

Patient's Caregiver Satisfaction with Home Health Care Services Provided by King Fahad Specialist Hospital – Dammam

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Abstract: Caregiver satisfaction with home health care services becomes one of the most widely used measures of care evaluation as it reflects the success of the given health services. In Saudi Arabia, family caregivers play a crucial role in the home care. In order to improve home health program quality, this study aimed to assess the satisfaction of patient's caregivers with health care services provided by King Fahad Specialist hospital-Dammam, and to identify the potential factors affecting their satisfaction. A total of 102 participants who are registered in home health department for not less than three visits at King Fahad Specialist hospital-Dammam, Saudi Arabia and met the criteria were included in the study. Data were collected using face to face and phone calls interviews. The median age was 45 years, 59.8% of the family care givers were their own children, 99% of the participants preferred home care rather than hospital, and 72.9% were very satisfied with home care teams. In conclusion, majority of the participants were satisfied in general with the program and expressed preference of home care rather than hospital. However, the results showed some defects in some areas. Furthermore, no factors were found that may specifically attribute to their overall satisfaction. The program's administration should improve physiotherapy, medical care, and social services.

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Introduction

Home health care services has grown worldwide, as a result of increased elderly population as well as the technology revolution (Montauk, 1998; Morales-Asencio et al., 2008). By 2050, an estimated 27 million people will be in need of long-term care, which is provided by home health care agencies (Caffrey, 2011). Different models were developed to administer efficient home health care services, which help in identifying and integrating the needs of patients and their caregivers (Wang, Chung, Lai, Chou, & Kao, 2004). Shifting the health care from hospitals to home has benefits to patients and their family caregivers (Kealey & McIntyre, 2005). Economic wise, in a study Magnusson & Hanson; all cases achieved cost reductions in seeking health services in which considered beneficial to all parties (Magnusson & Hanson, 2005). Moreover, a similar study in Tabuk, Saudi Arabia reported reduction in costs regarding seeking health services to clinics and emergency rooms by 68% and 73% respectively (Al-Khashan, Mishriky, Selim, El Sheikh, & BinSaeed, 2011).

Patient's caregiver satisfaction is one of the most widely measures to evaluate home health care quality (Abusalem, Myers, & Aljeesh, 2013). However, in order to get benefits from home care, safety and comfort of patients and their care givers must be guaranteed (Tomioka et al., 2007), and the diversity of caregivers should be taken into consideration (Greenwood, Mackenzie, Cloud, & Wilson, 2009).

Family caregiver plays a crucial role in Islamic world and so Saudi Arabia who takes care of a sick member in family (McKennis, 1999). In 2009, home health care program was adopted by the Ministry of Health in Saudi Arabia in which 4% of this program is covered by King Fahad Specialist hospital-Dammam (KFSH-D) (MOH, 2014). Since the number of patients benefiting from this program has been increasing each year, there is remarkable need to evaluation the quality of health services (Hospital-dammam, 2015).

A few international and regional studies have focused on the needs and the responses of care recipients (Abusalem et al., 2013; McCann & Evans, 2002). As well as having specific satisfaction measures

(Simon, Little, Birtwistle, & Kendrick, 2003). Therefore, it is primary to shed the light on the elements of home health services that may contribute to family caregiver satisfaction, in order to improve the quality of such programs (Simon et al., 2003). Therefore, investigating the caregiver satisfaction with the home health care services in KFSH-D would be helpful to evaluate the quality of the service (Morrow-Howell, Proctor, & Rozario, 2001; White, 1999).

1. Material and methods

General objective: to assess the overall care giver satisfaction and to identify the factors that may contribute to patient's caregiver satisfaction with the program.

Research questions:

1. What is the overall caregiver's satisfaction with the home health care teams?
2. What is the nature of caregiver's satisfaction with specific home care services?
3. Where do caregivers prefer to have medical care services?
4. Is there a relationship between satisfaction of caregivers and their demographics?
5. Is there a relationship between satisfaction of the caregiver and their experiences with home health care?

Research design and setting: A descriptive design was used in this study. The study was conducted at KFSH-D, home health care department.

Sample: The sample of this study was all patient's caregivers under health care department at KFSH-D during the data collection time (April 2015) and met the following inclusion criteria: 1) registered under home health care services provided by KFSH-D, 2) signed informed consent, 3) ≥ 18 years, 4) no communication problems, can speak Arabic, and 5) had more than three visits from the mentioned program.

