

Original Research Article

Patient knowledge survey in a multi-speciality hospital

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ABSTRACT

Background: The objective was to study the knowledge level and awareness among patients those attending a multi-speciality about their diseases and medications.

Methods: A semi-constructed interview was done on 110 adult patients in the General Medicine Department, SRM Medical College, Hospital and Research Center, Kattankulathur, Kanchipuram.

Results: Out of 110 patients. Were 58% was found to be male and 42% was found to be female. The patients' age group ranged from 12-84 years about 29% patients had no education, 30% of the patients were unaware of their diagnosis, 30% were unaware of the causes of their disease, 60% were unaware of the number of medications they were on, 68% did not know the names of their prescribed medication, 70% patients were non-smokers, 90.91% of the patients were aware that smoking was bad for health, 89% of the patients had received enough information from the doctors/nurses regarding their illness and treatment, but 38% of the patients were incapable of understanding their test results.

Conclusions: Majority of the patients were aware of their diseases and the number of medications in spite of two third being illiterate. Thirty-two per cent did not know the causes of their illness and could not name their medications. Patients received little information from the health carers regarding their illness, Interpretation of investigations and aims of treatment. This study indicates that education is one of the main factors which are associated with a well understanding of the disease and medication.

Keywords: Disease, Medication, Smoking, Physician

INTRODUCTION

India is one of the developing countries, with world's second largest population of 1.35 billion people.¹ The people living in this country has an average literacy rate of 74.04%.² There are enormous health problems over the decades in the health sector and there is an income inequality amongst various socioeconomic classes that is worsening the health outcomes of the country.³ Patient

satisfaction is an important tool for ensuring better quality care and achieving the goals of health care outcomes which further influences the patients to follow up the treatment near to their health care professionals.⁴ In the hospital, patient satisfaction includes overall care being provided by members of physicians, nurses, equipment, housekeeping, and food services.⁵ Earlier various studies have been carried out and applied the patient satisfaction as a quality improvement factor by

health care professionals. If thus, patient awareness is important for both improvement and evaluation of care provided by the hospitals.⁶ Therefore, the objective of our study is to determine the patient awareness of their disease, diagnosis, and Investigations provided by a tertiary care hospital in India.

METHODS

A semi-constructed interview was done on 110 adult patients in the general medicine department, SRM Medical College, Hospital and Research Center, Kattankulathur, Kancheepuram, Tamil Nadu. This is the major multi-speciality hospital around Kattankulathur, Kancheepuram, Tamil Nadu. The interviews were conducted from 1st of November 2018 to 15th of December 2018. Patient included in this study those are admitted in hospital (IP) more than one day stay, those above age more than 18 years and are willing to give response to designed questionnaire. Patients excluded who are ages less than 18 years and out patients. To get a definite answer from the patients 12 Yes/no type question was used (Alam, et al). The questions consist of one about educational background, six questions relating to patient knowledge regarding their number of medications they were prescribed and even illness and medication, two questions related to their day to day smoking habits and three question about the information provided from their health care. The data was collected and analysed using Microsoft excel sheets version 8.1 and the results were represented using percentage differentiations (Table 1 and 2).

RESULTS

A total of 110 patients were interviewed in this study. Out of 64 (58.18%) comprised of male and 46 (41.81%) was found to be female. In this study 24 (21.8%) patients were below 30 years and 20 (18.2%) patients were above 60 years. Majority of the study patients with low literacy rate. The literacy rate of the study patients was 29% of patients had no education, 14.5% stands over primary school level, 13.63% were completed middle school, 20% of patients had secondary school education, 16.3% had higher secondary school education and only 6.36% patients claimed university degrees (Table 1).

