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Status of Patient Centered Care in Tigrai Regional State: Patients Perspective

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Abstract

Back ground- A lot has been done globally, continentally and at national level to improve health status of the community. Despite the increasing scope and sophistication of healthcare, the huge resources devoted to it and the focus on improvement; it is still failing at a fundamental level. Caring and compassion, the basics of care delivery, and the human aspects that define it seem to be under strain.

Objective-To assess the Status of patient centered care in Tigrai Regional state: Patients Perspective

Methodology-Cross-sectional study design was employed and the study participants were 1436 patients attending in the selected health facilities in Tigray health institutions. The study participants were selected proportionally from each health facility using systematic random sampling on discharge. Individualized Care Scale tool was used to assess patient's perception and experience on patient centered care. Interviewer administered data collection technique was employed. Epi info 7 was used for data entry and analyzed by SPSS version 20 software. Tables, figures and text were used for data organization and presentation.

Results-The mean age of the study participants was 38.3 ($\pm$15.2). Majority (63.1%) of the participants were married by marital status and 37.4% were with no formal education. Similar proportion of males and females (53.4 versus 55.7) had good experience towards caring, respectful and companionate health care practice. Besides, about 70% of participants who were self employed had poor experience and 76.3% farmers had good experience concerning patient centered care.Males and females had similar level of poor level of perception (42.3 versus 45.3) towards caring, respectful and compassionate health care practice. Similarly, those with age less than or equal to 37.8 and greater than 37.8 had similar level of good practice (57.8 versus 53.7); on the other hand those who are divorced by marital status, 63.2% and 36.8% had good and poor practice respectively.

Conclusion-In this study the perception of patients towards caring, respectful and compassionate health care practice was found to be good in 55% of respondents and poor in the rest 45% respondents. Similarly, patient experience towards CRC was assessed and found to be good experience and poor experience in 56% and 44% of the respondents respectively. Hence much should be done to improve the practice of CRC through policy & guideline development, continuous Training for all health professionals and Community awareness.

Keywords: Compassionate,Respectful,Care,Tigray,Ethiopia

1. Introduction

Health has been defined in different ways; the medical model defines health as ‘‘the absence of disease and the presence of high levels of function. WHO defines health as ‘‘the complete physical, mental, social, spiritual and economic wellbeing not only the absence of disease or infirmity?’’(Patricia M,2007).The latter definition emphasizes on the importance of providing individualized humanistic care in a holistic approach.

Organizing the delivery of health care around the needs of the patient may seem like a simple and obvious approach. In a system as complex as health care, however, little is simple. In fact, thirty years ago when the idea of ―patient-centered care first emerged as a return to the holistic roots of health care, it was swiftly dismissed by all but the most philosophically progressive providers as trivial, superficial, or unrealistic. It's defining characteristics of partnering with patients and families, of welcoming―even encouraging―their involvement, and of personalizing care to preserve patients‘normal routines as much as possible, were widely seen as a threat to the conventions of health care where providers are the experts, family are visitors, and patients are body parts to be fixed. Indeed, for decades, the provision of consumer-focused health care information, opportunities for loved ones‘involvement in patient care, a healing physical environment, food, spirituality, and so forth have largely been considered expendable when compared to the critical and far more pressing demands of quality and patient safety―not to mention maintaining a healthy operating margin (Susan Frampton etal,2008).

A person-centred health system is one that supports people to make informed decisions about, and to successfully manage, their own health and care, able to make informed decisions and choose when to invite others to act on their behalf. This requires healthcare services to work in partnership to deliver care responsive to people's individual abilities, preferences, lifestyles and goals (Debra de S, 2014).

The Key components of person-centred care include compassion, dignity and respect. These may be

demonstrated via shared decision making, supporting self-management and proactive communication (Debra de S,2014). Compassion — or feeling empathic concern and acting to ameliorate concerns, pain, distress and suffering — is fundamental to healthcare; it defines the higher purpose of our healthcare system and humanity behind the bottom line. It challenges all of us, providers and patients alike, to listen deeply to each other, to value each other's experiences and expertise, and to build effective relationships in which empathy is generously expressed among all participants (Emory Conference Center Atlanta,2014).

