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Influence of Feedback Mechanism on Health Care Services in Health Care Setting and Barriers to Their Use in Pakistan

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Authors' contributions

This work was carried out in collaboration among all authors. The concept of this study, data analysis, drafting and finalizing of the results were done by author NZ with the help of author RS. While the literature research was done by author HD. All authors read and approved the final manuscript.

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Review Article

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ABSTRACT

Introduction: Healthcare settings in resource limited countries such as Pakistan needs to be improved in terms of services and all other aspects, for that quality improvement tools must be implemented. It is pertinent that continuous measures should be taken for the upgradation of our healthcare system. For this purpose, feedback mechanism is an essential tool which has to be applied at all levels to get better results and patient centric delivery of services. Patient opinions have always been an integral part for the betterment of services as it will help in enhancement of the facilities according to the requirement and will of patients.

Methodology: This is review article for which the literature research has been conducted through various electronic databases including PUBMED, MEDLINE, SCIENCE DIRECT and search engines such as Google Scholar. The keywords used were related to the use and influence of feedback mechanism in healthcare settings of resource poor countries.

A QI Solution: In the developed countries, feedback system as the tool for quality improvement has long been used and it has impacted positive effects on healthcare system [1]. Therefore, we

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can use feedback system from patients to the hospital professionals and with that also can introduce 360 feedback mechanism for better effect. **Conclusion:** The concept of feedback needs to be willingly encompassed and supported by clinical leadership and other participants and it will definitely bring about a positive change. As Pakistan is a resource poor country, this QI initiative would help in improving the facility for both patients and employees.

Keywords: Healthcare; feedback mechanism; quality improvement; patient centric; resource poor.

1. INTRODUCTION

Quality of care is defined as the point to which the possibility of attaining the predictable health outcomes is improved and in tandem with rationalized professional understanding and skills. It is also a vital component for the achievement of high efficiency and productivity levels within healthcare organizations [2]. The satisfaction of patients with health care services is a multi-phase concept with an aspect that is connected to the main attributes of services and providers. The Provision of services should be in accordance with the demands and requirements of patients because the primary focus of any medical service delivery setup are patients [3].

The feedback of patient is considered essential to QI and professional development. It is designed to guide behavior change and facilitate reflective and is increasingly practice, incorporated into medical education including continuing professional development and regulatory initiatives [4]. Feedback involves education, daily professional activities and training. It is a valuable tool as ascertain whether things are going in the right direction or further redirection is required.

In the world of healthcare professionals, the aim is to provide doctors with evidence about their practice through the eyes of their peers. Feedback is a valuable tool for doctors to collect information, merge their awareness of strengths and weaknesses, and strives to maintain effective behavior [5]. Development of newer tools and techniques to assess patient opinion is an emerging trend around the globe. This trend, however, has still not been picked up in developing countries such as Pakistan, where most of the 'patient satisfaction studies' still focus on specific areas such as the emergency department, day care surgery or family medicine sections of the hospital [6]. The healthcare sector of Pakistan is a perfect example of resource poor setting and is undergoing some modifications,

and the application of service quality concepts to health care has a marvelous scope. The feedback mechanism in the health care systems in Pakistan is not well developed due to limited budget allocation to the health sector and the inability of many patients to afford expensive treatment modalities [7].

2. METHODOLOGY

This is a review article about the use of feedback system as a QI tool in healthcare settings and its need in the scenario of Pakistan as a resource poor country. The literature search was conducted through electronic databases MEDLINE, PUBMED, including SCIENCE DIRECT and search engines including Google search and Google Scholar. The appropriate keywords used for the research of related articles include "feedback system in healthcare settings", "feedback mechanism", "feedback system as QI tool", "feedback system in resource poor healthcare settings", "QI tools" and "QI tools used in resource poor healthcare settings".

