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Research Article

**A STUDY ON PATIENT SATISFACTION INVOLVING THE
ROLE OF ASSIGNED COUNSELOR FOR CATARACT
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Abstract:

Objective: To quantify the satisfaction fostered after counseling and association of outcomes in alleviation of preoperative and post-operative anxiety, discomfort and risk apprehension whilst increasing the overall satisfaction among the cataract patients.

Study Design: Retrospective study

Materials and Methods: The study includes seventy patients with Pre-operative cataract. Out of these patients thirty-five were provided with the counseling services in addition to their routine treatment and were allocated as intervention group. The other thirty-five respondents were offered the routine clinical treatment but no counseling and were designated as control group.

Results: Prior and after the surgery, patients from intervention group employed convalescent sequel in terms of anxiety ($P < .01$) and their current satisfaction with experience ($P < .01$) together with the cooperativeness, which was found substantial in the intervention group, depicting the $p < .01$. On the contrary, patients in the intervention group had insignificant results in discomfort, risk apprehension and sleep quality in comparison to the respondents of the control group.

Conclusion: This causal study indicated to us that recruitment of an assigned counselor could significantly enhance patient's satisfaction and reduce patients' pre-operative anxiety, discomfort and risk apprehension levels. It emphasizes the relevance of patient education and counseling in a cataract surgery setting. This could help to improve overall patient satisfaction by meeting his informational needs.

Key Words: Anxiety, Counseling, Phacoemulsification, Satisfaction.

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INTRODUCTION:

It is a retrospective kind of study in which consequences of various counseling were observed for treatment of operative cataract alongside anxiety. As in developing countries awareness about the cataract surgery is not much whereas in developed countries it is considered as the widespread surgery. In countries like Pakistan mostly conventional ways of cataract surgery are preferred because it cost less. Surgery is considered as the startling event. Sometimes there is a need for several interventions to overcome the fear of surgery in patients. However, most of the cases these inventions couldn't produce effective results for pre-operative cataract patient treatment. However, some alternatives are also present in order to lessen the fear and anxiety of surgery in a patient. Counseling is a way of convincing patient to treat in such a way. Some study proved that negative beliefs and thoughts about surgery, postoperative symptomology or lack of surgery preparation are related with psychiatric comorbidity. Thus counseling before surgery can be very significant in to overcome the psychological pedagogy and surgical anxiety and to aware patient about the suggested prognosis and surgery, postsurgical complications and surgery procedure, and informed about the environment of operation theater so that his anxiety can be pacified. A very less number of studies is available on the pre-operative fear and anxiety however some studies are witnessed that patient face fear and nervousness with cataract surgery.

MATERIALS AND METHODS:

This is a retrospective study that was performed in the CMH Lahore from Jan 2018 to Jan 2019. A signed Informed consent was also provided to the respondent patients. The study includes seventy patients with Pre-operative cataract. Out of these patients thirty-five were provided with the counseling services in addition to their routine treatment and were allocated as intervention group. The other thirty-five respondents were offered the routine clinical treatment but no counseling and were designated as control group. All of the results were analyzed prior and former to the surgery on SPSS version 20. Patients were included presuming they were at waiting list of cataract surgery, aged eighteen years or more, no prior history of cataract surgery (including fellow eye), and with an educational ability to listen and write Urdu. The patients were taken from middle-class socio-economic status. Nevertheless, patients were excluded in the event that they suffered from any severe disease such as cancer, any psychiatric or neurologic conditions such as dementia; in addition, respondents having adequate information about procedure and its characteristics

were excluded. A consistent meticulous treatment i.e. phacoemulsification (Alcon, Infinity) was given to all the respondents included in the research. Besides this the intervention group also underwent regular counseling. The patients were given information about the structure of the eye as well as adjacent structures, and the advantages of intraocular lens implants (IOLs) over conventional aphakic corrections; prognosis for vision was also reviewed by the ophthalmologist. In this way, while assuring the patient of the need for surgery or treatment, they were not quite inaccurate in assessing the prognosis for visual recovery. Additionally, patients were told to make psychological preparations to relieve anxiety. Such counseling sessions were done at the time of first consultation as well as before surgery. The patient satisfaction was measured pre-operatively on a structured questionnaire that had the questions on anxiety scales. [11] It included

- (1) anxiety before surgery
- (2) level of discomfort
- (3) risk apprehension, and
- (4) current level of satisfaction (CSE).

These parameters were estimated individually in the structured questionnaire. Hence the credibility and authenticity of questionnaire have been established. Post-operative evaluation included the same questionnaire with additional questions about sleep quality, cooperation during procedure, and visual functions, whereby visual function was estimated for the impairment caused due to the surgery.¹² It was authenticated as well. An additional scale was employed to estimate the cooperativeness of patients during surgery, with 1 score indicating total uncooperativeness to score 7 indicating total cooperativeness. This scale was also authenticated by the previous study.¹³ Additionally, sleep quality was measured before the surgery. Anxiety scales, visual function as well as sleep quality were measured, at baseline, 1 week prior and former the surgery. However, cooperativeness whilst the surgery period was measured after the surgery.

