

# Problems Faced by Patient's Attendants in Allied Hospital, Faisalabad

Muhammad Anwar Sulehri, Rabia Anwar, Ali Anwar Sulehri, Madiha Anwar Sulehri

## ABSTRACT

**Objectives:** To evaluate the problems faced by the patient's attendants and determine the facilities available for them in Allied Hospital Faisalabad. **Study Design:** A Cross-Sectional Study. **Settings:** Allied Hospital, Faisalabad. **Duration:** February to March 2016. **Results:** Majority of the attendants of patients were gratified with the hospital facilities provided i.e. punctuality and availability of staff and their cooperation. About 40 (40%) attendants had food items supply problem and 50 (50%) were not satisfied about the behavior of gate keeper of the ward. Majority of the patient's attendants 80 (80%) had problem of resting place during their stay in the hospital. **Conclusion:** Most of the people belonging to poor community visiting government hospitals have a very low standard of living, however majority of them were satisfied with the facilities provided by the hospital. Our study concludes that there was a significant trend for patients to be accompanied by multiple attendants and hospital did not have enough facilities to provide food and shelter to them. Multiple attendants caused hindrance in duties of staff and posed infection and security risk.

**Key Words:** Patients, Attendants, Hospital facilities, Food problem, Behavior of gate keeper

### Corresponding Author

**Prof. Dr. Muhammad Anwar Sulehri**  
Professor of Community Medicine  
Amna Inyat Medical College  
Sheikhupura-Pakistan  
Contact: +92 335-6689454  
Email: anwarsulehri73@yahoo.com

Submitted for Publication: 07-10-2017

Accepted for Publication: 20-11-2018

**Article Citation:** Sulehri MA, Anwar R, Sulehri AA, Sulehri MA. Problems Faced by Patient's Attendants in Allied Hospital, Faisalabad. APMC 2018;12(4):317-20.

## INTRODUCTION

The standards of health care services, expected by the community are not being provided in both developed and developing countries. A very high percentage of the population in many developing countries including Pakistan, and especially in rural areas, do not have proper access to medical facilities or health care services which are available in hospitals. Only few urban citizens privileged from these facilities and health care services. Although health is an essential and fundamental human right, but millions of people are deprived of good health due to poverty and low socio-economic status. The existing health services are not enough and still people are not satisfied and there is a clear demand for better health care services and medical facilities for both rural and urban community.<sup>1</sup>

The patient's attendants face a lot of problems, and the difficulties they face influence their physical and mental health and have negative impact on their personal hygiene. Food and drinking water which is available to them in the hospital may be unhygienic and can cause harmful diseases. Patients of asthma, chronic lung and heart diseases have no proper facilities and inappropriate or lack of shelters make their condition more miserable and helpless.

Overcrowding in the hospitals also affect the personal hygiene of the attendants, poor sanitation of washrooms,<sup>2</sup> sharing of instruments of personal use e.g. combs, razors, towels, blades, nail clippers, scissors etc. can cause serious infections and spread harmful disease (e.g. Hepatitis A,B & C, AIDS etc.),

which can weaken the human immune system and cause nutritional deficiencies.<sup>3</sup>

The patient's attendants face lot of problems in the hospital during their stay, and the difficulties they face influence their physical and mental health and have negative impact on their personal hygiene and these disturbances felt not only in their own professional life and social routine but their families are also affect by these difficulties and the mental stress of the attendant, which leads towards psychiatric & psychological problems<sup>4</sup>.

In the judgement of performance of the hospitals and health care facilities, patient's satisfaction and attitude of health care workers are important considerations.<sup>5</sup> From all the major problems in the hospitals of Pakistan, one is that of dealing with many attendants of admitted patients.<sup>6</sup>

Many of the patient's attendants can be seen in the hospital waiting areas, compounds and grounds throughout the day. They do not have proper and suitable facilities for their stay at these government hospitals. Studies have been carried out to judge the satisfaction level of the people, which is helpful in choosing medical facilities provided and health care services provided.<sup>7</sup>

### Objectives of the study:

- Assess the problems faced by patient's attendants in Allied hospital Faisalabad.
- Determine the facilities available for the attendants in the hospital.