3. A QI SOLUTION

Quality has multidimensional outlooks. It is an ongoing and dynamic process. For a primary healthcare program, it is very important to measure the quality, especially for developing countries because if we will not perform quality assessment, our resources will not be utilized efficiently and people may divert to curative services. Thus, in developing countries where healthcare system needs to augment resources for bigger population treatment and gauge up the care, quality tools can help in using the resources in right direction [1]. We can use feedback system from patients to the hospital professionals and with that also can introduce 360 feedback mechanism, a process in which employees receive anonymous feedback from their fellow peers and colleagues. This method of feedback has been proved to be beneficial through several studies as reported in literature.

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4. RATIONALE

Effective feedback mechanism should be an integral part of every health care facility. It is a basic QI tool which has long been using in developed countries with promising results. Some early experiments found that feedback improved performance for some indicators and impaired performance for others but with increased learning and motivation. This especially narrates to understand the relationship between various team members of an organization from different departments who work together for one agenda such as improving the experience of patients [8]. Feedback questionnaire should be developed according to standards and should be filled by the patient and

with that suggestion boxes has its own importance. Suggestion boxes should be made available in hospital at such places so that patients can easily see them and can make use of them.

Once the feedback has been provided by the patients, their duty has been fulfilled, now the responsibility is with the health care facility. There should be a framework how the staff and employees of hospital facility take that feedback seriously and positively, how they are responding to the feedback by the patients and their fellow peers. They have to work upon all the lacunas that has been pointed out by the patients and should try to make things better.

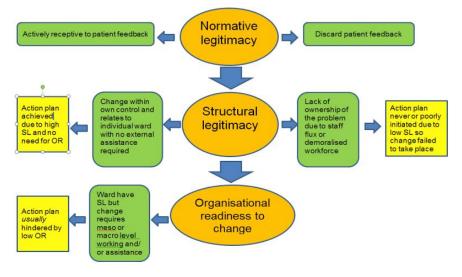


Fig. 1. Flow chart showing normative and structural legitimacy [8]



Fig. 2. Picture of one of the government hospitals of Pakistan taken by Daily Times February 18' 2019 (Google search)

This is a picture of one of the government hospitals in Pakistan which shows many patients in the queue at counters; such problems may overburden the healthcare system as healthcare workers and staff are unable to focus on providing quality services; as such obtaining feedbacks from the patients as a QI tool would have helped.

5. BARRIERS IN IMPLEMENTING FEEDBACK MECHANISM AS QI SOLUTION

The key to every effective organization lies in good leadership. Many believers of QI advise that the link between the leadership of organization, its commitment and the capability to implement a QI initiative [9]. As long as leadership is strong and consistent, the outcomes will always be positive. However, there are a number of factors that can affect the QI and are thought to be barriers which include, poor analysis of data, poor reward system and recognition, and corrective culture. Studies proved that leader often refused to be confronted by their subordinates and do not want to give them ownership and power. That is why the style of leadership could be the utmost barrier in QI [10].

Lack of education and training of employees' is the biggest barrier in the implantation of any change. Every employee needs to learn about feedback mechanism underlining moralities of QI. For instance, when there is no awareness among staff about how much the feedback system is going to help the facility in improving quality, they will not be willing to accept the change and will be discouraged [11].

6. DISCUSSION

Health issues need to be addressed globally as they surpass national boundaries, necessitate global collaboration to address effectually, and includes multiple disciplines [12]. In QI, an of successful leadership depends on building a structural systems and instilling team spirit [13]. A study done by Kraaifontein healthcare shared barriers faced during the implementation of QI which includes lack of active involvement of management, inconsistency senior of stakeholders lack of communication between management and employees, rigid organizational structure and other factors which cause hindrances in empowerment of employees. Leadership styles can be important barriers in

the implementation of QI [10]. Growing body of evidence suggest that 360-degree feedback being used from a long time as a component of leadership development in many organizations including healthcare settings [14]. It is further established by the literature that the style of leadership has great impact and transformational leaders act as motivation to bring about change and achieve the target of organization. A study conducted in Germany reveals that public reporting is the most aspiring project in the development of a broad quality management system in hospitals at the national level [15]. According to the various studies, the most important component for the development of health care facilities and practitioners is the feedback mechanism, which greatly helps the clinical performance of physicians. It is a major element at all stages of the career for the doctors and staff for the development of confidence and competence [16]. When the feedback system is implemented as a QI tool in order to provide better performance management, it results in the development of interpersonal relationships, communication, teamwork behaviors and professionalism [17].

