

Impact of Counselling and Consent on Patient's Satisfaction at a Tertiary Care Hospital in Karachi, Sindh

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ABSTRACT

Background: Detail counseling of the patient helps them to understand the importance of treatment and improves their compliance. It also improves the relationship between the doctor and the patient.

Objective: Current study aims to determine the patient satisfaction level going for major gynecological surgery by detailed counseling and consent.

Material and Methods: This is a cross-sectional study conducted at Liaquat National Hospital, Karachi. The duration of the study was one year (1st march 2018 to 28 February 2019). Informed consent was taken from participants fulfilling the inclusion criteria. The questionnaire was composed of demographic details of patients such as age, gender, marital status, education level, and socioeconomic status. The satisfaction rating scale was used to assess the impact of counseling on the patient. The scale contains different items regarding counseling and consent that assesses patient satisfaction, rated on a 1–5 scale (1 = strongly disagree; 5 = strongly agree). Higher scores indicate higher satisfaction.

Results: In our study majority of the participants were from 41-50 (30%) years of age, and all were married and belonging to the middle class. The majority were from the secondary level which is 62%. Out of 156 participants, 87 agreed that counsellor listened to them, 96 understood the information, 91 were comfortable talking to the counsellor and 80 were more hopeful about their progress. Similarly, the majority of the participants agreed and were satisfied with the treatment after informed consent. Results found that 85% of participants showed a higher satisfaction level towards counseling and informed consent.

Conclusion: Counseling is a useful supplementary technique for refining treatment adherence and disease condition. Taking consent is the asymmetrical method to create a relationship between healthcare providers and patients.

Keywords: Counseling, consent, patient satisfaction, health literacy.

INTRODUCTION

The importance of counseling is to help the patient regarding the importance of medication, treatment, and investigations for their benefit. This will improve the patient's understanding to deal with medication side effects and drug interactions, and patient counseling should ensure better patient compliance [1]. While counseling, professionals must consider the patient's sickness experience and encourage a more congenial relationship with the patient. Lack of privacy, brief counseling by the doctor, and the Patient's low self-confidence or unable to comprehend the details provided by the doctor are the main barriers to the patient's counseling [2].

Better health outcome was noted in a study in which the positive impact of counseling was evaluated. Comprehensive counseling by healthcare professionals improves their knowledge, attitude, and practices toward disease [3]. The assurance to the patients of their treatment is a good approach for supporting the clinical advantages of adherence behavior [4].

Informed consent is the discussion between health care practitioners and patients about proposed medical treatment, harmful effects, benefits, consequences, hazards, and alternatives [5]. This process can be considered a patient safety issue, when done well it opens a dialogue between provider and patient so that the patient can ask any question he wants and get knowledge about what to expect during and after the procedure of treatment and can at least theoretically help to prevent medical errors [6]. The patient has a legal right to refuse treatment. The consent obtained should be legally valid. A doctor will be liable under criminal laws if he treats the patient without informed consent [7]. It's significant for the professionals to be very clear about the issues in the consent that may be expected during the treatment [8].

Consent and counseling have a positive impact on the progress of the patient. Counseling is an effective intervention, clinically and economically. Studies on counseling and its effectiveness have mentioned a high level of satisfaction among patients. Consent helps the patient to feel confident in the competence of the physician. It is the ethical duty of the doctor to show respect to the patient and be truthful in informing them about their health. Patients are now widely regarded as persons holding rights, rather than as passive recipients of the care of the medical profession [9].

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Patient satisfaction is the core of patient-centered care. Therefore it can lead to improvement in the professional lives of the physicians as well as delivering better treatment results. By continuing to educate ourselves and practice new methods, we can integrate these skills into clinical practice. Incorporation of patient satisfaction research findings at the national level will help in enhancing patient satisfaction with the healthcare system in Pakistan and will eventually lead to the improvement of healthcare in this country.

OBJECTIVE

To determine the effect of counseling and consent on patient satisfaction going for major gynecological surgery.

