Assessment of the quality of leprosy services from the clients’ perspective in Thailand

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Summary  To assess the quality of the leprosy service in health facilities from the clients’ perspective, qualitative data collection methods, i.e. semi-structured interviews, focus group discussions (FGDs) and priority cards, were conducted in six health facilities located in all regions of Thailand. A total of 29 patients were interviewed and three focus group discussions involving 20 patients were carried out. In addition, six health staff and six community members were interviewed. The results show that patients delayed months to years before they went to a public health facility. This is due to the poor knowledge about leprosy. Most of the interviewed patients tried to get rid of the skin symptoms at home, using topical medicated cream or herbs. Distance was not regarded as a problem, because most patients go to nearby district hospitals. In district hospitals misdiagnosis is still common. More than half of leprosy patients said they did not receive any information about leprosy before they were diagnosed. Travel costs seem to cause problems for a few poor and aged patients who needed someone to accompany them. Patients at district and provincial hospitals complained that the waiting times to consult staff were too long. In most health facilities, privacy during examinations was not adequate. Patients placed a priority on health staff being friendly and respectful to them. When patients were asked to list their priorities of the quality of services, they considered the attitude of health staff, low costs to go to the leprosy services, adequate attention to POD and adequate information to leprosy patients on their disease, as their top four items. Important recommendations resulting from the study were: (1) health education to the public has to be strengthened; (2) training of health staff to minimize doctors’ delay; (3) good attitude of health staff towards leprosy patients should be sustained; and (4) leprosy services in district and provincial hospitals should be improved as a one-stop service for leprosy patients.

Introduction

Leprosy control based on case finding and dapsone domiciliary treatment in Thailand was established in 1955 as a specialized vertical programme. In order to respond to the Thai
government’s comprehensive health care and integration policy, leprosy services had been integrated into the general health services starting in 1973, and completing in 1998. A majority of leprosy patients are now diagnosed and treated by general health workers at district and provincial hospitals. Therefore, it is crucial that leprosy services are sustained and that they remain of good quality. Patient satisfaction is considered an indicator of quality of care from the patient’s perspective. Social services and community health services commonly refer to ‘clients’ instead of ‘patients’ in order to move away from the idea of the uses of their services being passive and dependent. Health providers’ recognition of the need to examine service from the client’s point of view is becoming more apparent. Rather than asking respondents whether they are satisfied or dissatisfied, it is necessary to pose open-ended questions as to their actual experiences, and to obtain their opinions and perceptions regarding a range of aspects of leprosy services. When asked to suggest improvements, the respondents actually disclose patients’ ‘needs’. Information on the experiences and opinions of the clients is essential in understanding their motivation to consult health facilities and to take their treatment regularly. Furthermore, it is important to determine whether the services continue to satisfy the ideas and perceptions of the patients. Such information can be used to enhance early detection and adequate adherence to treatment.

The objectives of this study are to assess the quality of the leprosy services from the clients’ perspective, to identify the clients’ priorities among a range of quality aspects of leprosy services, to compare the perspective of the clients (patients and community) and the health staff on the quality aspects, and to formulate recommendations to improve leprosy services.

Materials and methods

A selection of health facilities offering a full range of leprosy services to be visited was made. Only hospitals or leprosy treatment centers which could accommodate more than 10 leprosy patients were purposefully selected.

Different data collection methods were utilized, in order to compare and validate the results. In addition to interviews, focus group discussions (FGDs) and priority cards were included in the study methodology.

A semi-structured interview is a face-to-face interview using a standard list of open questions. At least 20 patients were interviewed through semi-structured questionnaires. In order to further validate the information through triangulation, one community member and one health staff member from each health facility must be interviewed. The reason for including community members is that they are also regarded as ‘clients’ of the services. Opinions of the community on the services can influence health seeking behaviors. Health staff are interviewed in order to contrast their views with those of the clients. This would also indicate whether they are aware of and amenable for the constraints identified by the clients.

The interview questions of the patient, the community member and the health staff were adapted from Dijk’s guidelines for assessing the quality of leprosy services from the clients’ perspective, and translated into Thai language.