Ethical considerations: This study was approved by the regional committee of Saudi Board of Family Medicine, University of Damam, and King Fahad Hospital University. The study was explained to participants and all of them signed informed consent prior to data collection. Autonomy, privacy, and confidentiality were maintained.

Data collection:

Data collection instrument: A modified interview questionnaire was used for data collection. The questionnaire had two parts; the first one had demographic information about the patient and caregiver. This part included patient's medical condition, duration and frequency of home care services. The second part was the satisfaction scale, a five points likert scale, 4 (very satisfied), 3 (satisfied), 2 (neutral), 1 (bad), 0 (very bad), for 20 items the lowest

score was 0 and the highest score was 80 points. An item of not applicable was added because there were some items that the participants could not rate. This scale included questions about the caregiver's satisfaction with specific procedures and health services, also with the home care teams. Internal consistency was measured to assess reliability of the tool, Cronbach alpha was 0.81 indicating good reliability as reported for a similar questionnaire (Huber et al., 2008).

Data collection procedure: About 102 participants, who met the inclusion criteria, were met face to face or were contacted by phone if the caregiver was not around during the visit. Data collection was done by the researcher whom not a member of home health care department at KFSH-D to avoid bias.

Data analysis: SPSS software version 21 was used to analyze the data. Descriptive statistics with numbers and frequencies were used; independent variables were cross-tabulated with the dependent variable.

2. Results

Socidemographic characteristics are presented in Table1. About 42.2% of the family care giver's ages were 36-50 years old. Fifty-one percent were females. More than half (59.8%) of the family caregivers were the patient's own children. About 79.4% of the caregivers were married, and 38.2% had an advanced level of education. Furthermore, 31.1% reported that the monthly income average was less than 5000 Saudi Riyals.

Table 1: Sociodemographic characteristics of the sample

Variable	N (%)
Age	
21-35	25 (24.5)
36-50	43(42.2)
51-65	30(29.4)
66-78	4(3.9)
Sex	
Male	50(49)
Female	52(51)
Relation to patient	
Son/daughter	61(59.8)
Wife/husband	21(20.6)
Father/mother	11(10.8)
Other	9 (8.8)
Marital status	
Single	13 (12.7)
Married	81(79.4)
Divorced	6 (5.9)
Widowed	2 (1.9)
Educational level	
Illiterate, read & write	13(12.8)
Primary/intermediate	15(14.7)
Secondary	35 (34.3)
Bachelor, higher studies	39 (38.2)
Monthly income	
<5000 SR	32 (31.4)
5000-10000	26 (25.5)
10000-20000	32 (31.4)
>20000	12 (11.8)

The overall caregiver satisfaction with the home health care terms is presented in Table2. Approximately 70% of the sample was very satisfied with home health care in general. Three quarter of the sample was very satisfied with home health nursing care. Furthermore, 66.7% did not receive any medical care in terms of physician visitation or direct communication with a physician, and 14.7% were very satisfied about the care. More than half of the sample was very satisfied with respiratory therapy service.

Table 3 represents care giver's satisfaction with each home health care service which was divided into four domains; efficacy, art of care, availability, and technical quality as represents. Regarding efficacy approximately quarter of the sample was very satisfied with the medication prescriptions and medical equipments supplied by the services

Art of care category, 66.0% were very satisfied about the team ability to explain information and more than half of the sample was very satisfied with visiting time notifications. Moreover, for the availability 74.5% were very satisfied about the duration of the visit, while 23.3% of caregivers were unsatisfied with emergency department service. Furthermore, regarding technical category; the caregivers were very satisfied with laboratory tests arranged at home by the program, which got the highest percentage among all items.

Table 2. Overall satisfaction with home health care teams

Type of Care	NA	Very bad	Bad	Neutral	Satisfied	Very satisfied
Nursing care	2(2)	0(0)	1(1)	1(1)	23(23.0)	75(75.0)
Medical Care	68(66.7)	1(2.9)	1(2.9)	17(50.0)	10(29.4)	5(14.7)
Respiratory therapy	63(61.8)	0(0)	1(2.6)	6(15.4)	12(30.8)	20(51.2)
Home care team in general	1(1)	0(0)	0(0)	14(13.9)	17(16.8)	70(69.3)

NA: Not available. NA percentage was calculated by dividing the number by 102. Other percentages were calculated after the NA was deducted from 102 participants, then the number was divided by the remaining.