MATERIALS AND METHODS

This is a cross-sectional study conducted at Obstetrics and gynaecology department, Liaquat National Hospital, Karachi Study duration was one year from (1st march 2018 to 28 Feb 2019) Female Patients above 18 years, Patients who consented to be part of the study, Patients who are scheduled minor and major gynae surgeries. Patients with ages <18 years and those who refused to participate were excluded from the study. The sample size was calculated through WHO software for sample size determination. In the previous study, we found that 89.9 % prevalence of patients were satisfied with the OPD participants [10]. Therefore, with a 5% margin of error at a 95% confidence level the sample size was calculated to be 156 Ethical approval (0418-2018-LNH-ERC) was taken from the Ethical Review Committee of the Liaquat National Hospital and Medical College, Karachi before the commencement of study. Written informed consent was taken from the patients meeting the inclusion criteria of the study after an explanation of the study protocol. Standard measures were taken to ensure the confidentiality of the participants. Patients were approached after their consultation in the obstetrics and gynecology clinic. Principal Investigator presented at the time of data collection to resolve any queries. A questionnaire was administered to patients who gave consent to participate in the survey. The questionnaire was composed of demographic details of patients such as age, gender, marital status, education level, and socioeconomic status. The satisfaction rating scale was used to assess the impact of counseling on the

patient. The scale contained different items regarding counseling that assessed patient satisfaction inwards and OPD (Outpatient Department), rated on a 1–5 scale (1 = strongly disagree; 5 = strongly agree). Higher scores indicate higher satisfaction.

Data was entered and analyzed in SPSS version 21. Baseline information on demographics is analyzed using descriptive statistics. For continuous variables such as age, mean and standard deviation were calculated. For categorical variables such as education level, marital status, socioeconomic status, patient satisfaction with counseling, and patient satisfaction with consent, frequencies and percentages were reported.

RESULTS

The result found that the majority of the participants were from the 41-50 age group that is 30% and all were married. Most of the participants were belonging to the middle class 91%. The education status of participants presented that the majority were from the secondary level which is 62% (Table 1).

It was revealed that the majority of the participants agreed and strongly agree with positive statements on the patient satisfaction scale on counseling. Out of 156, 87 participants agreed that the counsellor listened to them, 96 understood the information, and 91 were

Table 1: Demographic characteristics of the participants.

Variables	Groups	Frequency (%)
Age	20-30	40 (25.6)
	31-40	43 (27.6)
	41-50	48 (30.8)
	>50	25 (16)
Socio economic status	Middle class	142 (91)
	Upper class	14 (9)
Marital Status	Married	156 (100)
	Unmarried	0 (0)
Education Status	Primary	4 (2.6)
	Secondary	98 (62.8)
	Intermediate	52 (33.3)
	Graduate	2 (1.3)
Diagnosis	Fibroid uterus	69 (44.2)
	Ovarian cyst	31 (19.9)
	Ca endometrium	30 (19.2)
	Ca ovary	20 (12.8)
	Ca cervix	6 (3.8)

Table 2: Frequency of participants' counseling.

Parameters	Strongly Disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly Agree n(%)
I felt the counsellor listened to me.	0 (0)	0 (0)	2 (1.3)	87 (55.8)	67 (42.9)
I understood the information provided by the counsellor	0 (0)	0 (0)	4 (2.6)	96 (61.5)	56 (35.9)
I was comfortable with my ability to talk to the counsellor.	0 (0)	1 (0.6)	14 (9)	91 (58.3)	50 (32.1)
I felt supported and encouraged	0 (0)	1 (0.6)	10 (6.4)	99 (63.5)	46 (29.5)
I was satisfied with the session.	0 (0)	0 (0)	11 (7.1)	96 (61.5)	49 (31.4)
I felt that I entered a safe and trusting environment.	0 (0)	0 (0)	4 (2.6)	91 (58.3)	61 (39.1)
I felt more hopeful about my progress.	0 (0)	0 (0)	1 (0.6)	80 (51.3)	75 (48.1)

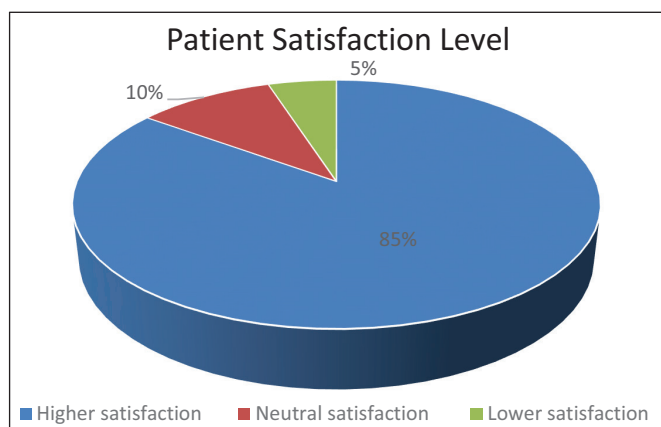
Table 3: Response distribution of satisfactory scale of consent.

