

Satisfaction with Eyecare among Adult Glaucoma Patients in Onitsha Nigeria

Ada C Ezenwa^{1,2*} and Sebastian NN Nwosu^{1,2}¹Department of Ophthalmology, Nnamdi Azikiwe University, Awka, Nigeria²Guinness Eye Center, Onitsha, Nigeria***Corresponding Author:** Ada C Ezenwa, Guinness Eye Center, Onitsha, Nigeria.**Received:** April 15, 2020**Published:** May 22, 2020© All rights are reserved by **Ada C Ezenwa and Sebastian NN Nwosu**.**Abstract****Objective:** To evaluate satisfaction with care received by glaucoma patients at the Guinness Eye Centre Onitsha.**Materials and Methods:** Using an interviewer-administered semi-structured questionnaire, patients with glaucoma seen at the Guinness Eye Center Onitsha between March and October 2012 responded to questions on their understanding of ophthalmologists' explanation of their eye disease; average time spent on consultation; attitude of staff; areas for services improvement and overall satisfaction with care received.**Results:** Two hundred and seven patients aged 40 to 92 years and comprising 95 (45.9%) and 112 females (54.1%) were studied; 143 (69.1%) had at least primary school education with 32 (15.5%) having tertiary education. One hundred and seventy patients (82.1%) were satisfied with overall care given at the hospital. The 37 dissatisfied patients complained of the long waiting time to doctor's consultation, 17 (46.0%); unfriendly disposition of staff, 9 (24.3%); delay at the medical records, 6 (16.2%) and delay at the nurses section, 5 (13.5%).**Conclusion:** Majority of the patients were satisfied with care they receive at the hospital. However, delays at some services points and unfriendly attitude of some staffers need to be addressed in order to enhance patients' continuity of care.**Keywords:** Glaucoma Care; Patient Satisfaction; Improved Care; Nigeria**Introduction**

Glaucoma is a chronic progressive optic neuropathy, associated with loss of optic nerve fibres and permanent damage to visual function [1]. The prevalence of glaucoma from the Nigerian National Blindness and Visual Impairment Survey in adults 40 and above was 5.02% with glaucoma responsible for 0.7% blindness [2]. Both hospital-based and community studies in Anambra state Nigeria also documented glaucoma as not only the second cause of blindness but commonest cause of irreversible blindness [3,4]. Glaucoma is thus a significant eye health challenge in Nigeria.

Glaucoma care requires lifelong treatment with frequent visits to eye clinics. Many glaucoma patients dropout from follow-up care due to several reasons including cost of treatment, long distance travelled and poor knowledge of the disease [5,6]. Patients satisfied with care are more likely to adhere to treatment advice; proper use of eye drops, and other treatment strategies including keeping follow-up appointments [7]. The same is true of patients who clearly understand the nature of the disease and the need for

life-long treatment; such patients are also more likely to share information on their knowledge of disease and treatment experiences within their communities. This will expectedly encourage more people to seek care in the eye health facility.

Patients' expectations compared to actual services rendered affect their level of satisfaction with the health care facility. Although satisfaction with eye care is subjective, an evaluation of satisfaction is still necessary in order to understand and meet patient's expectations and needs.

Objective of the Study

The objective of this study is to determine the degree of satisfaction with care received amongst patients with primary open angle glaucoma at Guinness Eye Center Onitsha, Nigeria.

Materials and Methods

This study was conducted on consecutive primary open angle glaucoma patients aged 40 years and above seen between March and October 2012 at the Guinness Eye Centre Onitsha. Approval for

the study was obtained from the Ethics and Medical Research Committee of the hospital. Written informed consent was also obtained from each patient after detailed explanation of the nature and study objectives. The patients’ had diagnosis of glaucoma made within the previous six months and each patient had at least 2 visits to the eye clinic. Excluded were patients that had ocular surgery and those with significant lens opacity greater than stage 2 of Lens Opacity Classification III (LOCSIII) [8].

An interviewer-administered questionnaire was used to obtain information on each patient’s (a) understanding of ophthalmologists’ explanation on his/her eye condition; (b) average time spent with the doctor; (c) attitude of staff, (d) areas that required improvement and (e) overall satisfaction with care received in the hospital.

