

Routine Counseling Vs Comprehensive Counseling: Do they affect patient's Satisfaction Level?

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ABSTRACT

Background: Communication with the patient is not just an add-on; it is the backbone where patient care rests. Effective communication is an important tool to develop good relationship with the patients. **Objectives:** The present study was undertaken to assess the difference in the satisfaction level of the patients after a "Routine counseling" and "Comprehensive counseling". **Materials and Method:** It is hospital based comparative study. In this study one hundred patients admitted to the surgical ward of the Nepalgunj Medical College Teaching Hospital, Kohalpur were taken. These patients were divided into two groups. Group (A) which consist fifty patients, had a Routine counseling and group (B) consisting of another fifty patients had a Comprehensive counseling pre-operatively. After operation, the satisfaction level was noted before the patients were discharged. In this series only patients between 20-65 years and who had routine operation were included. **Routine Counseling:** It is usual practice in the hospital that the patients are routinely counseled by the doctor in the unit before operation. This counseling is not standardized but is done by the doctors as they deem fit. **Comprehensive Counseling:** The basic components of the comprehensive counseling include explaining the nature of operation in simple language, why it is needed; its possible complication and outcome of the operations. **Results:** The present study showed that comprehensive counseling after the routine counseling by the doctors provides a much higher level of satisfaction in the operated patient (P value 0.001). **Conclusion:** The present study showed that comprehensive counseling on the top of a routine counseling provides a much higher level of satisfaction in the operated patient (P value 0.001) in comparison to routine counseling only. The routine counseling usually is done by a doctor and lacks comprehensiveness possibly because of the time constraints.

Key words: *Comprehensive counseling, Patient satisfaction, Routine counseling*

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INTRODUCTION

Counseling is the process that occurs when a client and counselor set aside time to explore difficulties which may include the stressful or emotional feelings of the client. It is the act of helping the client to see things more clearly and a relationship of trust. In people based professions if the patient and of course the relatives understand the treatment or operation, their limitations and complications, the patient party gets reconciled and does not harbors impractical and imaginary great results. The ultimate benefit is a satisfied patient. After all, a patient is happy if patient meets desirable results out of the treatment from his perspective but not from the perspective of the health providers.

OBJECTIVES

The present study was undertaken to assess the difference in the satisfaction level of the patients after a "Routine counseling" and "Comprehensive counseling".

HYPOTHESIS

There is a significant change in the satisfaction level of the patients if they undergo a comprehensive counseling in comparison to a non- standardized Routine counseling.

METHODOLOGY AND MATERIALS

It is hospital based comparative study. In this study one hundred patients admitted to the surgical ward of the Nepalgunj Medical College Teaching Hospital, Kohalpur were taken. These patients were divided into two groups. Group (A) which consisted of fifty patients had a Routine counseling only and group (B) consisting of another fifty patients had a Comprehensive counseling on the top of routine counseling. Both counseling were done pre-operatively. After operation, the satisfaction level was noted before the patients were discharged. In this series only patients between 20-65 years and who had routine operation were included.

Description of the tools

Routine Counseling: It is usual practice in the hospital that the patients are routine counseled by the doctor in the unit before operation. This counseling is not standardized but is done by the doctors as they deem fit.

Comprehensive Counseling: The basic components of the comprehensive counseling include explaining the nature of operation in simple language, why it is needed, its possible complication and outcome. The components of Comprehensive counseling are:

1. The patient is taken into confidence and is given a brief outline of the disease.
2. Explaining the need of operation for the disease and is explained that alternative methods of the treatment are inferior to operation.
3. Explaining the operation in common language and the usual outcome of the operation.
4. Explaining peri-operative possible complications i.e. infections and others.
5. About post-operative care and follow up.

Group A (n=50)

Assessing Satisfaction level of the operated patients who were given only Routine Counseling:

Questionnaire:

1. Did you have counseling by a doctor before operation? (Yes or No)
2. Did you find it comprehensive (satisfying all your queries viz. nature of operation, complications, follow-up etc)? (Yes or No)
3. After the operation do you satisfied that you should have been given more information to cope with the situation? (Yes or No)

Group B (n=50)

Assessing Satisfaction level of the operated patients given Comprehensive Counseling after Routine Counseling:

Questionnaire:

1. Do you find the extra counseling by the researcher provided more information?(Yes or No)
2. Was it more adequate and more satisfactory than the routine counseling only? (Yes or No)