RESULTS:

Over a time period of 6 months, 77 patients (n=35 control and n=35 intervention) were recruited in this study. Out of which 7 were lost up in the follow ups. The mean age of patients in the intervention group was 70.6 (10.5) and the mean age of control group was 71.3 (11.1). There were 20 (57.1%) males in intervention group and 18 (51.4%) in the control group, whereas there were 15 (42.9%) females patients in intervention group and 17 (48.6%) in the control group. The comparison of characteristics of all included patients

was analyzed and no significant differences had been reported between the two groups. Before implicating any kind of intervention on the patients, the analysis of both groups gave us the statistics having an almost equal level of risk, anxiety, CSE (current satisfaction with experience) and discomfort. Before and after the surgery, patients in the intervention group employed convalescent development in anxiety ($P < .01$) (table 1 and table 2), alongside current satisfaction with experience ($P < .01$) (table 1 and table 2), both measured by a structured questionnaire, as well as the co cooperativeness among the two groups was found greater in the intervention group 6.0(4.4, 7.0) in

comparison to the control group 4.5 (2.8, 5.9), depicting a difference of 1.5 (0.9, 2.1) and the $p < .01$ (table 3). On the contrary, patients in the intervention group had insignificant results in discomfort (before, $P = .51$, after, $P = .16$), and risk (before, $P = .47$, after, $P = .28$) and sleep quality (before, $P = .32$, and after, $P = .20$) before and after the surgery and in comparison to control group as well (table 1 and table 2). The changes in visual functions before and after the surgery were significant ($p=0.02$) however no significant difference was reported concerning the visual outcomes when comparing the two groups ($p=0.3$).

Table No.1: Change in satisfaction scale 1 week pre surgery (change from baseline)

Satisfaction score	Intervention group (n=35)	Control group (n=35)	Difference	p-value
Anxiety	-2.35	-0.95	-1.30	<0.01
Discomfort	-0.90	-0.55	-0.30	0.51
Risk	-0.75	-0.45	-0.30	0.47
CSE	-1.60	-0.60	-1.10	<0.01

Table No.2: Change in satisfaction after surgery (change from baseline)

Satisfaction score	Intervention group (n=35)	Control group (n=35)	Difference	p-value
Anxiety	-5.40	-3.21	-2.4	<0.01
Discomfort	-2.35	-1.80	-0.6	0.16
Risk	-2.20	-1.72	-0.5	0.28
CSE	-2.90	-1.73	-1.2	<0.01

DISCUSSION:

Currently, no specific study has been done pointing towards the effects of pre-operative cataract counseling using standardized anxiety scores. Thus, to our best knowledge, this retrospective study is the first of its kind in determining the effects of counseling on pre-operative cataract patients. We hereby report that providing counseling to patients before the cataract surgery not only relieves their anxiety but also enhances their cooperation and satisfaction during surgery. The high rate of success achieved by modern cataract surgery has created a situation in which patient expectations are very high; in most cases, such expectations are fulfilled. Yet we have seen highest levels of anxiety pre-operatively in the patients.¹⁴ Other studies focusing on patient education showed rather low levels of knowledge with respect to cataract, and misperceptions in cataract patients who needed surgery, in addition to limited information retention.¹⁵⁻¹⁷ Various other studies have reported the effects of counseling as well as patient education before any elective surgery inclusive of cataract

surgery. [18] Morrell and some others in their study had demonstrated the effects of patient education as well as exposure towards the therapeutic goals of cataract surgery. [19] The result of that study is congruent to our study. Foreshadowing the positive effects of counseling prior to a cataract surgery.²⁰ in order to administer the patient satisfaction and expectations another study employed a videotaping method in a day stay cataract surgery.²¹ these results also demonstrated the patient satisfaction and reduction in anxiety. The results of our study are somehow similar to the previous studies. According to our study the patients in the intervention group were found less anxious more cooperative and satisfied at the end as compared to the control group. Besides the patients in the intervention group were corresponding better during surgery. No difference was however shown in terms of sleep, visual functions, the risks and discomfort levels between the two groups.

This retrospective study has various constraints as well strengths. This study is a pristine study of its kind

being administered in CMH Lahore and it provides potential evidence for the clinical practice. As far as the limitations are concerned the patients were given both the counseling as well as the treatment for pre-operative cataract rather than the counseling alone, however, the treatment among the patients was regular and constant. The results of this study might have been altered due to smaller sample size and the study is a nonrandomized controlled trial, with higher risks of selection bias. Hence, all of these limitations should be avoided in future study.

CONCLUSION:

This study has demonstrated the effects of counseling on pre-operative cataract patients and it is therefore found that counseling enhances their satisfaction and alleviates anxiety in patients and increases their cooperativeness during the surgery. Nevertheless, supplemental studies are needed to reiterate the results of this study.

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