

LEVEL OF SATISFACTION OF EYE CARE SERVICE PROVIDER WITH THEIR EQUIPMENT

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ABSTRACT

PURPOSE: The main purpose of this study is to check the satisfaction level of equipment used by Eye Care Professionals (ECP) and to evaluate the sanitary conditions and quality of instruments in public and private hospitals.

METHOD: A cross sectional study was conducted on 101 eye care professionals who were doing job in public and private sectors. Consent was taken from them. A self-made questionnaire was distributed among them. The confidentiality was maintained. The study was conducted between Septembers to December 2020. The research protocol was approved by the Ethical Review Board of College of Ophthalmology and Allied Vision Sciences, Lahore. The study methods adhered to the tenets of the Declaration of Helsinki for the use of participles in biomedical research.

RESULTS: A total of 101 questionnaires were distributed. Each questionnaire had 18 questions. Among those 74% were satisfied with the quality of the equipment of the hospitals and their sanitary conditions. Also, 72% have good command on using their equipment.

CONCLUSION: This study concludes that the eye care professionals (ECP) are satisfied with their equipment available in their hospitals and majority of them have good command on equipment usage.

KEY WORDS: Eye care professional; Public health; Job satisfaction; Optometrists.

INTRODUCTION

Technology management is strategically important to technology driven organizations such as public sector hospitals because the major part of the health budget spend on health equipment and devices. A well-prepared technology management policy as a part of good governance framework helps to maximize the gains from available expensive technology equipment in public sector hospitals to improve overall health of any nation. More than half of sanitation equipment in public hospitals is unusable or poorly maintained. Therefore, most of the country's scarce resources are wasted and people's health care is compromised as well. The main reason for this sad situation is the lack of a good governance framework with appropriate checks and balances. Especially the equipment purchased due to lack of technical knowledge is too complicated, underused or never used; abuse

and maintenance will shorten the service life of the equipment, excessive purchase of accessories and redundant spare parts, and facility changes that cannot be foreseen initially due to lack of the choice of experience. Appropriate equipment overbought due to transaction failure, lack of standardization leading to increased spare parts or additional purchase costs, and limited additional workload for qualified personnel's insufficient repair experience, and lack of spare parts contract. The high proportion of equipment failures has led to waste of resources and a decline in the quality of medical services in public sector hospitals of developing countries.¹

Most of blind people have lost their eyesight due to diseases that can be treated or prevented. In less developed countries, 80% of people live in chronic economic deprivation, and the challenge of worsening vision impairment. Without proper intervention blind people could reach 76 million

by 2020 due to a number of factors, chief among them being the rapid aging of the population in most countries.²

Blindness is a major disability and a global health problem as most people who are blind and have low vision are still suffering from preventable or treatable eye diseases.³ Therefore, effective strategies must be developed and implemented to eliminate avoidable blindness.⁴ To achieve this goal, both clinical and non-clinical care should be considered.⁵ Visual quality is a subjective entity based on a unique perception of one's own vision. This assumption is multifunctional, not only visual factors, but also psychological factors. Although optics and vision can be easily measured, none of these measurements can explain a patient's perception of vision.⁶ In terms of objective and subjective testing, the perception of the use of visual quality is quite different. An important achievement indicator of the project, but in order to reduce awareness, a fully developed and verified questionnaire is required.⁷

Comprehensive eye care services include promoting eye health, prevention, treatment, and rehabilitation. The prerequisite for achieving the 2020 vision is that these services should be well integrated into the national health system. To date, all 193 member states of the WHO have formally committed to investing in eye care, and most countries have established the Vision 2020 Committee and formulated national eye care plans.⁸ However, the implementation of these programs varies from country to country. In order to achieve the set goals, the biggest challenge remains. Refractive error is still a major challenge. Due to an increase in risk factors, diabetic retinopathy and glaucoma have also become two important conditions to be addressed by all levels of medical care.⁹ Primary

care of all is to provide affordable services to all, regardless of the socioeconomic capabilities of the people. Preventive, curative and rehabilitation provided at the community level to avoid dangerous outcomes leading to blindness.¹⁰ since primary eye care is a by-product of increased primary health care, maintain basic principles of community participation, interdepartmental coordination and utilization of appropriate technology and proper distribution of resources. Components of Primary eye care include promoting, preventing awareness of proper eye care and treating common eye diseases through health education.¹¹ For better control of blindness and other eye disease feasible equipment are necessary. Eye care provider should be satisfied with his equipment.