The quality aspects under study are as follows:

- Health seeking behavior (use of self- or traditional care, patient and doctors’ delay).
- Health education to community (quality, method).
FGDs were also organized to enrich and strengthen the data collection process, each involving five to eight leprosy patients. The patients participating in the FGDs were different from those who had been interviewed. An FGD will help to explore in greater depth the findings resulting from the interviews, to obtain much valuable information on concepts, perceptions and ideas of a group, which can complement the other data.

The data resulting from the interviews and FGDs were analysed qualitatively. Each quality aspect were analysed in turn.

Seven quality aspects had been illustrated by drawings printed on cards (priority cards), to make the system accessible for illiterate and low-educated respondents. A set of the seven cards was given to each patient before ending the interview or FGD, and it was explained for each card which issue it represented. The patient chose three cards with the aspects that deserved most priority in leprosy services, according to his own personal opinion. Information on patients’ priorities can indicate where quality improvements might be most advantageous.

Results

The field study was conducted during April to July 2004, in six health facilities located in all regions of Thailand (Table 1). A total of 29 patients were interviewed and three focus group discussions involving 20 patients were carried out. There were 31 male and 18 female patients, with average age 41.5 years. The patients were classified into 44 multibacillary (MB) cases and five paucibacillary (PB) cases. There were 38 patients during therapy and 11

<table>
<thead>
<tr>
<th>Health facility</th>
<th>Patients</th>
<th>Community</th>
<th>Health staff</th>
<th>FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. District hospital (1)</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2. District hospital (2)</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3. District hospital (3)</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>4. Provincial hospital</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>5. Leprosy center</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>6. Leprosy hospital</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>6</td>
<td>6</td>
<td>20</td>
</tr>
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</table>
patients under surveillance after finishing therapy. Three patients were defaulters. Most patients had no disability.

The interviews and FGDs revealed that patients generally delayed months to years before they went to a public health facility. This is due to poor knowledge about leprosy. Most of the interviewed patients tried to get rid of the skin symptoms at home using topical medicated cream or herbs. Distance was not regarded as a problem, because most patients go to nearby district hospitals. Two patients went to hospitals in other provinces because they feared their neighbours would know about their disease. Some patients went to a leprosy centre or hospital because they realized that these places were special leprosy treatment facilities, or it suggested by their leprosy relatives or local doctors. More than one-third of the patients were initially not diagnosed by health staff as having leprosy. Interviews with the health staff confirmed that in district hospital misdiagnosis is still common.

More than half of leprosy patients said they did not receive any information about leprosy before they were diagnosed. Patients, community members and health staff suggested that leprosy campaigns and health education to the public should be strengthened through mass media, village message towers and village health volunteers all year round. Community members also suggested that posters should be displayed in the market place rather than at the health facility.

Most patients travelled within the same district or province to receive treatment. Travel costs usually are less than 100 baht (£1 = 72 baht). Travel costs seemed to cause problems for a few poor and aged patients, who needed someone to accompany them, or to rent a car for an office visit.

Patients at district and provincial hospitals complained that the waiting times to consult a staff were long, often more than 1 h, because leprosy patients have no privileges and health staff have many simultaneous duties. Waiting times in the leprosy centre were relatively short because many staff were always available to serve a few leprosy patients. All except two patients of leprosy hospitals regarded the health facilities as clean.

In most health facilities, privacy during examinations was not adequate, but this was not seen as very crucial by patients. Patients did not mind whether a person of the opposite sex examined or treated them. Patients and staff considered the information about leprosy given to patient to be very important. Health staff said they emphasized the significance of compliance with treatment on every office visit. Despite health education, patients were relatively ignorant about some important aspects of the disease, such as the cause and infectiousness of leprosy. Leprosy patients and health staff regarded contact tracing and examination as a high priority. Almost all of them were invited to bring their contacts.

Patients placed a priority on health staff being friendly and respectful to them. Nevertheless, health staff should be careful about talking loudly about a patient’s disease in public, to avoid embarrassment to patients. All but two patients indicated that staff had adequate knowledge and skills to treat them properly.