**Justification of the study:** This study was conducted to evaluate the satisfaction of patient's attendants with the facilities

provided by the hospital which is helpful in future planning for the provision of health facilities.

## METHODOLOGY

**Study Design:** Cross-sectional study.

**Settings:** Allied Hospital Faisalabad-Pakistan

**Duration:** February to March 2016.

**Sample Size and Technique:** One hundred attendants of patients were selected by convenience sampling technique.

**Study Tool:** A Pre-Tested, Semi-Structured Questionnaire regarding problems faced by patient's attendants was used for data collection.

**Inclusion Criteria:** Only the family members of the patients were included in the study as attendants.

**Exclusion Criteria:** Medical attendants of the patients were excluded from the research project.

**Methods:** A pre-tested, semi-structured questionnaire was developed in English language regarding problems faced by patient's attendants and used to get the responses. The questionnaire was translated in to Urdu language and then back to English to remove the ambiguities of English language. A total of 100 attendants of patients were selected by convenience sampling technique. Informed consent was taken from the participants of the study. Permission was got from the ward in-charge before collection of data. The data collected was entered, cleaned and tabulated. The results have been presented in percentages for standardization.

## RESULTS

**Table 1: Questionnaire**

<b>Q.1. Punctuality and availability of staff?</b>		
Actual Responses	Total Responses 100	Percentage 100%
Yes	100	100%
No	0	0%
<b>Q.2. Attitude, behavior and cooperation of medical staff</b>		
Good	90	90%
Bad	10	10%
<b>Q.3. Laboratory facilities available?</b>		
Yes	90	90%
No	10	10%
<b>Q.4. Are you satisfied with the services provided by the health care team?</b>		
Yes	90	90%
No	10	10%
<b>Q.5. Availability of drugs?</b>		
Yes	100	100%
No	0	0%
<b>Q.6. Did your patient get the bed easily?</b>		
Yes	100	100%
No	0	0%
<b>Q.7. Monthly income of patient's attendants / family</b>		
Rs.15,000	60	60%
>15,000	40	40%

<b>Q.8. Was treatment of your patient started in time without any delay?</b>		
Actual Responses	Total Responses 100	Percentage 100%
Yes	80	80%
No	20	20%
<b>Q.9. Is quality of treatment of your patient satisfactory?</b>		
Yes	90	90%
No	10	10%
<b>Q.10. Was long waiting for emergency surgery?</b>		
Yes	20	20%
No	80	80%
<b>Q.11. Cost of treatment high?</b>		
Yes	10	10%
No	90	90%
<b>Q.12. Was there transport problem for you and your patient to reach the hospital?</b>		
Yes	60	60%
No	40	40%
<b>Q.13. How many patients with the attendants?</b>		
One	40	40%
Two	20	20%
Three	20	20%
>three	20	20%
<b>Q.14. Canteen problem/food, drinks and other routinely useable things</b>		
Yes	40	40%
No	60	60%

<b>Q.15. Is sitting arrangement proper or not for you?</b>		
Actual Responses	Total Responses 100	Percentage 100%
Yes	50	50%
No	50	50%
<b>Q.16. Have the attendants' proper facility for taking rest?</b>		
Yes	20	20%
No	80	80%
<b>Q.17. Any other difficulty face by you during treatment of your patient? If yes. what it was?</b>		
Yes	0	0%
No	100	100%
<b>Q.18. What is the status of sanitation and cleanliness in the hospital's waiting area, wards and washrooms?</b>		
Good	90	90%
Bad	10	10%
<b>Q.19. How was the behavior of the gate keeper of the ward with you?</b>		
Good	50	50%
Bad	50	50%
<b>Q.20. Are you satisfied with the treatment?</b>		
Yes	100	100%
No	0	0%

A total of 100 people was interviewed, in which 40% were males and 60% were females. Majority of the attendants in the hospital were family members of the patients and relatives. All the

attendants (100%) were satisfied with punctuality and availability of the staff, cooperation of the staff, also with the laboratory facilities available in the hospital. 90 % attendants were also satisfied with the quality of the treatment in the hospital. Some attendants had complaints about the behavior of the staff and behavior of the gate keepers or guards in the hospital. They also felt the need for improvement for better facilities and arrangement for food and drinking water supply. Some attendants were also not satisfied with status of the sanitation and cleanliness of the hospital's waiting area, wards and wash rooms. The results have been presented in textual and tabular form and for standardization calculated in percentages.