Over 110 patients 77(70%) at least know their disease. Thirty-two (29.09%) Patient can able to name medications which are prescribed to their illness. From the observations, thirty-eight (34.5%) of patients were unaware of their diagnostic test and procedures. 51 (46.36%) patients know disease-causing factors, which leads to their serious illness. 59 (53.63%) patients did not know the risk factors of their disease conditions. Among 110 patients 82 (90.9%) patients have known that smoking is dangerous and which leads to serious health issues. Eighty-nine (80.90%) patient had received enough information in the ward from the respective doctors and nurses. Eighty-four (76.36%) patients have responded yes

for the test result explanations from the doctors and nurses (Table 2).

Table 1: Literacy rate of the study patients.

	Number of patients	Percentage (%)
Age (in years)		
<30	24	21.8
31-40	20	18.2
41-50	24	21.8
51-60	22	20
>61	20	18.2
Education details		
No education	32	29.09
Primary school	16	14.54
Middle school	15	13.63
Secondary school	22	20
Higher secondary school	18	16.36
University	7	6.36

Table 2: Self-interview questions and response.

S.No	Questions	Yes	%	No	%
1.	Do you know the name of your disease?	77	70	33	30
2.	Do you know the cause of your illness?	51	46.36	59	53.63
3.	Have you had any tests done in the hospital?	106	96.36	4	3.63
4.	Do you know the number of medicines prescribed to you?	40	36.36	70	63.63
5.	Do you know their names?	32	29.09	78	70.90
6.	Do you know how this medication will help?	43	39.09	67	60.90
7.	Do you smoke?	32	70.90	78	70.90
8.	Do you know that smoking is injurious to health?	100	90.91	10	9.09
9.	Have the doctors/nurses informed you about your disease?	89	80.90	21	19.09
10.	Do you understand your test results?	72	65.45	38	34.54
11.	Has the doctor/nurse explained your test results to you?	84	76.36	26	23.63

DISCUSSION

A semi-constructed interview was carried out in 110 patients in SRM Medical College, Hospital and Research Center, Kattankulathur. This method is very reliable and frequently used. It was also used by Alam et al.⁷ SRM Medical College, Hospital and Research Center are located in south India, which covers almost 112 villages. This might be a particular reason for the patients with low literacy rate. Most of the patients were farmers and semi-skilled workers.⁸ A study shows that the majority of the patients (68%) were not aware of the risk factors which leads to their disease. Off 29% Patient with insufficient literacy may have difficulty in self-management and understanding physicians advice.⁹ Only (32%) were aware factors causing illness such as chest problem or heart failure. Only few can identify their current disease state which is troubling them in their day to day life. Patients did not even know the number of medications prescribed for them and names of the medications. Even in urban area patients were not aware of their respective medicines which are prescribed for them mainly when they are in multiple medications. This could be one of the foremost reason when patients admitted for some other conditions unexpectedly, which results in unintended drug interactions.^{10,11} Most of the patients were non-smokers and the majority of patients were responsive that smoking is injurious to their health. From the observation majority (65.45%) of people can understand the purpose of the laboratory tests has given and name them, but some of the patients did not know the reasons for their specific test which is advised by the doctors moreover patients wasn't able to name them. Majority of the study patients understood the motivation for blood tests. It shows a significant connection between doctors and patients. Nevertheless, information sharing was at a low level.¹² It reveals that basic education is one the core device for patients better understanding. More awareness need for the special patients those under low level of education. For the better outcome and reduce the comorbidities such as hypertension, diabetes mellitus diseases like this patient will understand easily.¹³ However now in most of these countries patients are demanding to be informed about their ailments by their doctors and also they are able to gather information online.¹⁴ Faithfulness to a hospital discharge medication regime is crucial for successful treatment and to avoid increasing rates of drug resistance. A patient's success in adhering to their medication is not founded on the treatment pattern it also relative to patient education status. Poor adherence was essentially due to the patient's high levels of illiteracy. A pictographic representation like symbols, logos may give a better understanding, sympathetic and to convey the relevant information.¹⁵ This kind of survey can develop the quality of health service.¹⁶ Informing patients regarding their disease and medication enables them to interact with their physicians, therefore, the standard of practice can be increased.¹⁷

CONCLUSION

It shows that the majority of the patients had considerable knowledge about their disease and medications. Some people had a broad-spectrum that something was wrong with them what but had no knowledge of specific illness. Patients received little information from the health carers regarding their illness, medications, laboratory investigations and goals of treatment. Our outcome concluded that there has been significant insufficiencies patient hospital knowledge and medical knowledge. This kind of results can review, how health care professionals can educate patients regarding their medications. A more in-depth investigation would be required to assess patients' needs and patient satisfaction which will improve the doctor-patient bond. This study indicates that education is one of the main factors which is associated with a well understanding of the disease and medication.