There have been a realization to take into account the feedback and opinions of patients of their hospital experiences so that the healthcare provided to them could be improved and to reflect on what patients want [18]. Effective feedback is also a way to learn from own mistakes and failures in a system. Studies in the United Kingdom showed that the information regarding hospitals' own weaknesses could be used in a better way to improve the quality and level of services [19]. However, the concept of patient safety is global, according to literature there is still a gap of regulatory system for the control of medical mishaps in India [20]. There is a survey conducted to find out the mechanism of providing feedback of the patients about safety care which showed that participants recognized safety feedback mechanisms should be concise, summarizing with clear instructions to complete the form, it should also be patient-centered with an option to be unnamed and balanced between (safe) positive and (unsafe) negative experiences [21]. Another systemic study pointed out the barriers present in the healthcare system to guality improvement which include the culture of no change along with the disbelief amongst staff about the inevitability of the proposed change [22]. In Pakistan the healthcare professionals and the healthcare facilities are so far not in favor of accountability. There is also no much data

available about the use of feedback mechanism for quality improvement in healthcare. Ideally if the medical profession and healthcare facilities could adopt some system of self-monitoring wherein the professional specialty organizations can play a vital role, it will be better [23]. Another study done in Pakistan showed that there is insignificant relationship between doctorpatient communication and patient satisfaction due to gap present in between both of them [24].

7. CONCLUSION

Although, the concept of feedback is not new, it is high time that it needs to be willingly incorporated and supported by clinical leadership and other participants as it a powerful QI tool which will definitely bring about a positive change. Pakistan taken as a resource poor country would benefit from this QI initiative in terms of healthcare facilities for both patients and healthcare employees.

8. RECOMMENDATIONS

In Pakistan, the feedback mechanism should be introduced on the national level in all healthcare facilities in order to improve the healthcare services for hospital patients. An action plan has to be made for assessing the healthcare services provided to the people for which the evaluation process should be formative and with that strong emphasis on evidence-based quality health care is the need of the hour. In addition, there is a wide knowledge as well as research gap that have to be worked upon.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Clancy CM. How patient-centered healthcare can improve quality. Patient Safety & Quality Healthcare. 2008;5:6-7.

- Sfantou DF, Laliotis A, Patelarou AE, Sifaki-Pistolla D, Matalliotakis M, Patelarou E. Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. Healthcare, Multidisciplinary Digital Publishing Institute. 2017;73.
- Naidu A. Factors affecting patient satisfaction and healthcare quality. International Journal of Health Care Quality Assurance; 2009.
- Baines R, de Bere SR, Stevens S, Read J, Marshall M, Lalani M, Bryce M, Archer J. The impact of patient feedback on the medical performance of qualified doctors: A systematic review. BMC Medical Education. 2018;18:173.
- 5. Hardavella G, Aamli-Gaagnat A, Saad N, Rousalova I, Sreter KB. How to give and receive feedback effectively. Breathe. 2017;13:327-333.
- Imam SZ, Syed KS, Ali SA, Ali SU, Fatima K, Gill M, Hassan MO, Hashmi SH, Siddiqi MT, Khan HM. Patients' satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan–a cross sectional study. BMC Health Services Research. 2007a;7:161.
- Naseem A, Rashid A, Kureshi NI. E-health: Effect on health system efficiency of Pakistan. Annals of Saudi Medicine. 2014; 34:59-64.
- Sheard L, Marsh C, O'hara J, Armitage G, Wright J, Lawton R. The patient feedback response framework–understanding why UK hospital staff find it difficult to make improvements based on patient feedback: A qualitative study. Social Science & Medicine. 2017;178:19-27.
- Parker VA, Wubbenhorst WH, Young GJ, Desai KR, Charns MP. Implementing quality improvement in hospitals: The role of leadership and culture. American Journal of Medical Quality. 1999;14:64-69.
- Kurji Z, Shaheen ZZSP, Mithani Y. Review and analysis of quality healthcare system enhancement in developing countries. JPMA. The Journal of the Pakistan Medical Association. 2015;65:776.
- Antón P, Peiró S, Aranaz JM, Calpena R, Compañ A, Leutscher E, Ruíz V. Effectiveness of a physician-oriented feedback intervention on inappropriate hospital stays. Journal of Epidemiology & Community Health. 2007;61:128-134.