Compassion focuses on the recognition of the uniqueness of another individual, and the willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both the patient and the health care professional can be fully engaged' (Lowenstein 2008). A simpler definition is that it is 'a deep awareness of the suffering of another coupled with the wish to relieve it' (Chochinov J, 2007). Respect for persons is frequently used synonymously with autonomy. However, it goes beyond accepting the notion or attitude that people have autonomous choice, to treating others in such a way that enables them to make the choice. Respecting the patient's right to self-determination—that is, supporting decisions that reflect the patient's personal beliefs, values, and interests problems'' (Brunner & Suddarth ,2010).

A lot has been done globally, continentally and at national level to improve health status of the community. Despite the increasing scope and sophistication of healthcare, the huge resources devoted to it and the focus on improvement; it is still failing at a fundamental level. Caring and compassion, the basics of care delivery, and the human aspects that define it seem to be under strain. The roles of caring, comfort and compassion have been replaced with a critical focus on pathways, tasks and documentation though it is paramount important and indispensable (Christopher J. Smiley ,2001).

Patient-centered care does not replace excellent medicine—it both complements clinical excellence and contributes to it through effective partnerships and communication (Susan Frampton etal, ,2008).

A significant body of research tells us that a tectonic shift in the culture and practice of healthcare is necessary if we are to rein in costs while improving the quality, experiences and outcomes of care, "The Triple Aim." The required shift is toward collaborative, team-based, person- and family-centered care — physicians, nurses, social workers, pharmacists and other care providers working in equal partnership with patients and their families to achieve optimal health and healthcare (Emory Conference Center Atlanta,2014).

According to many studies the identified barriers to implement and support person-centred care are time constraints, work load & staffing levels, Resistance to change, Lack of organizational support, Lack of inclusion of front-line staff into care planning and Lack of resources (Susan Frampton etal,2008, Emory Conference Center Atlanta,2014).

Research evidence suggests that compassionate and respectful care affects the effectiveness of treatment. For example, patients treated by a compassionate caregiver tend to share more information about their symptoms and concerns, which in turn yields more accurate understanding and diagnoses (Epstein Rm et al, 2005). In addition, since anxiety and fear delay healing (Cole-King A, harding KG , 2001), and compassionate behaviour reduces patient anxiety (Gilbert P, Procter S ,2006)). It seems likely that compassionate care can have positive effects on patients' rate of recovery and ability to heal. In a review of literature on the placebo effect by Turner et al concluded that 'the quality of the interaction between health care professional and patient can be extremely influential in patient outcomes (Turner JA etal,1994). In general, numerous studies have indicated that a "psycho-social" person-centered care approach, involving the delivery of a compassionate, respectful model of care, leads to a high quality of life. This has prompted policy-makers to endorse this approach (Ciara O'Dwyer).

For this matter the Ethiopian federal ministry of health has included CRC as one of the four pillars of HSTP though robust measurement is needed to understand the extent to which care is person-centred from the beginning (FDRE,2015).

Hence, The current study was aimed to assess the level of patient centered care in Tigray regional state from the patients perspective so that it would provide insights into patients' experience & view about the status of patient centered care and highlights discrepancies between patients' expectations and reality. As a result, health professionals, health managers, administrators and policy makers will incorporate in to their activity whilst designing strategies that could improve humanistic and holistic approach of health care provision. The study is also supposed to motivate and engage professionals and the scientific community in a further research endeavours particularly on the most neglected area of patient centred care.

2. Methods

The study was conducted in Tigray regional state. The region is bordered by Eritrea to the north, Sudan to the west, the Afar region to the east and the Amhara region to the south. The total projected population of the region is currently 5,055,999, of which 2,491,999 males and 2,564,000 females. The annual population growth rate and total fertility rate of the region is 2.5 and 4.6 respectively. There are 712 health posts, 202 health centres and 15 hospitals in the region. There are 3, 4, 77, 60, and 50 Hospitals, Health centres, Medium clinics, Primary clinics and Specialty clinic respectively owned by private and NGOs.

In the region about 4.4 million patients were treated both at outpatient and inpatient department in 2007. In the same year there were a total of 9690 health care professions, comprising 3797 nurses 146 physicians 620 health officers 627 midwives and 867 pharmacy professionals. The study was conducted from May, 2016 to November 2016.

