Original Article

EVALUATION OF PATIENT SATISFACTION LEVEL UNDERGOING DOTS THERAPY IN MEERUT DISTRICT OF UTTAR PRADESH

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ABSTRACT
Introduction: DOTS (Directly Observed Therapy Shortcourse) centers are the actual place in the implementation of the treatment programme against tuberculosis at ground level. Working pattern at this level maximally influence the patient adherence to treatment, satisfaction and prognosis. Material & Method: A Cross Sectional study was conducted in the Meerut district of Uttar Pradesh. A total of 60 dots centers and 431 patients on DOTS in these centers were chosen for the study by applying multistage random sampling. A salient observation of the dot centers and a face to face interview of the DOT providers and patients on DOTS have been performed by the observer and recorded on a pilot tested Performa by making 3 visits on each dot centers. The collected data, was coded manually, tabulated and analyzed statistically by using SPSS version 16. Result: Working of 80% DOT center was found to be satisfactory. A total of 271 (67.8%) patients were found highly satisfied with the treatment, 67(16.7%) were just satisfied and 62(15.5%) were found not satisfied with the treatment. The major factor of satisfaction were totally free cost of the treatment ,easy availability of the medicines nearby their homes or working place, motivation and health education about the disease has told by the dot providers. Conclusion: Working at DOT center level maximally influences the target of the programme. Efforts should be made for working best at this level to achieve goal of the programme.
Keywords: DOTS; Tuberculosis; RNTCP; Vaccine

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INTRODUCTION

Tuberculosis remains a world-wide public health problem despite the fact that the causative organism was discovered more than 100 years ago and highly effective drugs and vaccine are available making tuberculosis a preventable and curable disease[1]. Despite the fact that in 1962, Government of India launched National Tuberculosis Control Programme for the control tuberculosis, there was steady increase in cases of tuberculosis and thus in 1992 Government of India, together with Swedish International Development Agency (SIDA) and World Health Organization launched Revised National Tuberculosis Control Programme (R.N.T.C.P) in which direct observation of swallowing of drugs by the patients and the objectives of achieving at least 85% cure rate was the target. The revised Programme (RNTCP) began as a pilot project in 1993 and was launched as a national programme in 1997.[2] The entire country was covered under DOTS by 24th March 2006. Studies have shown that treatment success under RNTCP has increased for all types of patients between 1995 and 1998.[3] RNTCP being a switch over programme from the previous NTCP, more and more operational researches are needed at this juncture when it moves from one phase to another to know whether it is heading towards the right direction as far as pace and quality of implementation is concerned. DOTS is the strategy[4] and Heart of the programme thus, Dot provider carries an equal importance. In the medical sector there are three methods of rating quality, namely, structure quality, process quality and product quality. WHO has defined various indicators at different levels of implementation of the programme but none to access at patient level to define client satisfaction. The success of any national health programme to a great extent depends on the interest

and that in turn depends on the satisfaction of the clients and again that reflects the services of the programme. The present study is an attempt to study the client satisfaction towards RNTCP by framing certain indicators at patient level based on the other national health progamme and in general routine activity of the centres that affect the patient satisfaction level.

MATERIAL AND METHODS

The study was performed in the Meerut District of Uttar Pradesh that is located in the western part of the state. The district has 6 sub district units known as Tuberculosis units (TU) from the point of view of the implementation of the programme. Each TU covers a number of microscopic centers which in turn provide services to many DOT centers falling under its jurisdiction. Dot center is the basic unit providing medicine to the tuberculosis patients. The study sample was selected by a multistage random sampling method in a manner to cover the entire district and ethical clearance was taken from the concerned authority for the commencement of the study. The sample consisted of half of the randomly selected tuberculosis unit, half of the randomly selected microscopic centers of the selected TU, half of the randomly selected DOT centers and total patients registered under selected Dot centers. A total of 60 Dot centers were obtained by sampling and these centers were catering 431 patients. Total 3 visits on Monday, Wednesday and Friday on each dot centers were made to obtain the data. The patients were interviewed face to face and the information was recorded on a predesigned and pretested proforma at DOT center. Observations were recorded on a pilot tested proforma. The data collected was coded manually, tabulated and analyzed using statistical Chi-square test.