- 12. Collins PY, Insel TR, Chockalingam A, Daar A, Maddox YT. Grand challenges in global mental health: Integration in research, policy and practice. PLoS Med. 2013;10:e1001434.
- 13. Laohavichien T, Fredendall LD, Cantrell RS. The effects of transformational and transactional leadership on quality improvement. Quality Management Journal. 2009;16:7-24.
- Garman AN, Tyler JL, Darnall JS, Lerner WJJOHM. Development and validation of a 360-degree-feedback instrument for healthcare administrators. 2004;49:307.
- 15. Breckenkamp J, Wiskow C, Laaser U. Progress on quality management in the German health system–a long and winding road. Health Research Policy and Systems. 2007;5:7.
- Kaye AD, Okanlawon OJ, Urman RD. Clinical performance feedback and quality improvement opportunities for perioperative physicians. Advances in Medical Education and Practice. 2014; 5:115.
- Hageman MG, Ring DC, Gregory PJ, Rubash HE, Harmon LJCO. ESEARCH®, R. Do 360-degree feedback survey results relate to patient satisfaction measures? 2015;473:1590-1597.
- Imam SZ, Syed KS, Ali SA, Ali SU, Fatima K, Gill M, Hassan MO, Hashmi SH, Siddiqi MT, Khan HM. Patients' satisfaction and opinions of their experiences during admission in a tertiary care hospital in Pakistan–a cross sectional study. BMC Health Services Research. 2007b;7:1-8.

- Benn J, Koutantji M, Wallace L, Spurgeon P, Rejman M, Healey A, Vincent C. Feedback from incident reporting: Information and action to improve patient safety. BMJ Quality & Safety. 2009;18:11-21.
- Rajalatchumi A, Ravikumar TS, Muruganandham K, Thulasingam M, Selvaraj K, Reddy MM, Jayaraman B. Perception of patient safety culture among health-care providers in a Tertiary Care Hospital, South India. Journal of Natural Science, Biology and Medicine. 2018;9:14.
- 21. Scott J, Heavey E, Waring J, Jones D, Dawson P. Healthcare professional and patient codesign and validation of a mechanism for service users to feedback patient safety experiences following a care transfer: A qualitative study. BMJ Open. 2016;6:e011222.
- Bastemeijer CM, Boosman H, Van Ewijk H, Verweij LM, Voogt L, Hazelzet JA. Patient experiences: A systematic review of quality improvement interventions in a hospital setting. Patient Related Outcome Measures. 2019;10:157.
- 23. Jawaid SA. Patient satisfaction, patient safety and increasing violence against healthcare professionals. Pakistan Journal of Medical Sciences. 2015;31:1.
- Hussain A, Sial MS, Usman SM, Hwang J, Jiang Y, Shafiq A. What factors affect patient satisfaction in public sector hospitals: Evidence from an emerging economy. International Journal of Environmental Research and Public Health. 2019;16:994

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