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Patients' Participation in Surgical Treatment Decision Making in General Government Hospital of Bharatpur

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ABSTRACT

Background: Patient participation means involvement of the patient in decision making or expressing their opinions about different treatment methods, which includes sharing information, feelings and signs and accepting and rejecting health team instructions. The study aims to find out the level of patient participation in surgical treatment decision making of admitted patient in general government hospital of Chitwan.

Methods: A descriptive cross –sectional research was carried out to assess the level of participation in surgical treatment decision making. Non-probability, purposive sampling technique was used. A set of valid instruments containing 16 item was used to assess the level of participation. Ethical clearance was taken from Institutional review Committee of Shree Medical and Technical College (SMTC-IRC 20221206-43). Data were collected and analyzed in statistical package for the social science version.

Results: The result of the study shows that maximum respondents 51.8% belonged to age group less or equals to 40 years. Among 226 respondents 58.4% were female and 41.6% were male. Among them, more than half (62.8%) of the respondent had high level of participation and (37.2%) of the respondents had low level of participation.

Conclusions: The findings of the study indicate the participation of patient in surgical treatment decision making. These findings may help hospital and concerned authorities to make appropriate policy and take corrective action to increase the level of patient participation in treatment decision making.

Keywords: participation; surgical treatment; patient.

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INTRODUCTION

Surgery is, the branch of medical treatment of injuries or diseases that involves cutting open a person's body and often removing or replacing some parts.[1-4] Patient engagement is increasingly recognized as an integral part of health care and a critical component of safe people-centered services. Engaged patients are better able to make informed decisions about their care options. In addition, resources may be better used if they are aligned with patients' priorities and this is critical for the sustainability of health systems worldwide.[2,7,8] Patient participation as the involvement of the patient in the decision-making process in a matter pertaining to health. The department of health in UK come up with the policy that "liberating the NHS: No decision about me, without me" to increase the patient participation in treatment decision making.[3] To improve patients' health outcomes and satisfaction of health care uses, it is necessary to provide better experiences and expand the opportunities for participation in treatment decision making during their hospital visits.[4,9] It is necessary for clinicians to provide appropriate assistance during patient decision-making by offering a shared decision-making system based on clinical practice so as to enable patients to obtain the essential information throughout the treatment, and to ultimately improve patients' degree of participation.[5,10] Assessing the level of patient participation in decision making is a great way to increase the patient participation in decision making by solving the problem. There have been few published studies on patients' participation in surgical treatment decision making in context of Nepal. So, this study will be conducted to determine patient participation in decision-making and the factors associated with it.

METHODS

Cross-sectional analytical quantitative research design was used to assess the patient participation in

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surgical treatment decision making. The study was conducted at Bharatpur hospital which is located in Bharatpur-10, Chitwan. Total 216 patients who were admitted in surgical ward, orthopedic ward, ENT and gynae surgery ward in Bharatpur hospital who undergone and are undergoing surgery. Non-probability, purposive sampling was used to select the sample. The study was conducted after the approval from Institutional Review Committee, Shree Medical and Technical College Bharatpur, date: December 06, 2022 AD. A formal permission was taken after submitting request to the concerned authority of Bharatpur hospital. Data was collected in the period of 2 weeks. A set of well-validated questionnaires was used to collect data on patient participation in surgical treatment decision making. The dignity of respondents was secured by giving them the right to reject or discontinue from the research study at any time. Confidentiality of the information was maintained by not disclosing the information with others as well as the data was merely used only for the study purpose. The research instrument consists of two parts. Part I: Questions related to respondent's socio-demographic characteristics and part II: Control preference scale (CPS). To assess the patient's participation in surgical treatment decision making will be used. CPS is a most frequently used tool which is developed by Degner et al (1997) to assess patients' participation in surgical treatment decision making. It measures participation in three areas: information dissemination, formulation of options, integration of information, and control. It consists of 16 items rated on a 7-point scale, marked 1-7. The minimum score is 0 and maximum score is 112 with higher scores indicating greater participation. The collected data was exported to Microsoft excel and later imported to statistical package for social science for statistical analysis. Descriptive statistics in terms of frequency, percentage, mean, median, and standard deviation and inferential statistics was applied.

RESULTS

A total of 216 respondents, majority 117(51.8%) fall under age group of 18-39 years and mean age and standard deviation was 41.89 ±15.83. concerning gender of respondents, 132(58.4%) were female, Hindu 172(76.2%), joint family 124(54.9%), married 202(89.4%), 120(53.1%) were from province 3, 179(79.2%) were literate (Table 1).

Below table shows respondent level of participation in surgical treatment decision making. Out of 226 respondent, 84(37.2%) have low level of participation while 142(62.8%) have high level of participation (Table 2).

Table 1. Socio-demographic characteristics of respondents'.

Sociodemographic variables	Frequency (%)
Age	
<40	117(51.8)
≥40	109(48.2)
Gender	
Female	132(58.4)
Male	94(41.6)
Religion	
Hinduism	172(76.2)
Buddhism	29(12.8)
Christianity	17(7.8)
Islam	8(3.5)
Types of family	
Nuclear	102(45.1)
Joint	124(54.9)
Marital status	
Married	202(89.2)
Unmarried	21(9.3
Others	3(1.3)
Residential area	
province 2	17(7.5)
province 3	120(53.1)
province 4	87(37.8)
province 5	2(0.8)
province 7	2(0.8)
Educational status	
Illiterate	47(20.8)
Literate	179(79.8)

Below table shows that factor 1 (information dissemination) have highest mean (25.11) while factor

Table 2. Level of participation in surgical treatment decision making. (n=226)	
Level of participation	**Frequency (%)**
Low level (≤Mean value)	84 (37.2)
High level (>Mean value)	142 (68.2)
(Mean=75.6814)	

2 (formulation of options) have lowest mean (7.54). Similarly, factor 1 (information dissemination) have highest standard deviation (7.67) while factor 4 (control) have lowest standard deviation (3.41) (Table 3).