Table 3. Caregiver satisfaction with the specific home care services

	N/A	Very bad	Bad	Neutral	Satisfied	Very satisfied
<u>Efficacy</u>						
Dose the team prescribes your medication in satisfactory way?	1(1)	3(3)	7(7)	25(25)	28(29)	36(36)
Are you satisfied with the medical equipment supply provided by the team?	24(23.5)	2(2.5)	21(26.9)	19(24.4)	18(23.1)	18(23.1)
Are you satisfied with the team prescription of nutrition supply?	59(57.8)	0(0)	15(34.8)	8(18.6)	10(23.3)	10(23.3)
<u>Art of care</u>						
Are you satisfied about the team ability to explain information's regarding taking?	1(1)	0(0)	1(1)	5(5.0)	28(28.0)	66(66.0)
Are you satisfied with the way the team inform you about visiting time?	0(0)	1(1)	4(3.9)	18(17.6)	26(25.5)	53(52.0)
<u>Availability</u>						
Are you satisfied about the time the team spend taking care of the patient?	0(0)	0(0)	2(2)	3(2.9)	21(20.6)	76(74.5)
Are you satisfied about the communication between the home health care team and the emergency department when the patient needs emergency care?	59(57.8)	0(0)	4(9.3)	8(18.6)	21(48.8)	10(23.3)
Are you satisfied about the team responsible for transporting patient to the hospital for clinic appointment?	84(82.4)	0(0)	5(27.8)	5(27.8)	4(22.2)	4(22.2)

Technical quality

Are you satisfied about laboratory tests arranged by the home health care team?	27(26.5)	0(0)	1(1.3)	0(0)	14(18.7)	60(80.0)
Are you satisfied by the frequency of wound dressing?	44(43.1)	0(0)	0(0)	3(5.1)	15(25.9)	40(69.0)
Are you satisfied by the quality of the wound dressing?	44(43.1)	0(0)	0(0)	3(5.1)	15(25.9)	41(69.0)
Are you satisfied about the frequency of catheter change?	74(72.5)	0(0)	1(3.6)	3(10.7)	10(35.7)	14(50.0)
Are you satisfied about the quality of the catheter change?	74(72.5)	0(0)	1(3.6)	3(10.7)	10(35.7)	14(50.0)
Are you satisfied about the frequency of changing the feeding tube?	79(77.5)	0(0)	1(4.4)	0(0)	7(30.4)	15(65.2)
Are you satisfied about the quality of feeding tube change?	79(77.5)	0(0)	0(0)	0(0)	9(39.1)	14(60.9)

Nearly all (99%) caregivers agreed that home is better than hospital for medical care services provided to their patients. However, caregiver demographic characteristics were insignificantly related to caregiver's satisfaction level. The satisfaction level was dichotomized into higher and lower levels. The cut point was 4 (based on likert scale format 4=need mild improvement). Blow 4 is categorized as low satisfaction and above is high satisfaction. The results of the chi-square test is represented in Table 4 indicated that caregivers' age, sex, marital status, relation with the patient, educational level and monthly income had no significant relation to general satisfaction of caregiver's with home health care service at KFSH-D ($P > 0.05$).

Table 4 Relationship between satisfaction of caregivers and caregiver's characteristics

Characteristics	Lower No. %	Higher No. %	χ^2
Age			
<35	0(0)	25(29.4)	
36-55	15(88.2)	44(51.8)	
>56	2 (11.8)	16(18.8)	3.732
Sex			
Male	4(44.4)	42(48.3)	
Female	5(55.6)	45(51.7)	0.048
Marital status			
Single	0(0)	11(12.8)	
married	7(77.8)	69(80.2)	
Divorced	2(22.2)	4(4.7)	
Widowed	0(0)	2(2.3)	5.179
Relationship to patient			
Son/daughter	5(62.5)	51(66.2)	

Wife/husband	2(25.0)	18(23.4)	
Father/Mother	1(12.5)	8(10.4)	.055
Education level			
Illiterate/read and write	0(0)	12(14)	
Primary/intermediate	2(22.2)	13(17.5)	
Secondary	3(33.3)	31(41.9)	
Bachelor/higher studies	4(44.4)	30(40.5)	1.741
Monthly income			
<5000 SR	4(44.4)	27(31.0)	
5000-10000 SR	3(33.3)	23(26.4)	
<10000-20000	2(22.2)	29(33.3)	
>20000	0(0)	8(9.2)	1.737

Caregiver's experiences relationship with their satisfaction were investigated, revealed no significant relationship with ($P>0.05$), as represented in Table 5.