MATERIALS AND METHODS

Data was collected by self-designed questionnaire. It was collected from ECP mainly working in Mayo Hospital Lahore. These google forms were distributed by social media applications (WhatsApp and Email) due to COVID restrictions, and they were asked to complete the questionnaire. Consent of respondents was taken and confidentiality was maintained. Data was analyzed through online Google survey, Simple descriptive statistical results by using Microsoft excel and google docs. Qualitative variables like gender was presented as frequency and percentages and for other variable suitable statistical techniques applied. Descriptive statistics was used to represent the results like graphs. All data are expressed in frequency and percentage.

RESULTS

Table no. 1 shows that in my study, out of 101 participants 25.7% were very satisfied and 74.3%

were satisfied with the quality of the equipment of the hospitals and their sanitary conditions. Table no. 2 shows that in my study, out of 101 participants 72.3% have a good command on their equipment, while 27.7% have not good command on using equipment. Table no.3 shows that in this study, out of 101 participants 97.0% were very satisfied the quality of linen, the cleanliness and the protective equipment granted. Table no. 4 shows questions mentioned in self-designed questionnaire and their responses percentages and frequencies.

1.	Are you satisfied with working in your hospital?	79 (78.2%)	22 (21.8%)
2.	For the better performance, do you consider improvement can be made to your hospital?	76 (75.2%)	25 (24.8%)
3.	Do you consider that your hospital management is cooperating in term of basic facilities?	82 (81.2%)	19 (18.8%)
4.	Are you motivated?	82 (81.2%)	19 (18.8%)
5.	Do you consider that there is good communication relationship between you and hospital management?	82 (81.2%)	19 (18.8%)
6.	Do you consider that your hospital management is cooperating in term of basic facilities?	79 (78.2%)	22 (21.8%)
7.	Are you satisfied with sanitary conditions while usage of equipment?	26 (25.7%)	75 (74.3%)
8.	Do you have good command on using your equipment?	73 (72.3%)	28 (27.7%)
9.	Are you well informed about your equipment dealing and usage?	78 (77.2%)	23 (22.8%)
10.	Is there adequate quantity of equipment for usage?	88 (87.1%)	13 (12.9%)
11.	Do you think your seniors listen to you and analyze your idea regarding equipment and methodology?	85 (84.2%)	16 (15.8%)
12.	What is quality of measure taken and provision with individual equipment?	98 (97%)	3 (3%)
13.	How do you appreciate the quality of the linen, the cleanliness and the protective equipment granted?	98 (97%)	3 (3%)
14.	What is your opinion about this questionnaire?	86 (85.1%)	15 (14.9%)

DISCUSSION

In recent studies, little has been published in level of equipment satisfaction among eye care providers and few studies have examined more than one factor. Based on the synthesis of the research articles in our analysis there are certain factors that describe the satisfaction of equipment. According to this study the level of satisfaction among eye care providers including doctors, optometrists, orthoptist and investigative ophthalmologist is quite good. In our study there were 101 participants, 54 (53.5%) were males and 47 (46.5%) were females, in which 61 (58.1%) were optometrist, 37 (35.2%) were doctors and 2% were orthoptist and investigative ophthalmologists. Among those 78% were satisfied with their hospital. The same percentage thought that their hospital management was cooperating and for better performance improvement could be made in their hospitals. Among those 72% thought that they had good command in using their equipment. 82% of the participants were very satisfied with the sanitary condition of the equipment and they were well informed regarding the equipment. They had adequate quantity of equipment in their hospital. Among those 97% were very satisfied regarding quality of measure taken and provision with the individual equipment and they appreciated the quality of the linen and cleanliness of equipment provided to them. Their seniors also guided them and analyzed their ideas regarding usage and betterment of equipment.

CONCLUSION

The study showed that the eye care providers in our public and private sector were well satisfied regarding their job and standards. The quality of medical professionals depended on their grip on instruments, they were using in their daily routine practice. Their experience in their profession was very good. They were well satisfied with their equipment and sanitary condition.

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