

Client Satisfaction and Quality of Health Care in Rural Bangladesh

Jorge Mendoza Aldana
Helga Piechulek
Ahmed Al-Sabir

Objective: To assess user expectations and degree of client satisfaction and quality of health care provided in rural Bangladesh.

Methods: A total of 1913 persons chosen by systematic random sampling were successfully interviewed immediately after having received care in government health facilities.

Findings: The most powerful predictor for

client satisfaction with the government services was provider behaviour, especially respect and politeness. For patients this aspect was much more important than the technical competence of the provider. Furthermore, a reduction in waiting time (on average to 30 min) was more important to clients than a prolongation of the quite short (from a medical standpoint) consultation time (on average 2 min, 22 sec) with 75% of clients being satisfied. Waiting time, which was about double at outreach services than that at fixed services, was the only element with which users of outreach services were dissatisfied.

Conclusions: This study underscores that client satisfaction is determined by the cultural background of the people. It shows the dilemma that, though optimally care should be capable of meeting both medical and psychosocial needs, in reality care that meets all medical needs may fail to meet the client's emotional or social needs. Conversely, care that meets psychosocial needs may leave the clients medically at risk. It seems important that developing countries promoting client-oriented health services should carry out more in-depth research on the determinants of client satisfaction in the respective culture.

Published courtesy of :
Bull WHO 2001; 79: 512–517.

□

Microbial keratitis in Hong Kong: Relationship to Climate, Environment and Contact-lens Disinfection

Elizabeth Houang Dennis Lam
Dorothy Fan David Seal

Microbial keratitis has been studied in Hong Kong as a representative subtropical climate of south China.

An 18-month investigation in 1997/98 of 223 cases of ulcerative keratitis (presumed microbial) was conducted in the 2 million population of Shatin and Kowloon, at the Prince of Wales and Hong Kong Eye Hospitals respectively, with comprehensive microbiology. A case-control study was pursued at the same time between 45 contact-lens wearers (CLW) developing microbial keratitis and 135 lens-wearing volunteers matched for age, sex, educational status and visual acuity. Home water

supplies were sampled for *Acanthamoeba*. Previous ocular surface disease and trauma (preventable by wearing goggles for grinding) were common predisposing causes while cosmetic wear of contact lenses was responsible for 26% of cases overall. *Pseudomonas aeruginosa* was the commonest bacterium isolated, from both CLW and non-CLW, with infection being acquired within the community. These 28 pseudomonads remained fully sensitive to the third-generation cephalosporins, aminoglycosides and quinolone antibiotics, which is very encouraging. Fungi were isolated, predominantly *Fusarium* sp., but less commonly than expected. A fungal/bacterial ratio was obtained of 1/17, while in comparison, the expected ratio for a tropical

climate ranges from 1/5 (Singapore) to 1/2 (South India). *Acanthamoeba* was the second commonest microbe isolated from keratitis of CLW. The domestic water environment of 8% of homes of both patients and controls wearing contact lenses was colonized with *Acanthamoeba*. Lack of hygiene, use of tap water for storing lenses, failure to air-dry lens-storage cases or use of one-step hydrogen peroxide disinfectant were identified as risk factors for keratitis in CLW. The study results commend use of multipurpose solutions by CLW in Hong Kong to achieve the lowest expected rates of infection

Published courtesy of :
Tr Roy Soc Trop Med Hyg 2001; 95: 361–367.

□

Long-term Follow-up of Lid Surgery for Trichiasis in the Gambia: Surgical Success and Patient Perceptions

R J C Bowman B Jatta
H Faal R Bailey
A Foster G J Johnson

Background: Surgery is an important component of the SAFE strategy which has been shown to improve visual acuity. There are limited data on long-term surgical success and patient perceptions and satisfaction. A sample of patients from the Gambia who had undergone previous lid surgery for trichiasis were therefore examined for recurrence of trichiasis and interviewed for patient satisfaction.

Methods: Health centre surgical records and community screening were used to identify patients who had undergone previ-

ous lid surgery. Consenting patients were examined and a questionnaire administered.

Kaplan-Meier survival plots were constructed for recurrence of trichiasis.

Results: Sixty-five subjects were recruited.

Median age at surgery was 50 years. Median time since surgery was 7 years. Fifty-two of 115 (45%) operated eyes were free of trichiasis at follow-up and 23 of 65 (35%) patients had not suffered recurrent trichiasis in an operated eye.

Median time for surgery to recurrence of trichiasis was estimated as 10.0 years (95% CI 3.7–16.3). Recurrent trichiasis was not significantly associated with visual impairment or blindness at follow-up. The fol-

lowing patient perceptions were reported: satisfaction with surgery (88%), less discomfort than before surgery (93%), improved vision (83%), work easier (38%), worth the expenditure (94%), would recommend it to others (93%), had recommended it to others (38%), experienced intra-operative pain (26%) and experienced post-operative pain (26%).

Conclusion: Factors affecting surgical success, including surgical technique and re-exposure to infection, are discussed. This study provides important preliminary data for programme planners but larger prospective studies are required.

Published courtesy of :
Eye 2000; 14: 864–868.

□