Cross-sectional study design with quantitative method was employed. The study participants were sampled patients attending in the selected health facilities in Tigray health institutions. Patients were included in the study if they stayed admitted for more than 2 days and patients less than 18 years and those who are disoriented were excluded from the study.

$$n = \frac{(Z\alpha/2)^2 p(1-p)}{d^2}$$

Single population proportion formula was used by assuming p=50%, confidence level 95% and margin of error (d) =3% to calculate the sample size for patients and health professionals. Hence the sample size will be 1067; considering 10%of non response rate the final sample size is 1174 for each category.

we selected health institutions from each zone of the region according to the available number of districts and health facilities**.** Then, study participants (patients) were selected proportionally from each health facility using systematic random sampling for the discharging patients.

Patient-centered care practice/perception- means score of the Likert scale from the P-CAT/ICS tools was used as a cut point for the status of Patient-centred care practice and perception respectively.

Individualized Care Scale tool was used to assess patient's perception and experience on patient centered care. The scale consisted of two scales (patients' views on how individuality is supported through clinical interventions – ICSA; patients' perceptions of individualized clinical care – ICSB) with three subscales in each scale, labeled "clinical situation" (ClinA/ClinB), "personal life situation" (PersA/PersB), and "decisional control over care" (DecA/DecB). The tool comprises of 17 statements to be ranked as a 5 point Likert scale ranging from (1=strongly disagree to 5=strongly agree)

Interviewer administered data collection technique was employed and exit interview was made with patients to assess their perception and experience on patient centered care practice.

Epi info 7 was used for data entry and analysed by SPSS version 20 software. Descriptive analysis was presented using mean and SD. Tables, figures and text were used for data organization and presentation.

Standardized English version measuring questionnaire was adapted and translated in to Tigrigna (local language) by experts. The questionnaire was reviewed by senior researchers and comments were incorporated for internal validity. In addition it was pre-tested on 10% of the calculated sample size in institutions not included in the study proceeding the actual data collection period. Additional adjustments were made in terminologies, forms of questionnaire and others accordingly. Data collectors, supervisors and research assistants were trained for 5 days on the tools and process of data collection. Ten percent of the collected data was checked by the supervisor for completeness and finally the investigators were monitoring the overall quality of data collection.

Ethical clearance was obtained from institutional review board of Mekelle University College of health sciences and support letter was written from Tigray Regional Health Bureau to the respective health facilities. All participants were informed of the objectives, design and anonymity of the study and consent was sought from the participants for interviews & recording their voice and also they were free to withdraw at any time.

3. Results

3.1 Patient experience on CRC

Socio-demographic characteristics

A total of 1436 clients were included in this study making the response rate 100%. The mean age of the study participants was 38.3 ($\pm$15.2). Majority (63.1%) of the participants were married by marital status and 37.4% were with no formal education. Almost all (93.4%) were Tegaru by ethnicity and 18.9% housewives regarding occupation. Similar proportion of males and females (53.4 versus 55.7) had good experience towards caring, respectful and companionate health care practice. Besides, about 70% of participants who were self employed had poor experience and 76.3% farmers had good experience concerning patient centered care.

On the other hand only 26.7% from Afar reported good experience on caring, respectful and compassionate health care practice whereas 61.5% from Amhara reported good experience. Regarding occupation only 39.1% self employed participants and about 50% of all types of marital status had good experience on CRC.

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Table 1. Socio-demographic characteristics by status of CRC experience among clients in health facilities of Tigray region, 2016.

Variable	Status of CRC experience (N=1436)			
	Good experience		Poor experience	
	N	%	N	%
Sex				
Male	357	53.4	312	46.6
Female	427	55.7	340	44.3
Age				
<=38 years	454	53.1	401	46.9
>38 years	330	56.8	251	43.2
Monthly income (Br)				
<=5200	603	54.4	506	45.6
>5200	181	55.4	146	44.6
Marital status	189	54.5	158	45.5
Single	491	54.2	415	45.8
Married	50	58.8	35	41.2
Divorced	50	55.6	40	44.4
Widowed	4	50.0	4	50.0
Separated				
Educational level				
No formal education	283	52.7	254	47.3
Below primary cycle	106	53.3	93	46.7
Complete primary level	125	60.7	81	39.3
Complete secondary level	121	53.8	104	46.2
Complete Preparatory level	42	55.3	34	44.7
College/university	103	55.7	82	44.3
Postgraduate	4	50.0	4	50.0
Ethnicity				
Tigraway	735	54.8	606	45.2
Erob	12	57.1	9	42.9
Amhara	32	61.5	20	38.5
Afar	4	26.7	11	73.3
Another	1	14.3	6	85.7
Occupation				
Governmental	111	53.1	98	46.9
Nongovernmental Organization				
Self Employed	73	54.1	62	45.9
Farmer	142	39.1	221	60.9
Student	190	76.3	59	23.7
House Wife	113	58.5	80	41.5
Retired	145	53.3	127	46.7
	10	66.7	5	33.3

