

Feedback of COVID Survivors Regarding the Services Received from Hospitals

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Abstract

The outbreak of coronavirus disease 2019 (COVID-19) has become a pandemic. Till date, no antiviral treatment or vaccine has been explicitly recommended for this. Thus, preventive measures are the only most critical intervention. Health care workers (HCWs) are the primary sector in contact with the patients. They are struggling with issues such as social stigmatization, shortage of personal protection equipment supplies, frequent witnessing of death, fear of transmission of infection to self and to the family, and heavy workload. All these things put them in lots of stress, still they are providing care continuously. Being human sometime they may not be themselves and become the reason for poor feedback from the patients. The current study indicates that, almost all patients (above 90%) were satisfied with the admission and discharge procedures but an average of 50% only satisfied with the communication of the HCWs and involvement in the decision making process. Irrespective of the stress HCWs are trying their level best to provide good care and to achieve patient satisfaction, is appreciable.

Keywords: Feedback; COVID; Survivors; Services; Hospitals.

Introduction

COVID-19 is a deadly and uncontrollable pandemic with no known effective treatment. Currently there is the second wave going on in India that is hard to comprehend. As of May 4, more than 20 million cases of COVID had been reported with more than 222000 deaths. Hospitals are overwhelmed and health care workers are exhausted and becoming infected. High rate of infection, mortality, work overload, lack of sufficient PPE etc. provoke the feelings of anxiety and stress in health care workers.¹⁻²³ Social media is full of desperate people (public and health care workers) seeking medical oxygen, bed, medications and other necessities. Yet before the second wave also complaints were there on social media, though not the level as during the second wave. The current study attempted with the aim to identify the issues related to poor patient satisfaction during the first wave since the data collected before the second wave.

Methodology

A cross sectional study with quantitative approach was conducted among the COVID survivors across Odisha and Jharkhand, two states in the east zone of India from 1st of December 2020 – 30th of February 2021. A total of 112 COVID survivors were participated in the study aged between 14 to 76 yrs. with average age 36 yrs. with average hospital stay 12 days.

Out of the 112 participants, 59 from Jharkhand and 53 from Odisha.

A structured survey questionnaire was constructed in Google forms and shared through link for self-administration. Convenient snowball nonprobability sampling was used to collect data from the relevant participants and the link was sent via Facebook messenger, WhatsApp and the participants were requested to share as much as they can within their connections. The questionnaire has 10 items, such as, whether pleased with the admission procedure, seen in a timely manner, communication with the nurses, communication with doctors, responsiveness of the hospital staffs towards the needs, care providers efforts to include them in the decision making about their care, amount of concern the care provider show for their questions or worries, friendliness/courtesy of the care provider, confidence in the care provider, pleased with the discharge procedure etc. with rating as satisfied, neutral and not satisfied. An informed consent briefly explaining the objective of the study was provided at the beginning of the questionnaire. Subjects who responded the survey were assumed to have willingness to participate. To maintain confidentiality, no personal details, or, potential identifiers are not collected.

To understand correct respondents and to ensure data quality, the link was shared with the HCPs fulfilling the

inclusion criteria (the doctors and nurses connected with the researcher and the snowball had started from there).

The collected data were analysed using descriptive analysis to determine the frequencies, and percentages.

Result

Table 1: Feedback of the COVID survivors.

| | Satisfied | Neutral | Not-Satisfied |
|--|-----------|----------|---------------|
| N = 112 | | | |
| Admission process | 103 (92%) | - | 9 (8%) |
| Seen in a timely manner | 103 (92%) | - | 9 (8%) |
| Communication with the nurses | 92 (82%) | 20 (18%) | - |
| Communication with doctors | 87 (78%) | 25 (22%) | - |
| Responsiveness of the hospital staffs towards the needs | 87 (78%) | 25 (22%) | - |
| Care providers efforts to include in decision making | 73 (65%) | 39 (35%) | - |
| Concerns by the care provider for the questions or worries | 71 (63%) | 41 (37%) | - |
| Friendliness/courtesy of the care provider | 73 (65%) | 39 (35%) | - |
| Confidence in the care provider | 71 (63%) | 30 (27%) | 11 (10%) |
| Pleased with the discharge procedure | 106 (95%) | - | 6 (5%) |

Discussion

The findings show on an average 78% COVID survivors were satisfied with the services they received in the hospital during hospitalisation due to COVID.

Conclusion

The findings show irrespective of lots of stress due to fear of getting infection, stigma, lack of hospital supply, work overload etc. health care workers trying their level best to provide best possible care to the patients suffering from COVID.

Limitation

There are several limitations in the current study such as the study has self-response bias. The generalisability of the study finding is poor because of the small sample size.

References

1. Chemali, Z., Ezzeddine, F.L., Gelaye, B. et al. Burnout among healthcare providers in the complex environment of the Middle East: a systematic review. *BMC Public Health* 19, 1337 (2019). <https://doi.org/10.1186/s12889-019-7713-1>.
2. Gebeyehu and Zeleke. Workplace stress and associated factors among healthcare professionals working in public health care facilities in Bahir Dar City, Northwest Ethiopia, 2017. *BMC Res Notes* (2019) 12:249. <https://doi.org/10.1186/s13104-019-4277-1>.
3. Sathiya N, Ruwaidha R, Nusrath FS, Fathima F, Gomathy T, Shailendra HK. Perceived Stress Levels and its Sources Among Doctors and Nurses Working in A Tertiary Care Teaching Hospital, Kancheepuram, Tamil Nadu. *Ntl J Community Med* 2016; 7(7):603-608.