Anti-leprosy drugs are always available free of charge, though two patients faced shortage of drugs because of a communication failure during change of treatment facility. Many patients felt that drug treatment received was inadequate, i.e. disease was not curable. Education to the patients about the disease and cure of the disease should receive greater emphasis.

Patients were ignorant about the important aspects of prevention of disabilities (POD). Health staff did not feel competent on this issue and needed assist from POD experts.
The diagnosis of leprosy came as a severe shock and made all patients stressful and anxious. All patients informed only family members about their disease. Three patients explained that their social life was strongly influenced by the disease and that they suffered from the stigma in school, in their families and within their communities. Some patients complained about the socio-economical consequences of leprosy because they were on health leave or did not have a job due to severe lepra reaction or neuritis.

When patients were asked to list their priorities of the quality of services, they considered the attitude of health staff, as their top of the list (detail in Table 2).

Important recommendations resulting from the study were:

- Health education to the public has to be strengthened.
- Training of health staff to minimize doctors’ delay.
- The good attitude of health staff towards leprosy patients should be sustained. All health staff should be trained in counselling for leprosy patients.
- Leprosy services in district and provincial hospitals should be improved, as a one-stop service for leprosy patients is the target.
- Leprosy patients should have a personal patient card containing a summary of their disease so that on migration treatment would not be interrupted.

**Discussion**

Measuring the quality of the intangible service product has become a great challenge for health care managers and administrators. Within the health care industry, patient satisfaction has emerged as an important component and measure of the quality of care. Data on patient satisfaction alerts health care providers to patient concerns, needs, and perception of treatment. They are also useful for program planning, evaluation, and identification of potential areas of improvement.

Although quality assurance may be easily defined, ‘quality health care’ itself is a more complex construct. Quality is an abstraction defining the margin between desirability (expectations) and reality (actual experiences). As expectations are subjective, so ‘quality’ may be seen as essentially subjective. Recognizing the unreliability of satisfaction as an indicator of quality, Redfern and Norman maintained that quality health care must also incorporate considerations of equity, accessibility, acceptability, efficiency, effectiveness and appropriateness. Eight components of satisfaction were presented in a review by Ware *et al.*

<table>
<thead>
<tr>
<th>Priority</th>
<th>Quality aspect</th>
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<tbody>
<tr>
<td>1</td>
<td>Friendly health workers with sufficient time to help</td>
</tr>
<tr>
<td>2</td>
<td>Low costs to go to the leprosy services</td>
</tr>
<tr>
<td>3</td>
<td>Adequate attention to prevention of disabilities</td>
</tr>
<tr>
<td>4</td>
<td>Adequate information to leprosy patients on their disease</td>
</tr>
<tr>
<td>5</td>
<td>Advice by leprosy workers on dealing with the social consequences of leprosy</td>
</tr>
<tr>
<td>6</td>
<td>Short waiting time</td>
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<tr>
<td>7</td>
<td>Adequate privacy during clinical examination</td>
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of care, physical environment and availability. The interpersonal aspects of care are regarded as the principal component of satisfaction,\textsuperscript{15} as in our findings.

A total of 11 quality aspects of leprosy service in various kinds of treatment facilities in Thailand were assessed from the clients’ perspective, compared with those of community members and health staff. The study demonstrated that it is possible to conduct a study on client satisfaction. The study presented new and useful information on leprosy services based on the experiences of the patients; most patients regard leprosy services in the leprosy centre and leprosy hospital as superior to those in district and provincial hospitals. This is very crucial, since leprosy services have been completely integrated into the general health services. A new strategy to improve leprosy services in general hospitals, such as leprosy accreditation, may have to be implemented to ensure that services remain of good quality. The use of qualitative data collection methods enables assessment of the patients’ perspective concerning leprosy services as well as the simultaneous identification of new ideas. Patients considered the attitude of health staff, low costs to go to the leprosy services, adequate attention to POD and adequate information to leprosy patients on their disease, as their top four items. Some of the interviewed health staff indicated that new issues, which they had not previously thought about, were discussed during the interviews.