RESULT

| Demographic variables | Group A Routine Counseling (n=50) | | Group B Comprehensive Counseling after Routine Counseling (n=50) | |
|-----------------------|-----------------------------------|----------------|--|----------------|
| | Total number (n) | Percentage (%) | Total number (n) | Percentage (%) |
| Age | | | | |
| 20-35yrs | 9 | 18% | 10 | 20% |
| 36-50yrs | 31 | 62% | 27 | 54% |
| 51-65yrs | 10 | 20% | 13 | 24% |
| Sex | | | | |
| Male | 32 | 64% | 27 | 54% |
| Female | 18 | 36% | 23 | 46% |
| Marital status | | | | |
| Single | 8 | 16% | 10 | 20% |
| Married | 42 | 84% | 40 | 80% |
| Education | | | | |
| Primary school | 3 | 6% | 2 | 4% |
| Middle school | 29 | 42% | 23 | 46% |
| High school | 26 | 52% | 25 | 50% |

Table 1: Age, Sex, Marital Status and Education of the patients participated in Routine Counseling and Comprehensive counseling followed by Routine Counseling done by doctors

| | Patients satisfied n(%) | Patient not fully satisfied n(%) | P-Value |
|--|-------------------------|----------------------------------|---------|
| Routine counseling alone | 32(64%) | 18(36%) | 0.001 |
| Routine Counseling +Comprehensive Counseling | 46(92%) | 4(8%) | |

Table II: Comparison of patient's satisfaction: Routine counseling alone Vs Routine counseling + Comprehensive counseling

Comparing the Group A and group B showed that there is no significant demographic difference between them. The highest age group (62%) in group A and (54%) in group B belonged to the age group (30-50 years). The male sex predominated in both groups (64% in group A and 54% in group B) as well as majority of the patient were married (84%). More than 50% of the participant of this study had attained high school level of education. The satisfaction level was statistically significantly higher (P=0.001) in group B.

DISCUSSION

Some form of counseling is always done in this hospital. Yet, the counseling done by doctors is usually short and informal possibly due to time constraint. Furthermost patients get intimidated by the white coat and do not freely open up before the doctors regarding their queries. This walling off, between the patient and doctors prohibits to develop a trust between them and patient doesn't courage to get their queries satisfied. The anxiety persists about this major event of the life (i.e. about surgery, anesthesia, pain, possible infection, and others). Hence, a need of a comprehensive counseling was felt. The lack of removal of the anxiety of the patient brews some dissatisfaction. This comparative study was undertaken to evaluate the satisfactory level with routine counseling only and after comprehensive counseling complementing to routine counseling.

In the present study a total of 100 patients were admitted to the surgery ward for routine operation and they were divided into group (A) and group (B) each having n=50.

The analysis showed that there were no demographic difference in group A and group B as far as age, sex, marital status and education were concerned. The satisfaction level was statistically significantly higher (P=0.001) in group B.

Schommer J.C. (1995)¹ studied 360 pharmacist-patients interactions and noted that higher level of consultation services increases patient satisfaction. Exceeding patient's expectation is key to patient satisfaction with counseling. Zhang CY² et al. (2012), analyzed in his study the effect of nurse initiated pre-operative education and counseling on post-operative complications and anxiety symptoms following Coronary Artery Bypass Grafting (CABG). The, nurse initiated pre-operational education and counseling where associated with a reduce rate of peri-operative complications (p<0.05) and a reduced level of anxiety following CABG in the study group (15% Vs 45 %, p=0.41).

Watson M.et. al.(2007)³ reported the effect of the specialist nurse counseling services on patients operated for breast cancer. Forty newly diagnosed breast cancer patients, treated by mastectomy, were randomized to receive either routine care or routine care plus counseling by nurse. Psychological morbidity was assessed at one week, 3 months and 12 months postoperatively to determine the efficacy of the service. Comparisons between the groups indicated that counseled patients were significantly less depressed at 3 months postoperatively and reported more beliefs in personal control over health. Another study done by Bachmann G et al (2018)⁴ focused need for comprehensive counseling in women requesting Oocyte Cryo-presentation. Chi-kong L. et al. (2012)⁵ carried a cross section study on (n=100) and opened that preoperative teaching is beneficial to surgical patients in alleviating their and promoting their postoperative recovery.

CONCLUSION

The present study showed that after the comprehensive counseling on the top of a routine counseling provides a much higher level of satisfaction in the operated patient (P value 0.001) in comparison to routine counseling only. The routine counseling usually is done by a doctor and lacks comprehensiveness possibly because of the time constraints.

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