Experience of patients towards CRC

Clients were asked 17 questions to report on their experience regarding caring, respectful and companionate health care practice on a likert scale ranging from strongly disagree to strongly agree. Mean score was calculated for all questions and it was 16.45, by taking this number as a cut point status of CRC experience was determined. Accordingly, 55% of the study participants had good experience on CRC and the rest 45% had poor experience.

Respondents were asked whether they were asked about their everyday habits (eg, personal hygiene) by the health care professionals and the result showed, 12.8% strongly disagreed and 8.7 of them strongly agreed on these experience (**Figure 1**).

Table 2. Experience of patients towards CRC among clients in health facilities of Tigray region, 2016

S.N	Items	Strongly disagree	disagree	Neither	Agree	Strongly agree
1	Talked with me about the feelings I have had about my condition	13 .9	42 2.9	90 8.3	996 69.4	295 20.5
2	Talked with me about my needs that require care and attention.	28 1.9	125 8.7	107 7.5	954 66.4	222 15.5
3	Given me the chance to take responsibility for my care as far as I am able.	58 4	176 12.3	186 13	854 59.5	162 11.3
4	Identified changes in how I have felt.	34 2.4	130 9.1	181 12.6	842 58.6	249 17.3
5	Talked with me about my fears and anxieties.	78 5.4	295 20.6	207 14.4	681 47.4	174 12.1
6	Made an effort to find out how the condition has affected me.	53 3.7	168 11.7	216 15	797 55.5	202 14.1
7	Talked with me about what the condition means to me.	176 12.3	306 21.3	221 15.4	607 42.3	126 8.8
8	Asked me what kinds of things I do in my everyday life outside the hospital (work, leisure activities).	296 20.6	498 34.7	165 11.5	387 26.9	90 6.3
9	Asked me about my previous experiences of hospitalization.	116 8.1	232 16.2	194 13.5	740 51.5	154 10.7
10	Asked me about my everyday habits (eg, personal hygiene).	184 12.8	431 30	156 10.9	540 37.6	125 8.7
11	Asked me whether I want my family to take part in my care.	137 9.5	305 21.2	187 13	654 45.5	153 10.7
12	Made sure I have understood the instructions I have received in hospital.	94 6.5	225 15.7	192 13.4	690 48.1	235 16.4
13	Asked me what I want to know about my condition.	183 12.7	336 23.4	171 11.9	612 42.6	134 9.3
14	Listened to my personal wishes with regard to my care.	175 12.2	412 28.7	186 13	542 38	118 8.2
15	Helped me take part in decisions concerning my care.	163 11.4	363 25.3	210 14.6	591 41.2	109 7.6
16	Helped me express my opinions on my care.	172 12	458 31.9	207 14.4	500 34.8	99 6.9
17	Asked me at what time I would prefer to wash.	386 26.9	502 35	161 11.2	277 19.3	110 7.7

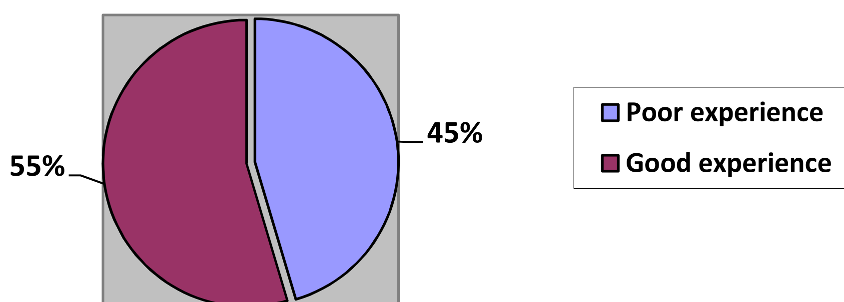

Figure 1. patient experience on CRC among clients in health facilities of Tigray Region, 2016