Table 5 Relation between general satisfaction of caregiver and experiences with home health care

	General Satisfaction		χ^2
	Lower No. %	Higher No. %	
Duration of service			
<3 months	0(0)	21(24.1)	4.914
3-6 months	1(11.1)	20(23.0)	
6 months-2 years	7(77.8)	37(42.5)	
<5 years	1(11.1)	9(10.3)	
Frequency of visits			
Daily,3times/week	1(11.1)	22(27.2)	5.389
Twice a week	2(22.2)	11(13.6)	
Once a week	4(44.4)	38(46.9)	
Once every 2 weeks	0(0)	6(7.4)	
Once a month	2(22.2)	4(4.9)	

3. Discussion

This study aimed to identify factors that may affect the caregiver's satisfaction with home health services in order to improve this program in KHS-D. Overall satisfaction with home health care services was high. However, we couldn't identify any factors that may influence the overall satisfaction. Never the less, this study provided us with some information that might help us understand the nature of the home health care and the satisfaction of the caregivers.

The data suggested that most of the caregivers were the patients' own children who were married to whom less than bachelor degree educational level and have low monthly income which implied that the home health service is offered when mostly needed. The demographic characteristics of the caregivers are similar to the Alkhashan et al. study in relation to the patient (Al-Khashan et al., 2011).

Most of caregivers (72.9%) were satisfied with the care provided by the home care services program which is near the result of similar study done at military hospital by Alkhashan et al (73.2) (Al-Khashan et al., 2011). Similarly, high levels of satisfaction were reported in Taiwan (Tung & Beck, 2007). This high level of satisfaction could not be attributed to the respondents' bias, since the data collector was not a member of the team. Furthermore, the respondents freely expressed their dissatisfaction with some areas and services.

Lower satisfaction rates were noticed in Korea (Park, 2008), the most common

reason for dissatisfaction was the caregivers' perception of having no influence on the services offered, a finding that has also been reported by Tornatore and Grant (Tornatore & Grant, 2004). This might be the reason to explain the discrepancy between those findings and ours, as the majority of our caregivers felt the autonomy in our care.

Although the level of satisfaction was high, these levels varied for different services. Satisfaction with art of care and technical quality was high similar to study done in Taiwan, but it was low with regard to ambulance and referral services, as well as with nutritional prescription (Tung & Beck, 2007). Many of caregiver ignorance about the ambulance and referral services they can utilize by home health care department can be due to different reasons. The findings point to three different types of deficiencies: one related to administrative resources management, the other related to availability of the team and the third one is related to the team communication. The approaches to modify these deficiencies are quite different.

In a similar study done in Riyadh military hospital satisfaction with supplies and investigations was high and it was low with regard to ambulance, referral services and how equipment was managed. Among major home care services physiotherapy was not offered by the department despite the considerable need for the service. These findings are in

congruence with those of Raivio et al who found that physiotherapy was the most often needed service as reported by family caregivers (Raivio et al., 2007). This could be attributed to a shortage of staff in these areas due to the program's commitment to recruit only highly qualified personnel.

Nurses care has the highest level of satisfaction (75.8%) followed by respiratory therapy. On the other hand, medical care has low caregiver satisfaction and large number of caregiver didn't receive medical care according to the caregiver. This could be related to shortage of staff as only one physician covers the department and the other reason is department policy that the physician should assess his patients from his office in the department by only communicating with the nurses and if needed a home visit could be arrange.

Based on that, medical care and physiotherapy service need to be addressed with a plan to improve home care services.

The present study also attempted to identify the factors that could influence caregivers' satisfaction. No demographic characteristics or service factors were identified. However, other studies on the same topic in the same country found that being female and older age influence the satisfaction in a positive way and in terms of service factor frequency of home visits was positively associated with the caregiver's satisfaction score (Al-Khashan et al., 2011). To identify the factors that influence the satisfaction a larger sample size is required.

In this study almost all caregivers preferred home care rather than hospital care. The choice could be influenced by many factors. Some of these factors pertain to logistics, which favor home care; other factors are related to emotional aspects and family ties. In agreement with our finding, Wang et al found that home care was the first choice of caregivers in Taiwan (Wang et al., 2004). Similarly, in Riyadh military hospital (Al-Khashan et al., 2011).

4. Conclusion

In conclusion, although most of the caregivers were satisfied with the services provided by home health support, areas of deficiency had been existed, mainly related to physiotherapy, medical care, and social services. Therefore, the majority of the caregivers expressed their preference for home care rather than hospital care. We selected

interviewer from outside the team and used objective questions in the interview form to increase the validity of the data. One of the limitations that we encountered when we conducted this study is the sample size (102 caregivers) which is considered small to generalized the results of the study to all home health care in the region. Further studies with large sample are recommended.

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