International Surgery Journal
Singh AK et al. Int Surg J. 2019 May;6(5):1700-1703
http://www.ijsurgery.com
pISSN 2349-3305 | eISSN 2349-2902

DOI: http://dx.doi.org/10.18203/2349-2902.isj20191893

Original Research Article

Effectiveness of introduction of specialised female surgical clinic in a tertiary care hospital

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Received: 02 February 2019
Revised: 23 March 2019
Accepted: 28 March 2019

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ABSTRACT

Background: Specialised female surgical clinics are the need of the day and not addressed routinely in the Surgical Department. The management of surgical problems in female patients requires multidisciplinary approach mainly general surgery, obstetrics and gynaecology, general medicine, paediatrics, dermatology and psychiatry. The aim and objective was to introduce a new concept of subspecialty and super speciality in management of female surgical diseases.
Methods: Prospective educational interventional study. 18 out of 60 sensitised interns were introduced and oriented in the specialised female surgical clinic. A total of 952 patients visiting the Clinic were studied. Statistical analysis was done.
Results: Feedback of female patients were taken and recorded in a proformas and their analysis was done. There was a significant improvement in the knowledge and skill of the participating interns. 99.2% (944 cases) of the female patients were willing to continue their visit to such a specialized clinic in future.
Conclusions: It can be concluded that there is a requirement and need of a fully functional specialized female surgical Clinic in our hospital.

Keywords: Clinics, Female patients, Interns, Information, Knowledge, Specialized

INTRODUCTION

Specialised Female Surgical Clinics are the need of the day as they are not addressed routinely in the Surgical Department. The management of surgical problems in female patients requires multidisciplinary approach mainly General Surgery, Obstetrics and Gynaecology, General Medicine, Paediatrics, Dermatology and Psychiatry. In the current curriculum of undergraduate and postgraduate teaching, surgical disorders in female are not addressed separately More so ever, in the current scenario, there is no separate room, chamber or a clinic within a Surgical Outpatient Department where the female patients can be seen and treated separately. This kind of teaching innovation can sensitise the IMG (Indian medical graduate) towards the need to study surgical diseases in females as a subspecialty, to make them aware of the needs and the ethical issues for female patients to be treated in a comfortable environment and further career opportunities for them as a postgraduate student to study female surgical diseases as a subspecialty and a super specialty in times to come.[1-4] Indian females of all age groups suffer from many curable surgical diseases

- Genitourinary related (pelvic organ prolapse, urinary incontinence)

- Breast related (benign and neoplastic diseases)
- Gastrointestinal related (abdominal viscera related, anal and perianal)
- Endocrinal disorders (thyroid, parathyroid, ovarian)
- Skin and skin appendages, and many more.

The aims and objectives of study were to develop a specialised female surgical clinic to cater to the needs of female surgical patients and to assess effectiveness of introduction of specialised female surgical clinic in a tertiary care hospital.

METHODS

Type of the study: Prospective educational interventional study.

Study population: A total of 952 female patients visiting the Clinic were studied. All the female patients visiting female surgical clinic for duration of one month participated in this study.

Inclusion criteria

- All Female patients of any age group visiting surgical OPD were included in study.

Exclusion criteria

Patients excluded from study were:

- All Female patients with co morbid conditions and required referral to any other department.
- Those females who were not willing to participate in study.

Study period: Study period was one month (August 2018 to September 2018).

Study population: Along with the General Surgical OPD, a separate specialised female surgical clinic was established. Only female patients of all age groups registered in this particular clinic were among the study Population. The clinics were conducted by the faculty members, senior residents, postgraduate students of the Department of Surgery and interns posted in the Department.

Study procedure

A separate waiting room, examination room and procedure room and separate paramedical staff (females) for the female surgical patients were facilitated. Written informed consent of all female patients was taken at the time of registration.

All details of the patients were recorded in a predesigned proformas. Pre-test and post-test assessments were done.

Statistical analysis

Proper statistical analysis was done by using appropriate tests. Data were entered in Microsoft excel and analysed by using SPSS software. Mean and standard deviation were calculated and t test was applied.

RESULTS

952 female patients participated in the study. Pre-test and Post-test were conducted of 25 questions each. In Pre test questions regarding general details and complaints were there and perception of female patients before visiting surgery department was assessed through proper questionnaire. Similarly post test comprised of questions related to their experience after visiting surgical clinic especially for female patients. Mean score for the pre-test was 10.75±2.412 and mean score for post-test was 14.47±3.442.

Table 1: Association of pre-test and post test score for evaluation of female patients for continuation of this female surgical clinics (n=952).