4. Abdulghani HM. Stress and depression among medical students: a cross sectional study at a College in Saudi Arabia. *Pakistan J of Med Sci Quarterly* 2008; 24(1):12-17.
5. Sagar, S., K. S., R., T. S., R., Ahmed, M., & D., S. (2017). Professional stress levels among healthcare workers of Nelamangala: a cross sectional study. *International Journal of Community Medicine And Public Health*, 4(12), 4685-469 [doi:http://dx.doi.org/10.18203/2394-6040.ijcmph20175351](https://doi.org/10.18203/2394-6040.ijcmph20175351).
6. Safaeian M, Esmailinasab M. Comparison of spiritual intelligence, job stress and coping styles between nurses and doctors. *Bull. Env. Pharmacol. Life Sci., Vol 3 (Spl issue II)* 2014: 233-237.
7. Arvind K, et al. Study of Stress among Health Care Professionals: A Systemic Review *International Journal of Research Foundation of Hospital & Healthcare Administration*, January-June 2018;6(1):6-11.
8. Menon A, Munalula B, Glazebrook C. Stress in Doctors: A Pilot study of the University Teaching Hospital, Lusaka,Zambia. *J of Psych in Afr* 2007 17(1): 137-140.
9. Thian JHM, Kannusamy p, He H, Klainin-Yobas P. Relationships among Stress, Positive Affectivity, and Work Engagement among Registered Nurses[Online].2015 Feb 11.
10. Zhang Y, Wang C, Pan W, Zheng J, Gao J, Huang X, Cai S, Zhai Y, Latour JM and Zhu C (2020) Stress, Burnout, and Coping Strategies of Frontline Nurses During the COVID-19 Epidemic in Wuhan and Shanghai, China. *Front. Psychiatry* 11:565520. [doi: 10.3389/fpsy.2020.565520](https://doi.org/10.3389/fpsy.2020.565520).
11. Lua PL & Imilia I. Work-Related Stress Among Healthcare Providers of Various Sectors in Peninsular Malaysia. *MJP-01-09-11*.
12. Abdul Salam Munir Abu-Helalah, et al. Job stress and job satisfaction among health care professionals. *European Scientific Journal* November 2014 edition vol.10, No.32 ISSN: 1857 - 7881 (Print) e - ISSN 1857- 7431.
13. Nahla A. Tayyib, and Fatma J. Alsolami Measuring the extent of stress and fear among Registered Nurses in KSA during the COVID-19 Outbreak. *Journal of Taibah University Medical Sciences* (2020) 15(5), 410e416.
14. Suryavanshi N, et al. Mental health and quality of life among healthcare professionals during the COVID-19 pandemic in India. *Brain and Behavior* published by Wiley Periodicals LLC. DOI: 10.1002/brb3.1837.
15. Abdulghani M. Alqahtani, et al. Burnout Syndrome among Emergency Physicians and Nurses in Abha and Khamis Mushait Cities, Aseer Region, Southwestern Saudi Arabia. *Hindawi The Scientific World Journal*. Volume 2019, Article ID 4515972, 14 pages. <https://doi.org/10.1155/2019/4515972>.
16. Mohammad Jalili and Mahtab Niroomand. Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *medRxiv preprint doi: https://doi.org/10.1101/2020.06.12.20129650*.
17. Dinibutun S. R. (2020). Factors Associated with Burnout Among Physicians: An Evaluation During a Period of COVID-19 Pandemic. *Journal of healthcare leadership*, 12, 85-94. <https://doi.org/10.2147/JHL.S270440>.
18. Morgantini LA, et al. (2020) Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. *PLoS ONE*

- 15(9): e0238217. <https://doi.org/10.1371/journal.pone.0238217>.
19. José Ángel Martínez-López, et al. (2020) Psychological Impact of COVID-19 Emergency on Health Professionals: Burnout Incidence at the Most Critical Period in Spain. *J. Clin. Med.* 2020,9(9),3029;<https://doi.org/10.3390/jcm9093029>.
20. Emanuele Maria Giusti, et al. (2020) The Psychological Impact of the COVID-19 Outbreak on Health Professionals: A Cross-Sectional Study. *Front. Psychol.*, 10 July 2020 | <https://doi.org/10.3389/fpsyg.2020.01684>.
21. Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. *JAMA Netw Open.* 2020;3(3):e203976.[doi:10.1001/jamanetworkopen.2020.3976](https://doi.org/10.1001/jamanetworkopen.2020.3976).
22. Imitriu MCT, Pantea-Stoian A, Smaranda AC, et al. Burnout syndrome in Romanian medical residents in time of the COVID-19 pandemic. *Medical Hypotheses.* 2020 Nov;144:109972. DOI: 10.1016/j.mehy.2020.109972.
23. Deying Hu, et al. (2020) Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. June 26, 2020 DOI:<https://doi.org/10.1016/j.jclinm.2020.100424>.
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