3.2 Perception of patients on CRC
Socio-demographic characteristics

A total of 1386 clients were included in this study making the response rate 100%. The mean age of study participants was 37.8 (±14.5). Fifty four percent of the respondents were female by gender and 63.2% of them were married. Majority of them (93.4%) were Tegaru by ethnicity, 37.6% no formal education, 27.9% farmers and only 0.5% of them educated to postgraduate level. Males and females had similar level of poor perception (42.3 versus 45.3) towards caring, respectful and compassionate health care practice. Similarly, those with age less than or equal to 37.8 and greater than 37.8 had similar level of good practice (57.8 versus 53.7); on the other hand those who are divorced by marital status, 63.2% and 36.8% had good and poor practice respectively.

Study participants in the below primary cycle and primary level education had similar level of good CRC practice (60.6 versus 61.1) likewise those in no formal education, secondary level, preparatory level and college/university (54.7, 56.2, 52.8, 51.4%) respectively had similar level of good CRC practice **(Table 3).**

Table 3. Socio-demographic characteristics by status of CRC perception among clients in health facilities of Tigray region, 2016

Variable	Perception towards CRC (N= 1386)			
	Good Perception		Poor perception	
	N	%	N	%
Sex				
Male	366	57.7	268	42.3
Female	411	54.7	341	45.3
Age				
<=37.8 years	460	57.8	336	42.2
>37.8 years	317	53.7	273	46.3
Monthly income (Br)				
<=2007	583	58.2	418	41.8
>2008	194	50.4	191	49.6
Marital status				
Single	185	58.5	131	41.5
Married	486	55.5	390	44.5
divorced	60	63.2	35	36.8
Widowed	45	50.0	45	50.0
Separated	1	11.1	45	50.0
Educational level				
No formal education	285	54.7	236	45.3
Below primary cycle	120	60.6	78	39.4
Complete primary level	118	61.1	75	38.9
Complete secondary level	118	56.2	92	43.8
Complete Preparatory level	38	52.8	34	47.2
College/university	95	51.4	90	48.6
Postgraduate	3	42.9	4	57.1
Ethnicity	727	56.2	567	43.8
Tigraway	9	50.0	9	50.0
Erob	35	64.8	19	35.2
Amhara	4	26.7	11	73.3
Afar	2	40.0	3	60.0
Another				
Occupation				
Governmental	3	60.0	87	45.8
Nongovernmental Organization				
Self Employed	70	61.9	43	38.1
Farmer	144	61.5	90	38.5
Student	202	52.2	185	47.8
House Wife	85	59.4	58	40.6
Retired	165	53.9	141	46.1
	8	61.5	5	38.5

Perception of clients towards CRC

Seventeen questions with five level likert scale ranging from strongly disagree to strongly agree were used to assess perception of clients towards CRC. Mean was calculated for the overall level of perception and it was 16.9. This mean score was used as a cut point to determine the level of clients' perception. Accordingly, 56% of the respondents found to have good perception and 44% of them had poor perception towards CRC (**Figure 2**).

Table 4. Perception of patients towards CRC among clients in health facilities of Tigray region, 2016

S.N	Items	Strongly disagree	disagree	Neither	Agree	Strongly agree
1	The feelings I have had about my condition have been taken into account in my care.	18 1.3	127 9.2	127 9.2	860 62.0	254 18.3
2	My needs that require care and attention have been taken into account in my care.	31 2.2	164 11.8	133 9.6	851 61.4	207 14.9
3	I have assumed responsibility for my care as far as I am able.	44 3.2	191 13.8	143 10.3	854 61.6	154 11.1
4	The changes in how I have felt have been taken into account in my care.	30 2.2	174 12.6	152 11.0	829 59.8	201 14.5
5	Any fears and anxieties of mine have been taken into account in my care.	50 3.6	265 19.1	200 14.4	719 51.9	152 11.0
6	The way the condition has affected me has been taken into account in my care.	28 2.0	190 13.7	175 12.6	813 58.7	180 13.0
7	The meaning of the illness to me personally has been taken into account in my care.	99 7.1	335 24.2	212 15.3	636 45.9	104 7.5
8	My everyday activities (eg, work, leisure activities) have been taken into account in my care.	224 16.2	542 39.1	187 13.5	366 26.4	67 4.8
9	My previous experiences of being in hospital have been taken into account in my care.	107 7.7	250 18	222 16	697 50.3	110 7.9
10	My everyday habits have been taken into account during my stay in hospital (eg, personal hygiene).	141 10.2	442 31.9	188 13.6	512 36.9	103 7.4
11	My family have taken part in my care if I have wanted them to.	112 8.1	257 18.5	164 11.8	655 47.3	198 14.3
12	I have followed the instructions I have received in hospital.	49 3.5	184 13.3	149 10.8	693 50	311 22.4
13	I have received enough information about my condition from the nurses.	97 7	322 23.2	181 13.1	613 44.2	173 12.5
14	The wishes I have expressed have been taken into account in my care.	89 6.4	364 26.3	192 13.9	582 42	159 11.5
15	I have taken part in decision-making concerning my care.	115 8.3	357 25.8	181 13.1	600 43.3	133 9.6
16	The opinions I have expressed have been taken into account in my care.	112 8.1	379 27.3	204 14.7	581 41.9	110 7.9
17	I have made my own decisions on when to wash.	221 15.9	303 21.9	162 11.7	522 37.7	178 12.8