## DISCUSSION

The problems faced by patient's attendants belonging to poor community with the facilities available in the government hospitals is a common issue in our society<sup>8</sup>. In our study about 60% of attendants of patients belonged to low income families, so our results relating to problems of attendants coincide to above study.

In our study majority of attendants of patients faced transport problems for bringing their patients to the hospital emergency for treatment. In another study, it is stated that the people who live in villages face many problems due to bad conditions of the roads, heavy traffic and conveyance problems because these take a lot of time to go to big cities for the treatment in the government hospitals. Therefore, road accidents and delay in the treatment thus cost lives of many people.<sup>9</sup> So, the results of our study are in line with this study.

When the attendants reach to the hospitals with their patients, these poor attendants face lot of problems during the admission of their patients. Expensive medicines,<sup>10</sup> long waiting for their patient's treatment,<sup>11</sup> rude and discourteous behavior of hospitals medical staff and security guards<sup>12</sup> and non-availabilities of waiting areas are the common issues. In our study findings, majority of the patients (80%) have not to wait for a longtime for their emergency surgeries and the cost of treatment of their cases was also not high, so the patients and their attendants were satisfied from the services provided by the hospital. Our results are different from the above studies and show good quality services provided by the hospital management except the behavior of some gate keepers or security guards of the hospital.

The attendants who are already worried about their patient's condition or pain of his close relative's ailment, the problems or issues mentioned above raise their level of anxiety and nervous state and these create a feeling of despise and hatred between rich and poor communities as this really makes the poor people to realize that they are deprived of essential needs of their life i.e., health and respect.<sup>13</sup>

In another study in UK, for the poor attendant's relief no measures were found by the authorities about healthy food<sup>14</sup>, residence, safe drinking water, availability of washrooms and sufficient or comfortable waiting centers. All these lead to raise

the hygiene problems. Another study in Karachi by Masood. H. Rao et.al. states that poor standards of cleanliness and negligence towards hygiene control has not just created problems for the attendants of the patients but also for the hospital medical staff<sup>15</sup>, it noticed that people are lack of awareness about contagious diseases like hepatitis B & C<sup>16</sup> and infections in the hospital, attendants are not seen to take precautions in sharing their accessories like utensils, razors and usage of contaminated food and drinking water etc. Our results are also in line with these studies to some extent.

Government should take steps to plan suitable measures and provide basic medical facilities and aids even at the smallest level because it is a right of every citizen of the country which may be living in urban or rural areas<sup>17</sup>.

Majority of the people visiting government hospitals belong to a poor community and have a very low standard of living, many are uneducated and already dominated with lot of problems, so disrespectful and uncaring behavior will only ignite them further giving rise to unpleasant situations. These poor and worried people need help, support and sympathy<sup>18</sup>. In our study, there is same situation and results are in line with these findings.

The lack of medical facilities and health care services provided in the government hospitals is the issue which has been discussed many times, but not any one ever emphasized or accentuated the difficulties faced by patient's attendants in the hospitals specially coming from villages belonging to poor community to the cities for the treatment of their patients. The study exposed an uncaring behavior and disrespectful attitude towards these poor attendants including economic help, accommodation or shelter during their stay in the hospital and safe and healthy food and drinking water etc.<sup>19</sup> Our results are also in line with these studies to some extent.

## CONCLUSION




Majority of the people visiting government hospitals belong to a poor community and have a very low standard of living, however majority of them were satisfied with the facilities provided by the hospital. However, our study concludes that there was a significant trend for patients to be accompanied by multiple attendants and hospital did not have enough facilities to provide food and shelter to them. Multiple attendants caused hindrance in duties of staff and posed infection and security risk. However, these poor and desperate people may be helped and facilitated, and treated sympathetically during their stay in the hospital.

