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Patients' perceived responsiveness in a selected tertiary care hospital, Sri Lanka

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Background: At present in Sri Lanka, both patients and health care providers focus more attention on the quality of care than in the past. Responsiveness, which is a quality of care indicator, needs to be frequently evaluated and improved effectively.

Objectives: The aim of this study was to assess the patients' perceived experience on responsiveness at Teaching Hospital, Karapitiya (THK) with socio-demographic and service utilization factors.

Methods: This descriptive cross sectional study included 395 inward treated patients randomly at the time of their discharge from general surgical and medical wards. Sample size was calculated using 'Cochran formula' for quantitative studies with considering probable estimation of responsiveness as 50% and 10% of non-response rate. An interviewer administered, pre tested and validated questionnaire was used. Questionnaire was adapted from World Health Organizations' Multi Country Survey Study in year 2000. Data collection was carried out during November 2018 to January 2019. SPSS Version 23.0 was used for statistical analysis.

Results: Response rate was 93.6% (n=395). Of these participants, majority were stayed in the hospital for 3-5 days (75.2%, n=297). Noticeably 27.1% (n=107) of respondents have stated that they have discriminated during care. 'Confidentiality' was the best experienced domain with 89.6% (n=354) response rate where freedom to choose care provider was rated as worst with 0% response rate. 'Prompt attention', 'communication' and 'quality of basic amenities' were reported as most important domains. However the overall performance of responsiveness was 48.6 %.

Conclusion: Overall responsiveness was relatively low at THK. Health service users' non health expectations were partially met and there was a gap between their expectations and performances of health care providers. Its needs institutional based wide attention to replenish poorly performed domains of responsiveness and minimize discrimination through continuous education, monitoring and evaluation programme with participation of every discipline of health care providers in THK.