

# Use of psychological principles of management for improved performance in patients care in a tertiary care centre - A randomised control study

Rakesh Kumar Paswan<sup>1</sup>, Nasir Mahmood Khan<sup>2\*</sup>, Sushil Kumar<sup>3</sup>,  
Manoj Kumar Meghwani<sup>4</sup>, Mirza R U Beg<sup>5</sup>, Isha Sharma<sup>6</sup>

{<sup>1</sup>Assistant Professor, <sup>2</sup>Professor, Department of Psychiatry} {<sup>3</sup>Professor, Department of Pulmonary Medicine}  
{<sup>4</sup>Professor, Department of Forensic Medicine} Rama Medical College, Mandhana, Kanpur, Uttar Pradesh, INDIA.

<sup>5</sup>Associate professor Anatomy Major SD Medical college, Farrukhabad, Uttar Pradesh, INDIA.

<sup>6</sup>Senior resident, Department of Geriatric Psychiatry, KGMU, Lucknow, Uttar Pradesh, INDIA.

Email: [nasirmkhan007@gmail.com](mailto:nasirmkhan007@gmail.com)

## Abstract

Patient care in a tertiary care centre is a holistic and comprehensive task and cannot get desired outcomes if various aspects of patient care like physical, psychological, mental, social and personal are not properly integrated. The study was planned to provide necessary awareness to the patients and caregivers regarding their illness and treatment outcomes. This was supposed to alleviate unnecessary apprehension and help in healing of patients. By using psychological tools of management in improving patient care, study derives various results that help in understanding the intricate mechanism of patient's response on treatment. Study demonstrates comparatively better response on added psychological interventions of study group as compared to control group.

**Key Word:** tertiary care centre.

## \*Address for Correspondence:

Dr. Nasir Mahmood Khan, Assistant Professor, 2Professor, Department of Psychiatry, Rama Medical College, Mandhana, Kanpur, Uttar Pradesh, INDIA.

Email: [nasirmkhan007@gmail.com](mailto:nasirmkhan007@gmail.com)

Received Date: 11/02/2016 Revised Date: 16/03/2016 Accepted Date: 28/04/2016

| Access this article online  |  |
|---|--|
| Quick Response Code:  | Website:<br><a href="http://www.statperson.com">www.statperson.com</a> |
|  | DOI: 06 May 2016   |

## INTRODUCTION

In a tertiary care centre in India, it is very difficult to provide quality care to visiting patients. The work load on hospital infrastructure makes it very difficult to provide essential and allied services of health care to patients like treatment and basic insight to their illness. This lacuna in health care makes it less effective and efficient in terms

of patient satisfaction and improvement. To deal with such basic problems keeping in mind the limited resources and infrastructure, a basic model is developed and tested. It is based on the principles of establishing rapport and empathy by using very basic psychological principles of management and engagement with patients. Dividing work in various steps and performed by different and slightly trained hospital staff helped patients feel more satisfied and their prognosis was better than the other group who do not get such special treatment. It helped patients in better understanding their illness, enhanced adherence to hospital and treatment regime.

Perneger TV *et al* conducted a study titled "Effect of patient education on self-management skills and health status in patients with asthma: a randomized trial". In this study at follow-up, most indicators of self-management skills and health and functional status had improved significantly among educated patients, but similar improvements were also seen among controls. The trial

arms differed significantly on only four variables: patients in the immediate-education group were more likely to develop confidence in their asthma treatment (odds ratio adjusted for baseline [OR] = 2.9; 95% confidence interval [CI]: 1.0 to 8.1), to improve their knowledge of correct inhalation technique (OR = 2.4; 95% CI: 1.0 to 5.7), and to improve knowledge of the peak flow reading that warrants calling a physician (OR = 3.1; 95% CI: 1.4 to 6.7), but they improved less on the Asthma Quality of Life Questionnaire "activity" score (difference: -0.4 on a 1 to 7 scale; 95% CI: -0.8 to 0.0). Use of health services during follow-up was similar in the two groups. The education program did not enhance patients' health and functional status, despite improving a few self-management skills. These results underscore the need for controlled evaluations of education programs.

Wilson SR *et al* in their study concluded that compared with the usual control, the self-management education programs were associated with significant improvements in control of asthma symptoms (reduced "bother" due to asthma and increased symptom-free days), MDI technique, and environmental control practices. Small-group education also was associated with significant

improvements in physician evaluation of the patients' asthma status and in patients' level of physical activity.

Morales-Fernandez A *et al* in their study concluded if significant effects were detected, impact on quality of life through a nurse-led programme would offer a complementary service to existing pain clinics for a group of patients with frequent unmet needs.

Seuffert P *et al* in their study concluded that significantly more patients began calcium and vitamin D after education (p=0.04); significantly more patients were taking or were recommended for an active treatment after education (p=0.03).