Table 3. Mean and standard deviation of four factor. (n=226)		
Factors	**Mean**	**SD**
Information dissemination	25.11	7.67
Formulation of option	7.54	4.59
Integration of information	24.42	3.81
Control	18.6	3.41

The mean and standard deviation on each item is given as (Table 4).

to be weakly positive and statistically insignificant (Table 5).

Table 5. Correlations matrix among the four factors and related variables.				
Domain	**Variable 1**	**Variable 2**	**Variable 3**	**Variable 4**
V1 (Pearson correlation)	1	1.000**	0.150*	0.047
p-value		<0.001	0.024	0.478
V2 (pearson correlation)		1	0.150*	0.047
p-value	-		0.024	0.047
V3 (pearson correlation)			1	0.400**
p-value				<0.001
V4 (pearson correlation)	-	-		1
p-value	<0.001			

Table 4. Score of level of participation in surgical treatment decision making. (n=226)		
Statement	**Mean**	**SD**
I received general information on the surgical procedure prior to the operation.	5.91	1.711
I received oral information on the surgical procedure prior to the operation.	5.26	2.276
I received information on test and examination I would undergo during the hospital stay.	4.56	2.288
I received information on the consequences that surgical treatment could imply.	4.63	2.331
I received written information on the surgical procedure prior to the operation	4.76	2.499
I was given the opportunity to choose my surgeon.	1.97	1.736
I was given the opportunity to choose anesthesia.	1.36	0.828
I had the opportunity to choose the timing of surgical treatment	2	1.563
I was given several options in connection with the surgical treatment.	2.21	1.825
My need as a patient in connection with the surgical procedure were taken into consideration.	5.92	1.295
I had the opportunity to convey my needs as a patient in connection with surgical treatment.	6.21	1.303
The doctor's answers to my question were clear and understandable.	6.15	1.088
The nurse's answers to my question were clear and understandable.	6.15	1.12
I took the initiative to actively participate in decision regarding treatment.	6.32	1.191
I was encouraged to participate in decision regarding surgical treatment.	6.02	1.406
Initiative in connection with surgical treatment were worked out with my cooperation.	6.27	1.247

Table 5 shows correlation among four factors and related variables. The correlation between information dissemination(V1), formulation of option(V2), integration of information(V3), and control(V4) found

DISCUSSION

Regarding level of patient participation in surgical treatment decision making current study revealed that

for the statement, "I received general information on the surgical procedure prior to the operation", most (49.1%) respondents strongly agreed. For statement, "I received oral information on the surgical procedure prior to the operation", most (41.2%) respondent strongly agreed. This study revealed that for statement, "I received information on test and examination I would undergo during the hospital stay", most (34.5%) respondent agreed. For statement "I received information on the consequences that surgical treatment could imply", most (33.2%) respondent agreed. For statement "I received written information on the surgical procedure prior to the operation", most (34.1%) strongly agreed. Current study revealed that for statement "I was given the opportunity to choose my surgeon", most (61.1%) respondents strongly. For statement "I was given the opportunity to choose anesthesia", most (73.5%) respondent strongly disagreed. For statement "I had the opportunity to choose the timing of surgical treatment", most (54%) respondents strongly disagreed. For statement "I was given several options in connection with the surgical treatment", most (53.10%) respondents strongly disagreed. Above four statement comes under second factor (formulation of option) whose result shows that respondents didn't get enough opportunity to participate in formulating options. This study revealed that for statement "My need as a patient in connection with the surgical procedure were taken into consideration", most (48.2%) respondents agreed. For statement "I had the opportunity to convey my needs as a patient in connection with surgical treatment", most (54%) respondents strongly agreed. For statement "The doctor's answers to my question were clear and understandable", most (49.6%) respondents agreed. For statement "The nurse's answers to my question were clear and understandable", most (49.6%) respondents agreed. Above four statement comes under third factor (integration of information) whose result shows that patient got enough opportunity to convey their needs. Current study revealed that for statement "I took the initiative to actively participate in decision regarding treatment", most (57.5%) respondents strongly agreed. For statement "I was encouraged to participate in decision regarding surgical treatment", most (44.7%) respondents agreed. For statement "Initiative in connection with surgical treatment were worked out with my cooperation", most (54.9%) respondents strongly agreed. Above three statements come under factor four (control) whose result shows that patients were also involved in decision making.

CONCLUSIONS

Based on study finding among 226 patients, majority 62.8% of the respondents had high level of participation in surgical treatment decision making. The result showed that the level of participation in surgical treatment decision making was significant with Age, educational status, support from family, health security, physician consultation, opportunity to ask whereas level of participation in surgical treatment decision making was not significant with gender, types of family, marital status, residential area, occupation, decision maker, types of surgery. The findings of the study suggest more education as well as more counselling and information from nurse and doctors' is needed to increase level of patient participation in surgical treatment decision making. Education can be given through different mass media and information can be given during doctors' visit hour or throughout patient hospital stay.

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