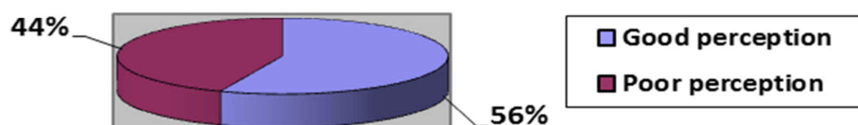

Figure 2. Perception status of CRC among clients in health facilities of Tigray Region, 2016

4. Discussion

It is recommended that health care staff should be consistently compassionate and emphatic **(**Kneafsey R,2015**)** but in this study only 55% have good experience in caring, respectful and companionate health care practice and 56% perceived that the service given in health facilities is caring, respectful and compassionate. Similarly, a survey of 800 recently hospitalized patients in US revealed that 53 percent of patients said that the health care system generally provides compassionate care which is in line with the current finding **(**Beth A,2011**).** The reason for the similarly may be in all parts of the globe much emphasis is not given to the humanistic part of care unlike the focus to the technical aspect of care. Moreover, the level of awareness of patients about their right and their perception towards the humanistic care they would like to receive is proportional.

Another study was conducted to examine the extent to which staff nurses provided patient-centred care (PCC), as perceived by patients, and they reported implementation of patient-centerd care to a moderate extent (Poochikian S etal,2010) which is similar with the current finding where 46% of the patients perceived to have good patient centered care.

In the current study 46% of patients have good perception towards CRC which is much better than a cross-sectional study conducted to assess patient-centered care among Muslim women in the United States in which majority (93.8%) of responding patients reported that their healthcare provider did not understand their religious or cultural needs **(**Hasnain M etal.2011**).** The reason for the discrepancy may be in the American study it has only assessed people with specific religion and culture which are only Muslims.

A multisite cross-sectional comparative survey design was employed to analyse patients' perceptions of patients' decisional control over their own care using individualized care scale (ICS-B) which is the same tool used in the current study and the mean value of perception for each questions ranged from18.75 to 22.35 which contradicts with the current finding where the mean value ranged from 7 to 25 **(**Papastavrou E etal.2016**).**

Study was conducted in Saudi Arabia to determine the level of awareness of patients' rights among hospitalized patients. According to this study 75.4% patients believed that they receive compassionate and respectful care **(**Alyah M.A,2012**)** which is better than the findings of the current study (46%). The reason for the difference in these studies may be attributed to the type of tool used and the approach of data collection.

Limitation of the study

As the study is new it was difficult to get literature for comparison

5. Conclusion and recommendation

Conclusion

In this study the perception of patients towards caring, respectful and compassionate health care practice was assessed and found to be good in 55% of respondents and poor in the rest 45% respondents. Similarly, patient experience towards CRC was assessed and found to be good experience and poor experience in 56% and 44% of the respondents respectively. In addition, institutional readiness to implement CRC was assessed in 25 health facilities and about half of them were found to be ready to implement it.

Recommendation

According to the results obtained from this study the following recommendations are provided.

1. Health institutions should develop policy and guideline for implementing CRC
2. Continuous Training on CRC should be given for all health professions.
3. Community awareness on CRC should be raised

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