Van der Meer V *et al* in their study concluded that internet-based self-management resulted in improvements in asthma control and lung function but did not reduce exacerbations, and improvement in asthma-related quality of life was slightly less than clinically significant.

## MATERIAL AND METHOD

Two randomised groups containing 50 patients each were taken, one group was treated as routine patient and other group also given routine treatment for their respective illnesses like first group and additional special management module applied only on this second group.

## RESULTS

Data were analysed using online GraphPad Instat for significance using **unpaired t test**.

**Table 1: WHOQOL-BREF Scale**

| Facet of testing                           | Control group GP1<br>Mean(SD) | Test group GP2<br>Mean(SD) | Significance<br>(p) |
|--|-------------------------------|----------------------------|---------------------|
| Overall Quality of Life and General Health | 5(2)                          | 8(3)                       | 0.0001              |
| Physical Capacity                          | 15(4.5)                       | 18(4)                      | 0.0006              |
| Psychological Well-Being                   | 16(4)                         | 21(3.5)                    | 0.0001              |
| Social Relationships                       | 6(1.5)                        | 11(2)                      | 0.0001              |
| Environment                                | 27(5)                         | 28(4.5)                    | 0.2958              |

Quality of life was significantly improved for all dimensions/facets of **WHOQOL-BREF Scale** except for environmental dimension.

**Table 2: Patient Satisfaction Questionnaire from RAND Health (PSQ-III 51-item survey)**

| Facets of testing               | Control group GP1<br>Mean(SD) | Test group GP2<br>Mean(SD) | Significance<br>(p) |
|---------------------------------|-------------------------------|----------------------------|---------------------|
| General Satisfaction            | 7(1.5)                        | 11(2)                      | 0.0001              |
| Technical Quality               | 11(3)                         | 16(3.25)                   | 0.0001              |
| Interpersonal Aspects           | 8(2)                          | 12(1.5)                    | 0.0001              |
| Communication                   | 5(2)                          | 10 (3)                     | 0.0001              |
| Financial Aspects               | 14(3)                         | 13(2)                      | 0.0527              |
| Time Spent with Doctor          | 3(2)                          | 4(3)                       | 0.0527              |
| Access/Availability/Convenience | 16(3.5)                       | 27(4)                      | 0.0001              |

The questionnaire included 51 items; item 30 refers to beliefs about a crisis in health care and is not used in scoring the satisfaction. Patient Satisfaction was significantly improved for all dimensions/facets of Patient Satisfaction Questionnaire from RAND Health except for financial aspects and time spent with doctor dimensions.

## CONCLUSION

On analysing the results we found that when the special management module was applied to the patients and their attendants, they reported more satisfaction in the treatment and follow up and were also better than the control group. The patients reported a bonding with the

institution and also recommended about the institution for good treatment and care to other patients. The programme needed only additional minimal institutional resources and the results in terms of patient satisfaction and follow up were astonishing.

## REFERENCES

1. Perneger TV, Sudre P, Muntner P, Uldry C, Courtehouse C, Naef AF, Jacquemet S, Nicod L, Rochat T, Assal JP- Effect of patient education on self-management skills and health status in patients with asthma: a randomized trial *Am J Med.* 2002 Jul;113(1):7-14.
2. Wilson SR, Scamagas P, German DF, Hughes GW, Lulla S, Coss S, Chardon L, Thomas RG, Starr-Schneidkraut N, Stancavage FB, *et al* A controlled trial of two forms of self-management education for adults with asthma *Am J Med.* 1993 Jun;94(6):564-76.
3. Morales-Fernandez A, Morales-Asencio JM, Canca-Sanchez JC, Moreno-Martin G, Vergara-Romero M; Group for pain management Hospital Costa del Sol Members Impact on quality of life of a nursing intervention programme for patients with chronic non-cancer pain: an open, randomized controlled parallel study protocol *J Adv Nurs.* 2016 Feb 9. doi: 10.1111/jan.12908.
4. Seuffert P, Sagebien CA, McDonnell M, O Hara DA Evaluation of osteoporosis risk and initiation of a nurse practitioner intervention program in an orthopedic practice. *Arch Osteoporos.* 2016 Dec;11(1):10. doi: 10.1007/s11657-016-0262-7.
5. Van der Meer V, Bakker MJ, van den Hout WB, Rabe KF, Sterk PJ, Kievit J, Assendelft WJ, Sont JK; SMASHING (Self-Management in Asthma Supported by Hospitals, ICT, Nurses and General Practitioners) Study Group Internet-based self-management plus education compared with usual care in asthma: a randomized trial *Ann Intern Med.* 2009 Jul 21;151(2):110-201.

Source of Support: None Declared  
Conflict of Interest: None Declared