Paired Samples Statistics	Mean	Std. Deviation	Std. Error Mean
Pre-test (25)	10.75	2.412	0.311
Post-test (25)	14.47	3.442	0.444
Difference		3.720	
Standard error		0.543	
95% CI		2.6455 to 4.7945	
t-statistic		6.856	
Significance level		P < 0.0001	

Table 2: Background characteristics of study population.

	Minimum	Maximum	Mean	Std. Deviation
Age in years	2 years	80 years	33.59	14.85
		Number	**Percentage (%)**	
New Cases		687	72.20	
Revisited Cases		265	27.80	
Total study population		952	100	

Mean post test score was more interpreting good review by female patients after visiting female surgical OPD. Thereby visit of surgical OPD was satisfactory for them. Significant association was found between Pre-test and

Post test score for evaluation of female patient's recommendation for establishment of female surgical clinics on daily routine (Table 1).

Mean age of patients visiting specialized female surgical clinic was 33.59±14.85 years. Range of age was from 2 years to 80 years. Female of 2 year minimum age group visited the clinic and maximum age was 80 years of female visiting clinic. Total 952 patients visited the specialized female surgical clinic, out of which 687 (72.20%) were totally new cases that were present in this Clinic for first time, while 265 (27.80%) cases have revisited the specialised female surgical clinic. Most of the patients visited for first time in this clinic while few of them visited again after their earlier first visit (Table 2).

DISCUSSION

Comparison with previous studies

In present study significant association of pre-test and post test score for evaluation of female patients for continuation of this female surgical clinics was found. In a study by Amir et al, 76.6 females preferred a female gynaecologist.[1] But in our study nearly all women preferred specialized female surgical OPD. In another similar study by Shah et al it was found that more female subjects expressed gender preferences for the endoscopists (overall 70%; female (67.7%) and male (2.3%)) compared to male subjects (overall 62.8%; male (56%) and female (6.8%), P=0.102).[2] Similarly, more female subjects expressed gender preferences for the assistants (overall 74.5%; female (73.4%) and male (1.1%)) compared to male subjects (overall 58%, male (49.3%) and female (8.7%), P<0.001). They also found the similar results as in our study regarding preference of female doctor by female patients for dealing with their disease related problems and surgical procedures later on.

Jain et al, adopting interview techniques, studied the opinions of 400 patients admitted to medical wards of Gandhi Memorial College and associated hospitals and reported about patient satisfaction.[7] 70% were satisfied by doctor patient relationship while 30% were unsatisfied. Bhatia, in his study among orthopedic patients, found that the dissatisfaction was usually with food, entertainment, visiting hours and lack of proper interaction with the staff, i.e. doctors, nurses, etc. The patients also complained of lack of privacy.[8]

Timmappaya et al, through a hypothesized model, studied the relationship between patient satisfaction, hospital status, employee satisfaction and service.[9]

This model assumes that the performance of the hospital will depend upon proper functioning of its social system, because practically every person working in the hospital depends upon some other person, since there is extensive diversion of labor and highly specialized work of each person. Doctors, nurses and others cannot function separately or independent of one another. Their work is mutually supplementary, interlocking and interdependent.

Interpretation of the result

Health-care scenario is fast changing all over the world.[10] Patient satisfaction is one of the established yardsticks to measure success of the services being provided in the hospitals.[11] Improved socioeconomic status and easier access to medical care have led to high expectations and demands from consumers of hospital services.[12] For health-care organization to be successful, monitoring of customer's perception is a simple but important strategy to assess and improve their performance.[13,14] A patient is the ultimate consumer of the hospital. He or she is the person in distress. He or she expects from hospital comfort, care, and cure.[11] Patient forms certain expectations prior to visit. Once the patient comes to the hospital and experiences the facilities, he or she may become either satisfied or dissatisfied. Human satisfaction is a complex concept that is related to a number of factors including lifestyle, past experiences, future expectations, and the value of both individual and society.[10] The goal of any service organization is creation of satisfaction among customers.

It can be interpreted from the findings that female patients were willing to continue their visit to such a specialized clinic in future. There was significant improvement in the knowledge and skill of the participating interns. This clinic is recommended to be fully functional in hospital setup. Gender preference was more commonly seen among female surgical patients for their treatment. They gave good response to female clinics.

CONCLUSION

Introduction of female surgical OPD was very useful to the most of the patients, as female patients preferred their treatment in such specialized clinics. Also their revisiting rate was also more due to satisfactory services provided in such clinics. Lastly, the burden of general, OPD became less due to opening of such specialized clinic because most of the patients were distributed to different clinics. Thus, a quality care and quality treatment was provided to all the patients, specially female patient.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Singh AK, Sharma A, Pandey S, Jain S, Sharma V, Aggarwal S. Effectiveness of introduction of specialised female surgical clinic in a tertiary care hospital. Int Surg J 2019;6:1700-3.