## REFERENCES

1. Park JE. Man medicine: towards health for all. In: Bhanot B. Preventive and social medicine, 22nd ed. Jabalpur:2002. pp 1-11.
2. Brocklehurst C. Sanitation is an institutional orphan, Sci-tech World, Dawn/Guardian News Service. 2007;22:8.
3. Kumar et al: Robbins & Cotran Pathologic Basis of Disease, 2004, 7/e, Elsevier: chapters 8-9. pp 343-415.
4. Sue D, Wing D, St, Sue S. Understanding Abnormal Behavior. Hughton Misslin Company. 2017;124-5.

5. Fitz PR. Survey of Patient Satisfaction: Important general considerations. *Brit Med J.* 1991;302(6781):887-9.
6. Verbeek J, Van Dijk F, Rasanen K, Piiraniemi H, Kankaanpää E, Hulshof C. Consumer satisfaction with occupational health services: should it be measured? *Occup Environ Med.* 2001;58(4):272-8.
7. Hashmi SK. A socioeconomic and service audit of oncology unit at the NICH, Karachi. *J Pak Med Assoc.* 2003;53(5):205-7.
8. Hashim SK. A Socioeconomic and Service Audit of Oncology Unit at The National Institute of Child Health, Karachi. *J Pak Med Assoc.* 2003;53(5):205-7.
9. Gurio A. Baby born in ambulance. Never stood a chance, *Daily Times*, Tuesday, September 18, 2007. <https://dailytimes.com.pk/e-paper/>.
10. Querna E. High drug prices, U.S. *News and World Report.* 2007 <https://www.usnews.com/>
11. Jawaid M, Amin MF, Kha, RA, et al An Audit of Reduction in waiting times for emergency surgeries in a tertiary care teaching hospital. *Pak J Med Sci.* 2005;21(4):422-5.
12. Hashmi FK, Hashmi SK, Attitudes of attendants and visitors at the National Institute of Child Health (NICH): Problems and Solutions. *Pak J Med Sci.* 2006;22(1):94-6.
13. Google search, [http://www.idsn.org/tekst/national\\_research.htm](http://www.idsn.org/tekst/national_research.htm).
14. Hospital hygiene 'risks patients' lives', *BBC News.* <http://news.bbc.co.uk/2/hi/health/889534.stm>.
15. Rao MH. Knowledge, attitude and practice patterns of handwashing in major public-sector hospitals of Karachi. *Pak J Med Res.* 2006;45(4):87-92.
16. Karachi: 5,348 hepatitis patients in Sindh, says minister: 170m affected worldwide, *DAWN the internet edition,* <https://www.dawn.com/news/197722>.
17. Muzaffar IN. The resilient souls of Dhabeji, *YOU! Tuesday,* September 04.
18. Artz J. Internal Surveys, an ideal way to measure service expectations. *Health Hum Resour.* 1994;3(8):7-9.
19. Khatoun F, Sheikh Z, Alzahrani I. H, Badawy A. E, Pattern of Difficulties Faced by the Attendants of Admitted Patients in Tertiary Care Unit Coming from Outside the Karachi City. *JDMS.* 2014;13(1):43-52.

### **AUTHORSHIP AND CONTRIBUTION DECLARATION**

AUTHORS	Contribution to The Paper	Signatures
<b>Prof. Dr. Muhammad Anwar Sulehri</b> Professor of Community Medicine Amna Inyat Medical College, Sheikhpura	Give his expert view of manuscript designing	
<b>Rabia Anwar</b> Lecture, Education Government College University, Faisalabad	Conception writing	
<b>Dr. Ali Anwar Sulehri</b> Final Year MBBS Student Aziz Fatima Medical & Dental College, Faisalabad	Data analysis & Interpretation	
<b>Madiha Anwar Sulehri</b> M. Phil, Chemistry, University of Agriculture, Faisalabad	Drafting the article	