RESULTS AND DISCUSSION:

National TB treatment guidelines strongly recommend using a patient-centered case management approach - including directly observed therapy ("DOT") - when treating persons with active TB disease. DOT is especially critical for patients with drug-resistant TB, HIV-infected patients, and those on intermittent treatment regimens (i.e., 2 or 3 times weekly). DOT means that a trained health care worker or other designated individual (excluding a family member) provides the prescribed TB drugs and watches the patient swallow every dose.[5] The Revised National Tuberculosis Control Programme (RNTCP) aims to address the MDR-TB problem through appropriate management of patients and strategies to prevent the propagation and dissemination of MDR-TB.[6]

In the present study, majority of the dot centers were found to be within the patient's walking distance. The distance of the DOT center was within 500 meters from the patient's house or working place for 85.5%(342) , within one kilometer for 8.5%(34) and more than one kilometer for 6%(24). According to the patients DOTS center were always found open on Dots day (Monday, Wednesday and Friday) of the week, but regular availability of Dot providers was found only by 317 (79.3%), 98 (24.5%) complaint for delay in treatment, 36 (9.0%) had to wait for their turn to come from 30 minutes to 1 hour, 277 (69.2%) told that health staff explained about their disease but only 35(8.8%) were told about the prevention of tuberculosis. Only 56 (14.0%) knew about their category of treatment, 64 patients out of 431 patients had missed their dose in between and in this situation only 18 were contacted by the Dot providers, 79 (19.8%) feels difficulty in taking more than 5-6 tablets at one time. None of the patients complained of charging money by the health staff. 183 (45.8%) accepted that this treatment is better than private practitioner treatment and rest did not give any opinion in this regard. The behavior of the DOT providers were good according to 81.8% patients, normal 12.2% and uncooperative/rude according to 6.0%. A total of 271(67.8%) patients were found highly satisfied with the treatment, 67(16.7%) were satisfied and 62 (15.5%) were found not satisfied with the treatment. The major factor of satisfaction were totally free cost of the treatment ,easy availability of the medicines nearby their homes or working place, motivation and health education about the disease has told by the dot providers. It has been found, almost every dissatisfied patient had more than one reason for dissatisfaction. Out of 62 dissatisfied patients, nonsuitable opening time of DOT centers was blamed by 34, rude behavior of the staff by 28, long distance of the DOT center by 24, non availability of health staff by 20, long waiting time for their turn to come by 20 and feeling that private treatment is always better than government by 8 patients. A total of 382 patients were found continuing on treatment and regular follow up of sputum examination, indicating a very good adherence with the treatment.

In a broad way compliance with the treatment in RNTCP means taking regular medicines and regular follow up of sputum examination.

Patient compliance and satisfaction are interrelated terms, but compliance is really different from satisfaction. The word 'compliance' comes from the Latin word complire, meaning to fill up and hence to complete an action, transaction, or process and to fulfil a promise.[7] Compliance according to the Oxford dictionary is defined as the practice of obeying rules or requests made by people in authority. In healthcare, the most commonly used definition of compliance is "patient's behaviours (in terms of taking medication, following diets, or executing life style changes) coincide with healthcare providers' recommendations for health and medical advice.[8]

DiMatteo et al estimated that the compliance rate of long-term medication therapies was between 40% and 50%. The rate of compliance for short-term therapy was much higher at between 70% and 80%, while the compliance with lifestyle changes was the lowest at 20%–30%.[9]

However in the present study 64 patients out of 431 patients had missed their dose in between the DOTS therapy which shows about 84% patient compliance and 19.8 % felt difficulty in taking 5-6 tablets at one time.

CONCLUSION:

DOTS centers are the actual place for the implementation of DOTS. Working pattern at this level maximally influence the patients adherence towards treatment, satisfaction, prognosis which in turn affects desired targets, objectives and goal of the programme Training and retraining of the ground level worker is the key to success of any health programme. There is a need of regular training of DOT providers on all the aspects of implementation of DOTS, including training to modify the behavior of both the DOT providers as well as of patients for the completion of treatment, cure and prevention of tuberculosis. Efforts should be made, working at best at this level to achieve goal of the programme.

Table 1: Patients response at DOT center n=400

S.N	Quality	YES	
		Number	%
1	Daily opening of DOT centers	400	100
2	Regular availability of DOT providers	317	79.3
3	Delay in starting of treatment	98	24.5
4	Waited for their turn to come	36	9.0
5	Health staff explains about the disease	277	69.2
6	Health staff explains about the prevention of tuberculosis	35	8.8
7	Knowing the category of treatment	56	14.0
8	Feeling improvement	310	77.5
9	Missed his/her dose	64	16.0
10	In this situation DOT provider contacted	18	28.1
11	Felt problem in taking 5-6 tablets at one time	79	19.8
12	Charging money by health staff	0.0	0.0
13	This treatment is better than private practitioner treatment	183	45.8
	P -value		<0.005

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