Important recommendations resulting from the study were as follows: health education to the public has to be strengthened; training of health staff to minimize doctors’ delay; good attitude of health staff towards leprosy patients should be sustained; and leprosy services in district and provincial hospitals should be improved as a one-stop service for leprosy patients. Raj Pracha Samasai Institute, which is responsible for the national leprosy control program, has taken on board these recommendations and is responsible for negotiating with the Thai government to allocate budget to advocate leprosy elimination by information, education and campaign (IEC). The Institute also has to consider a new strategy to strengthen human resource development under the condition that leprosy in Thailand is of very low priority in the public health.

A study such as that presented in this paper has certain limitations, since a compromise has to be found between the extent of the study and its feasibility in terms of time, money and manpower. The study cannot replace more scientific research on client satisfaction, or deeper research into some detailed aspects such as health seeking behavior and defaulting. Though 49 patients were involved, the sample is still relatively small. Moreover, sampling is not random. While the study has been developed in such a way that ‘socially desirable’ answers\textsuperscript{16,17} are limited, it is difficult to avoid them completely.

Evaluation of health care is regarded by many as the most important function of patient satisfaction research.\textsuperscript{4} The study, if implemented in the audit process on a regular basis, will contribute to a better understanding of the clients’ perspective of the leprosy services, and will eventually help to further improve the leprosy services, to the satisfaction of both the providers as well as the clients. It can also be incorporated into the Quality Assurance movement now fashionable in health care business.

References

Quality of leprosy services in Thailand

Appendix

Patient questionnaire

Date of interview............................................
Name of interviewer ...........................................
Place and name of health facility .................................

We are interviewing leprosy patients on their experiences with the different health centres in the area. We would like to ask you some questions about your views on the quality of the health services offered here. Your views are very important for us to know because there may be aspects of the services for leprosy patients that can still be improved. The interview will take about 45 min to 1 h. The information you give us will be handled confidentially and your name will not be mentioned. Would you like to co-operate with this study? If yes: “do you mind if we take notes?”

1. Sex (M/F) and education.
2. Age (in years) and occupation.
3. For how long do/did you have to take treatment?
4. How many doses have you take until now?
5. Do you have any impairments or disabilities due to leprosy? What kind of disabilities?

Health seeking behaviour
6. Before you decided to go to a doctor or health facility, did you try anything at home to get rid of the symptoms? (probe: self-treatment, e.g. with herbs, drugs or ointments from pharmacy, traditional care)
7. How much time passed between the start of the disease and the first time you went to a doctor/health facility (for this disease)? (probe: why did you wait? Why did you finally decide to go?)
8. Where did you go for treatment? (Note all visits to private clinics, hospitals, health centres, specifying other diagnosed diseases and where leprosy was diagnosed.) If more than 3 visits, please indicate last three visits.
   First visit to:
   Diagnosis:
   If applicable:
   Second visit to:
   Diagnosis:
   Third visit to:
   Diagnosis:
9. How much time existed between the first time you went to a doctor/health facility and the moment you were diagnosed with leprosy?
10. Why did you decide to go to this health facility? (probe: who advised you to go? how did you know about it?)

   Health education to community
11. What did you know about leprosy before you were diagnosed?
   Symptoms
   Cause
   Infectiousness
   Treatment
   Curability
   Social consequences
12. From where or whom did you get that knowledge?
13. What are, according to you, the most effective means to give information about leprosy to the community? Why?
14. What is your opinion on the health education on leprosy to the community as it is now given in the health facility? (probe: sufficient? satisfactory? why (not)?)
15. Do you have any suggestions for improvement concerning health education to the community?

   Accessibility
16. What are/were the costs for each time you come/came to this health facility?
   Travel costs (transportation fare)
   Costs for accompanying persons
   Food and lodging
   Treatment fee
   Other (please specify)
17. What is your opinion on the costs? (reasonable? too expensive?)
18. Did/do you have any problem in raising the money needed to come to the health facility?
   How did/do you cope?
19. How long did you have to wait (on average)?
20. What is your opinion about the waiting time? (reasonable? too long?)
21. Do you have any suggestions for improvement concerning costs or waiting time?
Condition of facilities
22. What is your opinion about the condition of the facilities?
   Condition/cleanliness of the building
   Availability and cleanliness of toilets
   Other (please specify)
23. Do you have any suggestions for improvement concerning the condition of facilities?