For questions (a) and (c), the answer options were “excellent”, “good”, “average”, and “poor”. For question (b), the average time spent with the doctor was either ‘adequate’ or “inadequate” (d) the patients were asked to suggest areas for improvement. For question (e) the patients were asked to indicate their overall satisfaction with care as “not satisfied” and “satisfied”.

The data collected were entered into the Statistical Program for Social Science (SPSS) version 16 software and analysed using descriptive and inferential statistics. Patients were divided into two groups based on gender and age. Comparisons were made between male and female respondents and comparisons also between those aged ≤ 60 years and > 60 years. Chi-square test was used for data analysis with alpha at 0.05.

Results

A total of 207 patients participated in this study. The age range was 40 - 92 years; mean - 61.01 ± 11.4 years. There were 95 (45.9%) males and 112 (54.1%). Table 1 show the socio-demographic characteristics of these patients.

There was no statistically significant difference between patients aged ≥ 60 years and those younger for both males and females (p = 0.8); 114 (55.1%) were urban dwellers. There was no significant difference in place of abode between gender (X² = 0.24, df = 1, p = 0.64); however, older patients ≥ 60 years were more likely to dwell in rural areas (X² = 15.1, df = 1, p < 0.001). Two thirds of the patients had formal education with 32 (15.5%) having tertiary education. Male gender was significantly associated with attaining formal education (p = 0.03).

Age (years)	No.	%
40 - 49	35	16.9
50 - 59	65	31.4
60 - 69	58	28.0
70 - 79	42	20.3
80 - 89	6	2.9
> 90	1	0.5
Total	207	100.0
Educational attainment		
Non-formal education	64	30S
Primary	69	333
Secondary	42	203
Tertiary	32	15.5
Total	207	100.0
Occupation		
Retired persons	83	40.1
Traders	63	30A
Farmer	21	10/
Public servant	21	10/
Artisan*	19	9.1
Total	207	100.0
Residence		
Urban	114	55.1
Rural	93	44.9
Total	207	100.0
Gender		
Male	95	45.9
Female	112	54.1
Total	207	100.0

Table 1: Socio- demographic characteristics.

*Artisans: Mechanics, hair-dressers, drivers, mason.

The presenting visual acuity in the better eyes of the patients is shown in table 2. The visual acuity was ≥ 6/18 in 96 (46.4%) patients while 32 (15.4%) were blind (acuity < 3/60).

The result of satisfaction with explanation of their eye condition by the ophthalmologist is shown in table 3. There was no statistically significant difference between male and female patients (p = 0.2) or between young and old patients (p = 0.6) on the satisfaction with explanation of the disease and its treatment given by the ophthalmologist.

Acuity (Snellen)	No.	%
6/6 - 6/18	96	46.4
< 6/18 - 6/60	54	26.1
< 6/60 - 3/60	25	12.1
< 3/60 - LP	29	14.0
NPL	3	1.4
Total	207	100.0

Table 2: Presenting visual acuity.

The time spent with the doctor was adequate for 172 (83.1%), while 30 (16.9%) felt the time spent with the doctor was inadequate. Staff attitude was rated excellent by 65 (31.4%) patients, good by 81 (39.1%), average by 47 (22.7%) and poor by 14 (6.8%) patients. These responses were not influenced by gender ($p = 0.9$) or age ($p = 0.6$).

Satisfaction level	No.	%
Excellent	85	41.1
Good	64	30.9
Average	31	15.0
Poor	27	13.0
Total	207	100.0

Table 3: Satisfaction with the ophthalmologist’s explanation.

One hundred and seventy (82.1%) patients were generally satisfied with overall care in the eye facility while 34 (17.9%) patients were dissatisfied. Areas of discontent were the long waiting time to doctor’s consultation 17 (46.0%), unfriendly disposition of staff 9 (24.3%), delays at the medical record unit 6 (16.2%) and nurses section 5 (13.5%). Eleven (5.3%) patients complained about the long distance between their abode and the hospital. The overall level of satisfaction at the hospital was not influenced by age ($p = 0.3$), gender ($p = 0.6$), occupation ($p = 0.9$), educational attainment ($p = 1.0$) and areas of residence ($p = 0.4$).