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REFERENCES

1. Indian guide: population of India, 2015. Available at: <http://www.indiaonlinepages.com/population/india-current-population>. Accessed on 3 December 2018.
2. The national institute transforming India, Government of India, 2015. Available at: <http://niti.gov.in/content/literacy-rate-7years>. Accessed on 3 December 2018.
3. Narain JP. Public Health Challenges in India: Seizing the Opportunities. *Indian J Community Med*. 2016;41(2):85–8.
4. Garg N, Gupta SK, Mahesh R. Patient Satisfaction Survey at a Tertiary Care Speciality Hospital. *Int J Res Foundation Hosp Healthc Adm*. 2014;2(2):79–83.
5. The Definition of Quality and Approaches to Its Assessment. Vol 1. Explorations in Quality Assessment and Monitoring. 1980. Available at: <https://psnet.ahrq.gov/resources/resource/1567/the-definition-of-quality-and-approaches-to-its-assessment-vol-1-explorations-in-quality-assessment-and-monitoring>. Accessed on 3 December 2018.

6. Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An Assessment of Patients Satisfaction with Services Obtained From a Tertiary Care Hospital in Rural Haryana. *Int J Collaborative Res Internal Med Public Health*. 2012;4:8.
7. Alam MZ, Aman R, Hafizullah M. Patient awareness survey in a tertiary care hospital. *JPML*. 2008;22(04):269-99.
8. Rajanandh MG, Santosh S, Ramaswamy C. Prospective analysis of poisoning cases in a superspeciality hospital in India. *J Pharmacol Toxicol*. 2013;8(2):60-6.
9. Joshi C, Jayasinghe UW, Parker S, Mar CD, Russell G, Lloyd J, et al. Does health literacy affect patients' receipt of preventative primary care? A multilevel analysis. *BMC Family Pract*. 2014;15:171.
10. Huang J, Chioyenda A, Shao Y, Ma H, Li H. Low level of knowledge regarding diagnosis and treatment among inpatients with schizophrenia in Shanghai. *Neuropsychiatric Dis Treatment*. 2018;14:185-91.
11. Medication Awareness key to catching error: Study, Science Daily, 2005. Available at: <http://www.sciencedaily.com/releases/2005/03/050308093452.html>. Accessed on 3 December 2018.
12. Kljakovic M. Patients and tests: a study into patient understanding of blood tests ordered by their doctor. *Aust Fam Physician*. 2012;41(4):241-3.
13. Ashfaq T. Awareness of Hypertension among patients attending Primary Health Care Centre and Outpatient Department of tertiary care hospital of Karachi. *J Pak Med Assoc*. 2007;57(8):396-9.
14. Ferguson T. Online patient – helper and physicians working together: a new relationship for high quality health care. *Education and Debate*. *BMJ*. 2000;321:1129-30.
15. Clayton M. Improving illiterate patients understanding and adherence to discharge medications *BMJ Quality Improvement Rep*. 2012;1:1.
16. Detmar SB, Muller MJ, Schornagel JH, Wever LD, Aaronson NK. Health-Related Quality-of-Life Assessments and Patient-Physician Communication. A Randomized Controlled Trial. *JAMA*. 2002;288:3027-34.
17. White B. Measuring Patient Satisfaction: How to Do it and Why to Bother. *Patient Satisfaction Series*. *Family Pract Manag*. 1999;6(1):40-4.

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