Diagnostic procedures
When you first arrived at this health facility:
24. How did you experience the clinical examination?
   Was your privacy respected? (probe: how/what precautions were taken? did you need to
   undress? Did you feel any problem?)
   Were you examined by a person of the same sex? (F for F, M for M?). If not, was that a
   problem for you?
25. What is your opinion on the clinical examination? Do you have any suggestions for
   improvement concerning the clinical examination?

Information to patients
26. What was told to you about leprosy and its treatment in the health facility?
   About the disease ‘leprosy’?
   The duration of treatment
   The importance of regularity of taking treatment
   The infectiousness of leprosy (including: when infectiousness stops)
   The curability
   The prevention of (further) disabilities/complications
   Other (please specify)
27. How was the information given? (probe: per individual or in a group? enough time for
   giving information? Was the information repeated a number of times? Was the information
   easy to understand?)
28. What is your opinion on the information given to patients? Do you have any suggestions
   for improvement concerning the information given to patients?

Contact examination
29. Were your relatives invited for contact examination?
   Did they come? (if no, why not?)
   Did the health staff do home visits to examine your relatives?
30. What is your opinion on the examination of your relatives for leprosy (probe: important?
    why (not)?)

Health staff
31. How was the communication between the health staff and you in this health facility?
   (probe: friendliness, respect for patient, sufficient time to help)
32. Do you notice any difference in the way the health staff treat leprosy patients compared to
   the treatment of other patients? If yes, what?
33. Are you helped by the same doctor every time? If not, is that a problem for you? Why?
34. Are you confident that the health staff that helps/helped you has sufficient knowledge of
   leprosy? Would they, in your opinion, need any additional training? If yes, what? Why?
35. Do you have any suggestions for improvement concerning the health staff (friendliness, continuity, training)?
Treatment
36. Is/was the medicine for leprosy always available when you come/came to get it? (probe: MDT, prednisolone) If not always available: for how long? Where did you go instead?
37. Do you believe leprosy can be cured by taking the medicine? Why (not)?
38. Have you ever thought about stopping with the medicine? Why? Did you actually stop?
   Ask q. 39–41 only to defaulting or irregular patients.
39. What was the reason that you decided to stop taking the medicine?
   How many times did you stop? For how long did you stop? Did you do anything else then?
   (self-treatment, traditional treatment, other doctor, etc.)
40. Did you return to treatment? Why?
   If returned: did you return to the same health facility, or another? Why?
   If returned to same health facility:
41. What was the reaction of the health staff? What is your opinion on the staffs’ reaction?
   Ask q. 42–43 only to patients with disabilities
42. What was done or told to you to prevent your disability/deformity from becoming worse?
   (probe: exercises, shoes, self-care for ulcers, care for insensitive hands and feet, sunglasses)
43. Are you afraid the disabilities will get worse? If worried: have you discussed this with the health staff? What was their reaction? (opinion)

Stigma and socio-economic consequences
44. Did you tell anyone about your disease? (spouse, relatives, neighbours, colleagues, etc.)?
45. Does or will the disease influence your daily life? (work, partner, study)? How? (did you notice any change in the behaviour of people?)
46. If worried: have you discussed this with the leprosy worker, or any other health staff? Why (not)? What did the health staff do? (opinion)

Other aspects/priorities
47. Are there any aspects of the quality of the leprosy services that are important to you, that have not already been mentioned?
48. These cards represent several aspects of the quality of the leprosy services, which we have discussed. We would like to ask you to choose the three cards with the most important aspects printed on them. You can choose the aspects that deserve most priority in the leprosy services, according to your own personal opinion.
   Show and explain priority cards, tick the chosen priorities beneath)

<table>
<thead>
<tr>
<th>Quality aspect</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low costs to go to the leprosy services</td>
<td></td>
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<td>Short waiting time</td>
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</tr>
</tbody>
</table>

Would you like to ask any questions or make any comments?
Thank you for this interview.