Areas for improvement in services were: reduction in waiting time before seeing a doctor, 104 (77.6%), unfriendly attitude of staff, 9 (6.7%); delays at the medical records 8 (6.0%); nurses station, 7 (5.2%); patients not being attended to on ‘first come, first serve’ basis, 6 (4.5%). Some patients gave multiple responses.

Discussion

Satisfaction with care is a function of several factors including staff attitude; promptness of attention and relief of symptoms by treatment. Continued patronage of hospital services is in the main

determined by satisfaction of the patients with the care received. The overall patient satisfaction with care received (82.1%) in the present study is less than 94.2% obtained by Ademola-Popoola, *et al.* [9] 92.6% by de Oliveria, *et al.* [10] and 90% by Odberg, *et al.* [11]. The difference in overall satisfaction scores can be inferred from the differences in patients characteristics. Participants recruited by Ademola-Popoola, *et al.* [9] and de Oliveria [10] were patients from the general eye clinic while in the present study patients were from the glaucoma clinic. However, although Odberg, *et al.* [11] studied glaucoma patients, less than 10% of their patients were younger than 60 years. But in the present study 48.3% were less than 60 years.

Glaucoma, like every chronic disease, requires frequent follow-up visits to health care facilities. It is therefore important for health care workers to ensure patients satisfaction with services rendered at each visit. The overall general satisfactory rating in this study was not influenced by age, gender or educational attainment. This finding is different from the study by Peterson, *et al.* [12] in which older patients and those with higher level of education were least satisfied with care they received. Odberg, *et al.* [11] observed that younger patients were less satisfied with women more generally dissatisfied.

Patients’ understanding of explanation given by their doctor was 71.9% which is less than 83.6% Ademola-Popoola, *et al.* [9] reported and 78.8% obtained by de Oliveria, *et al.* [10] and 90% by Odberg, *et al.* [11]. This could have been influenced by the length of time spent consulting with the doctor. In a crowded clinic with few doctors, the time patients spend consulting with the doctor may not be adequate. Indeed up to 15% of the patients in the present study complained of the inadequacy they spent with the doctor. Part of the solution lies in expanding the health care facilities and employing more ophthalmologists.

A previous study had reported a low level of disease knowledge among our glaucoma patients in our hospital [13]. This is a reflection of both the generally low knowledge of health issues by patients in our environment [14] and the inadequacy of the explanation by the health care workers. The doctor in a busy clinic may not be able to explain the risks and benefits of preferred treatment modalities to the patient [13]. It is therefore recommended that a dedicated and efficient counselling section be established in the glaucoma clinics. This will ensure more detailed explanations of the nature of the disease, the treatment plan and possible outcomes to patients.

Odberg, *et al.* [11] had a higher percentage of patients dissatisfied with time spent on consultation, as 5% found the consultation strenuous and annoying. This is higher than 3.4% obtained from the present study on those dissatisfied with consultation time. Glen, *et al.* [15] in a focus group discussion found patient-doctor satisfaction as a barrier to satisfaction with care. Completely satisfied patients will usually report that their ophthalmologist spent enough time with them, listened carefully and communicated to them in an understandable way [16].

The poor attitude of healthcare staff is often a cause of dissatisfaction to care [17,18]. The interpersonal relationship between patients and staff was not influenced by ageing this study. However, Peterson, *et al.* [12] observed that older patients were more concerned about interpersonal relationship. It is important for healthcare staff to adopt a friendlier disposition to patients. It was reported by de Oliveria, *et al.* [10] that 98.0% of their patients were respectfully treated by healthcare workers. The reasons for poor attitude of health care workers needs be further explored. Such studies would expectedly suggest solutions which implementation will enhance the care of glaucoma, and indeed all, patients. Some of the areas to be looked at include work conditions, patient load and remuneration.

The long waiting time spent before consultation was observed by Ademola-Popoola, *et al.* [9] and Awobem, *et al.* [18]. The long waiting time complaint before seeing a doctor was 71.8% by Ademola-Popoola [9]. This is comparable to 74.5% in this present study. In their study, de-Oliveira, *et al.* [10] observed that time spent before consultation did not affect opinion on quality of care. Travel time to clinic location is usually a barrier to satisfaction for glaucoma patients [16]. This is important factor since 45% of patients in the present study were rural dwellers and indeed some patients complained about long distance travelled to receive treatment. It is thus necessary to extend glaucoma services to rural areas to reduce long distance travelled by patients some of who have defective vision.

