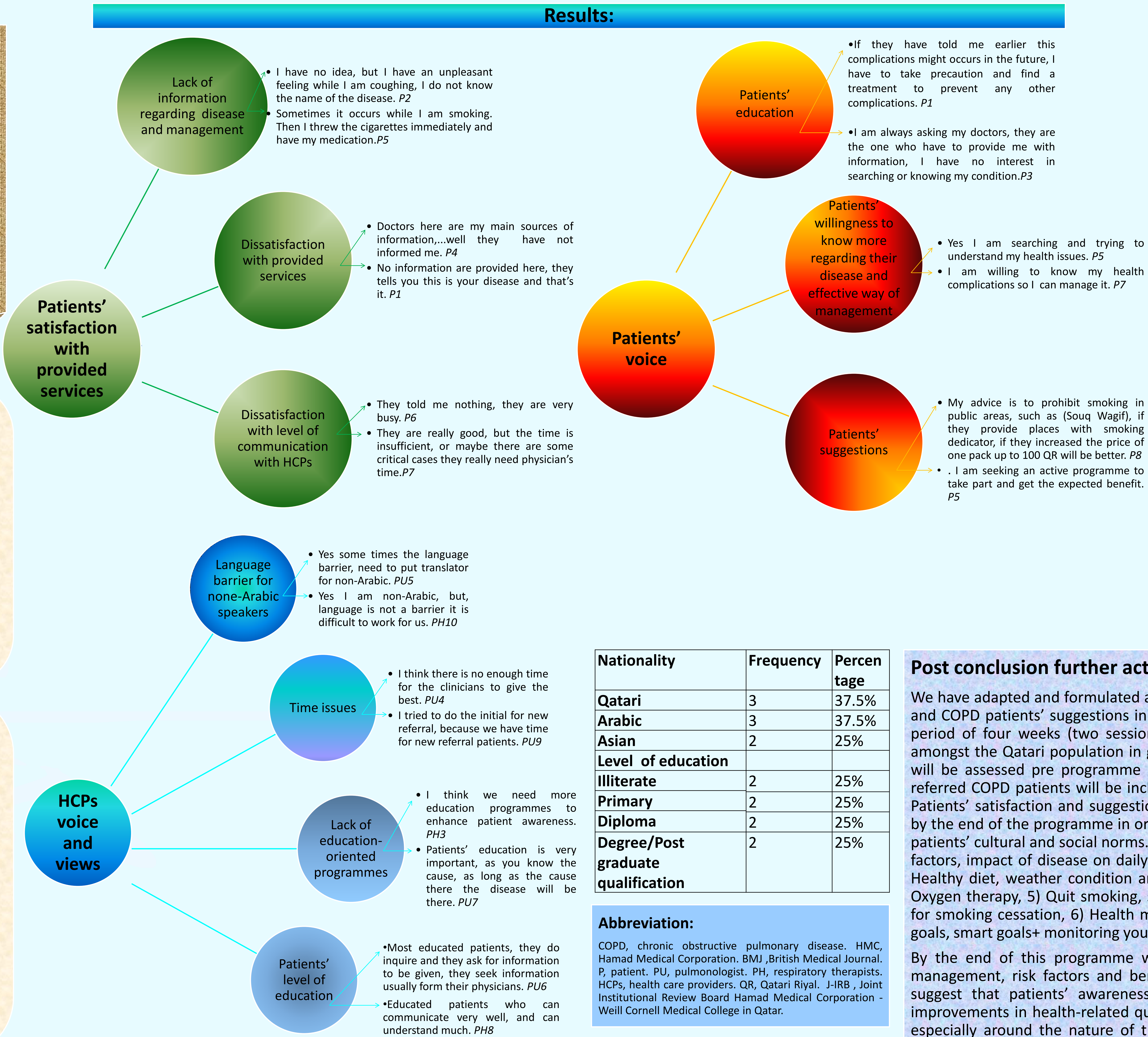
Objectives:

*To evaluate Qatari COPD patients’ level of satisfaction with the provided services and suggest policies to enhance their healthy lifestyle.

*To compare the differences in perspectives between COPD patients and health care providers (HCPs) in Qatar.

Methods:

We have randomly interviewed eight COPD patients and eleven HCPs in the out-patients chest clinic at Hamad Medical Corporation (HMC) in Doha Qatar. All interviews were audio recorded and transcribed verbatim. Inclusion criteria for the patients was: Diagnosed with COPD regardless of severity of disease and physical impairments, patients with any level of education or if they were non-Arabic speakers (Arabic as mother language) were also recruited. HCPs inclusion criteria were: any residence pulmonologists, physiotherapists or nurses who were dealing with COPD patients at HMC chest clinic. Thematic analyses was used to analyse study findings. Ethics was obtain from (J-IRB) on December 2013.



Summary:

The study findings suggested a couple of points: COPD patients were dissatisfied with the provided information and they perceived that there was lack of information regarding their disease and effective ways of management. However, patients rated as poor the quality and level of communication and they attributed it to lack of allocated time for patients and clinicians’ reassurance to reduce the burden on the patients. In contrast, HCPs suggested that educated patients were more likely to comply with treatment and to seek more information regarding their health and effective ways of managing it. Furthermore, HCPs advocated patients’ view in terms of allocated time. HCPs and COPD patients who are non-Arabic speakers may encounters some languages barriers but there is a solution to overcome this barrier.

Both HCPs and patients highlighted the essential role of an education programme to enhance patients’ and public awareness on how to reduce the burden of COPD. In conclusion, the current study suggested that patient’s level of information was not currently in line with patients’ understanding and management of the disease. Perhaps patient’s level of education plays a significant role on patients’ willingness to manage and understand their disease as well as finding an effective solution to change their entirely lifestyle. Both HCPs and COPD advocated the need for advancement in quality of health care via raising awareness and setting up integrated structured education programmes.

Post conclusion further action:

We have adapted and formulated an education programme for COPD patients according to the HCPs and COPD patients’ suggestions in this pilot study. This programme will contain eight sessions for a period of four weeks (two session per week). The aim of this programme is to raise awareness amongst the Qatari population in general and COPD patients and their family in particular. Patients will be assessed pre programme according to their level of understanding of their disease. All referred COPD patients will be included to the programme irrespective of their severity of disease. Patients’ satisfaction and suggestions for programme improvement will be assessed and evaluated by the end of the programme in order to make amendments for future programmes and to optimize patients’ cultural and social norms. The programme sessions are: 1)Understanding COPD, causes, risk factors, impact of disease on daily life, 2) Drug usage, inhaler techniques, and other treatments, 3) Healthy diet, weather condition and variations. Flu jab 4) Airway clearance, breathing techniques. Oxygen therapy, 5) Quit smoking, smoking cessation. Airway clearance. Access to available services for smoking cessation, 6) Health management, 7) Benefit of exercise, impact of exercise, 8) Setting goals, smart goals+ monitoring your own progress.

By the end of this programme we expect patients’ to be fully aware of their disease, causes, management, risk factors and benefits of being active and exercising throughout daily life. We suggest that patients’ awareness and knowledge about their disease will potentially lead to improvements in health-related quality of life and improve level of communication with their HCPs especially around the nature of their disease and its management. In addition, patients will be better equipped to understand health literature and thus contribute to improving quality of provided services and may reduce hospitalization days.