Parameters	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)
The patient is informed about the additional risks and complications.	0 (0)	0 (0)	7 (4.5)	84 (53.8)	65 (41.5)
Do you feel more confident about the treatment now?	0 (0)	1 (0.6)	4 (2.6)	82 (52.6)	69 (44.2)
Do you feel depressed about the treatment and don't want to continue it?	0 (0)	122 (78.2)	22 (14.1)	10 (6.4)	2 (1.3)
Have your all doubts been cleared after counseling?	0 (0)	2 (1.2)	4 (2.6)	70 (44.9)	80 (51.3)

comfortable talking to the counsellor and 80 were more hopeful about their progress (**Table 2**).

The result revealed that the majority of the participants agreed and strongly agree with positive statements on the patient satisfaction scale about consent. Out of 156, 84 participants agreed that the patient is informed about the additional risks and complications, and 82 felt more confident about the treatment now. However, 122 participants disagreed as they felt depressed about the treatment and did not want to continue it (**Table 3**).

It is also found that 85% of the patient showed a higher level of satisfaction after counseling and consent. However, 10% were neutral and only 5% showed a lower level of satisfaction (**Fig. 1**).

**Fig. (1):** Satisfaction level of patients (n=156).

DISCUSSION

The key factor in reducing misunderstanding, disputes, and litigation is patient satisfaction. It's proven by various studies that providing knowledge about surgery can affect patients' awareness. This affects the postoperative satisfaction of patients after surgical procedures. The preoperative consent process is the pivotal step from which surgeons can interconnect successfully with patients. This will have a direct impact on the patient's satisfaction with the operative procedure [11].

The current study revealed that there was a strong agreement of positive responses to questions related to the impact of counseling on patient satisfaction. Similarly, according to Bandura's social-cognitive theory, intensive counseling might reinforce people's belief that they can accomplish the behavioral changes necessary

to improve their health and disease management [12].

Additionally, our study also revealed that the most common behavior that gynecologic surgeons used to evaluate patient understanding was to ask and feel comfortable whether they understood instructions. And whether their patients had further questions regarding their surgery. Studies revealed that if patients are unable to understand the doctor's language and information and are not confident to pose an appropriate question, however when prompted, so this strategy may not elicit a true understanding of the patients most at risk [13].

In Pakistan as in many other countries, the burden of diseases has a deep impact on the social, behavioral, and economic situation. Thus counseling facilitated to elucidate the disease, this was confirmed in a small, in-depth interview study with cured patients and their relatives [14]. A current study showed that counseling helped them believe that their disease was curable if they followed the correct treatment regimen, while relatives felt that it helped them change their negative attitudes.

Similarly, a past published study from the National Assessment of Adult Literacy found that fewer qualifications may be the main contributing factor to crop up the disease situation and unable to fight against their disease condition (<http://nces.ed.gov/naal/>). Thus, the only way to empower the patient is the counseling and consent to ensure patient satisfaction regarding their disease condition [14].

The current study provided a snapshot of current strategies used by gynecologic physicians while obtaining informed consent delivered counseling. A founding pillar of true informed consent is discussing all pros and cons of surgery in detail. Which is only possible if the physician is knowledgeable about the condition and procedure to be done. This will help the patient to understand the, and ultimately make an autonomous decision. More research is still required to improve communication with the patient. This will help the patient to make a better decision based on the information provided [15].

Thereby, many tools available for the evaluation of patient knowledge are rather inappropriate or unsuitable and have limited utilization in a clinical setting. Thus using easier tools, like the Newest Vital Signs, questions tested by Dr. Barry Weiss and colleagues in the clinical

setting, could help to identify patients most at risk for low health literacy and those who are likely to have the most challenges understanding the content and framing questions during the informed consent process [16]. In the future, there is a need to achieve a hard balance between complete disclosure, time limitations, and the avoidance of devastating patients with unnecessary and excessive information [17].

CONCLUSION

Counseling is a useful supplementary technique for refining treatment adherence and disease condition. Taking consent is the asymmetrical method to create a relationship between supervisor and patient. As it is evident from our study that patients felt more confident about their treatment after thorough discussion and 85% of the patient showed a higher level of satisfaction after counseling and consent.

ETHICAL APPROVAL

Ethical approval was obtained from the Institutional Review Committee of Liaquat National Hospital and Medical College, Karachi (0418-2018-LNH-ERC).

CONSENT FOR PUBLICATION

Written informed consent was taken from the participants.

AVAILABILITY OF DATA

The authors unanimously confirm that data supporting the results of this study are available in the article.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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AUTHOR'S CONTRIBUTION

All the authors contributed equally to the publication of this article.

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