Conclusion

Glaucoma is a chronic disease and satisfaction with care is necessary to ensure continuity of visits. A patient who keeps to appointment is more likely to be adherent and persistent with the use of eye medications. Complaints of long waiting time and the distance patients' travel to assess the eye centre may cause some to abandon their treatment or appointment.

In conclusion, although a high level of satisfaction was obtained, it is necessary to address all the areas of dissatisfaction raised by

the patients in order to enhance continued patronage of services and compliance with treatment.

Bibliography

1. Vamar R, *et al.* "An assessment of the health and economic burden of glaucoma". *American Journal of Ophthalmology* (2011): 512-522.
2. Kyari F, *et al.* "A population based survey of the prevalence and types of glaucoma in Nigeria. Results from the Nigeria National Blindness and Visual Impairment Survey". *BMC Ophthalmology* 15 (2015): 176.
3. Nwosu SNN. "Blindness and visual impairment in Anambra State, Nigeria". *Tropical and Geographical Medicine* 46.6 (1994): 346-349.
4. Nwosu SNN. "Low vision in persons aged 50 years and above in the onchocercal endemic communities of Anambra State, Nigeria". *West African Journal of Medicine* 19.3 (2000): 216-219.
5. Ashaye AO and Adeoye AO. "Characteristics of patients who drop out from a glaucoma clinic". *Journal of Glaucoma* 17 (2008): 227-232.
6. Kizor-Akaraiwe NN. "Follow-up and adherence to glaucoma care by newly diagnosed glaucoma patients in Enugu, Nigeria". *Ophthalmic Epidemiology* 26.2 (2019): 140-146.
7. Baker-Schena L. "Growing role of patient satisfaction poses challenges". *Eye Net Magazine* (2015).
8. Chylack LT Jr, *et al.* "The Lens Opacification classification III: the longitudinal study of cataract Study Group". *Archives of ophthalmology* 111 (1993): 831-836.
9. Ademola-Popoola DS, *et al.* "Patients assessment of quality of care in a Nigerian teaching hospital". *The Nigerian Postgraduate Medical Journal* 12 (2005): 145-148.
10. De Oliveria DF, *et al.* "Quality of health care: Patient satisfaction in a university hospital". *Arquivos Brasileiros de Oftalmologia* 69 (2000): 731-736.
11. Odberg T, *et al.* "The impact of glaucoma on the quality of life of patients in Norway.I: Results from self-administered questionnaire". *Acta ophthalmologica Scandinavica* 79 (2001): 116-120.

12. Peterson K, *et al.* "Patient satisfaction with care in an urban referral academic glaucoma clinic in United States". *Patient Preference and Adherence* 12 (2018): 775-781.
13. Nwosu SNN. "Patients' knowledge of glaucoma and treatment options". *The Nigerian Journal of Clinical Practice* 13 (2010): 74-77.
14. Obidior J and Nwosu SNN. "Knowledge of disease causation and nutritional issues in diabetes". *Journal of Biomedical Investigation* 8.1 (2010): 25-27.
15. Glen FC, *et al.* "A qualitative investigation into patients' views on visual field testing for glaucoma monitoring". *BMJ Open* 4.1 (2014): e003996.
16. Rahmatnejad K, *et al.* "Factors associated with patient satisfaction in an outpatient glaucoma population". *Seminars in Ophthalmology* 33.6 (2018): 757-765.
17. Ayeni EA, *et al.* "Services uptake in University College Hospital Ibadan: a time flow study". *Nigerian Journal of Ophthalmology* 13 (2005): 49-53.
18. Awobem FJ, *et al.* "Patients' perspective of the quality of eye care at the University College Hospital, Ibadan". *Nigerian Journal of Ophthalmology* 13 (2005): 11-16.

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

Website: www.actascientific.com/

Submit Article: www.actascientific.com/submission.php

Email us: editor@actascientific.com

Contact us: +91 9182824667