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QUALITY OF COUNSELLING OF SCABIES BY HEALTH CARE PROVIDER IN DERMATOLOGY OPD OF SERVICES HOSPITAL, LAHORE

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Abstract:
Introduction: *Scabies is an infectious dermatological condition caused by Sarcoptes scabiei variety hominis. Scabies counselling has received insufficient attention from health services researchers worldwide in spite of worldwide spread. Various studies have been done worldwide on its clinical aspect i.e. clinical presentation, medication and effects of isolation. While this study is directed to determine the quality of satisfaction of patient with scabies attending dermatology OPD of SHL. Counselling has a greater impact in disease prevention as it helps patient to understand the true nature of the disease and helps them to combat against it. Patients with scabies are receiving significant satisfaction related to counselling of the disease.*
Objectives: *The aim of study was to assess the counselling level provided to patients of scabies and the patient's satisfaction about information provided by doctors.*
Methodology: *It was a "case-series" study design. Subjects were assessed by research team through non-probability convenient sampling techniques. Subjects were patients who attended dermatology OPD of Services hospital, Lahore. Consent from the patients was obtained after informing about the purpose of study survey. Detailed structured questionnaire was used to collect data. A face to face interview was conducted. The questionnaire was translated into local language for convenience.*
Results: *92 patients of scabies visiting the dermatology OPD were selected according to sample size. our study showed that a substantial number of patients are given adequate knowledge regarding their conditions and its treatment and necessary precautions to prevent the spread of scabies. Considering that all patients responded correctly to our questionnaire, our study showed that 89.1% of patients were satisfied with overall counselling level. Unsatisfied patients held attendant responsible for their un-satisfaction.*
Conclusion: *Adequate knowledge of treatment methods and precautions during that period was given to most patients. However, some patients complained that doctor didn't listen to their condition actively or didn't explained all possible choices of treatment. So, quality of counselling can be improved further by active intervention at these steps.*
Keywords: *Scabies, Quality of Counselling, Counselling Level.*

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INTRODUCTION:

Scabies is an infectious dermatological condition caused by Sarcoptes scabiei variety hominis, an eight-legged parasitic mite that is barely visible to the human eye. The female mite is 0.3–0.4 mm long and 0.25–0.35 mm wide, while the male is less than half that size. These mites cannot jump or fly, but they can crawl across warm skin at a rate of 2.5 cm per minute. The scabies mite life-cycle is completed entirely on humans and consists of four stages – egg, larva, nymph and adult. Only the female mite burrows into the outer layer of skin, where she lays up to three eggs a day. The male mite spends its time searching for an unfertilized female. Two to three days after an egg is laid by a fertilized female in an epidermal burrow, it hatches into a larva which migrates to the surface of the skin. This larva converts into a nymph before becoming a mite. The entire maturation process (from egg to mite) lasts approximately 15 days. In a classic case of scabies, a patient may be infested with anywhere from 5 to 15 mites.

Crusted scabies (also known as hyperkeratotic, Norwegian or atypical scabies) is a condition where the number of mites on the skin is hugely increased, to many millions. It is more commonly found in people with reduced immune function (e.g. HIV infection, malnutrition, or taking immunosuppressive drugs), people with a reduced ability to scratch (e.g. spinal injury, physical incapacity, or inability to feel the itch), and people with learning difficulties, dementia or Down syndrome. Around 40% of people with crusted scabies have no identifiable risk factor.

MATERIALS AND METHODS:

It was "Case Series" study design. It was conducted at Dermatology OPD of Services Hospital Lahore. A tertiary Level Hospital Located on Jail road, Lahore, Pakistan. The hospital contains 1196 beds and 31 departments with 27 major and 8 minor operation theaters and an outpatient attendance of 700 patients per day. Research was completed in almost two and a half months including last two weeks of May to end of July of the year 2017. Sample size was estimated by using WHO statistical software S-size by using formula of estimating a population proportion with specific relative precision. At confidence level of 95%, anticipated population proportion 65% and relative precision of 15%, the minimum sample size estimated was 92. According to Memorial Sloan Kettering Cancer Center of New York City, the quality of counselling of scabies can be checked by the fact that whether the following precautions were taken or not. A detailed structured questionnaire was used to collect data from the subjects. Subjects were accessed by research team through convenient sampling techniques. Subjects were the patients visiting Dermatology OPD of SHL. Consent from the patients was obtained after informing them about the purpose of the study survey. Detail structured questionnaire (Annexure) was used to collect data. A face to face interview was conducted. The questionnaire was translated into local language for convenience. The questionnaire was pretested in different settings. All the data was collected by research group. Questionnaires were checked on daily basis by researchers for its completeness.

Data was analyzed by computer software; Statistical package for social sciences (SPSS version 23). Appropriate statistics were applied. For qualitative variables, frequency and percentage distribution tables were generated. The data presentation diagrams (bars, pie charts etc.) were made. Formal approval was taken from ethical committee of Services Hospital. Informed consent was taken from all the respondents. Confidentiality of the patients was maintained.

Isolation precautions to be taken in the hospital.

- If you are diagnosed with scabies or lice, you will be placed in a private room.
- A sign will be posted on the door instructing all staff and visitors to take precautions.
- All staff and visitors must clean their hands before going into and after leaving your room. They can use soap and water or an alcohol-based hand sanitizer.
- All staff and visitors who enter your room must wear a yellow gown and gloves.
- If you leave your room for tests, you must wear a yellow gown and gloves or be covered with a clean sheet.
- If you leave your room to walk around the unit, you must wear a yellow gown and gloves.
- You will not be able to go to the following areas of the hospital:
    - Pantry on your unit or Recreation center
    - Pediatric recreation areas
    - Cafeteria or Main lobby
- While following these isolation precautions, you can have art or massage therapy in your room.
- After treatment, your doctor will tell you when these isolation precautions will be discontinued.
- Your personal items and clothing will be placed in a sealed plastic bag and given to your family. They must be machine washed in hot water and placed in a hot dryer for at least 20 minutes.
- Any personal belongings that cannot be washed will be placed in a sealed plastic bag and given to your family. They must be kept in the sealed bag for 5 to 7 days.

- Precautions to be taken at home.
- Avoid sharing personal items such as clothing, hats, combs, or hair accessories.
- Machine wash all of your personal items and clothing in hot water and place them in a hot dryer for at least 20 minutes.
- If your personal items cannot be washed, place them in a sealed plastic bag for 5 to 7 days.

RESULTS:

A total of 92 Scabies patients were interviewed for the research according to our sample size. Results are below.

Age of Patients:

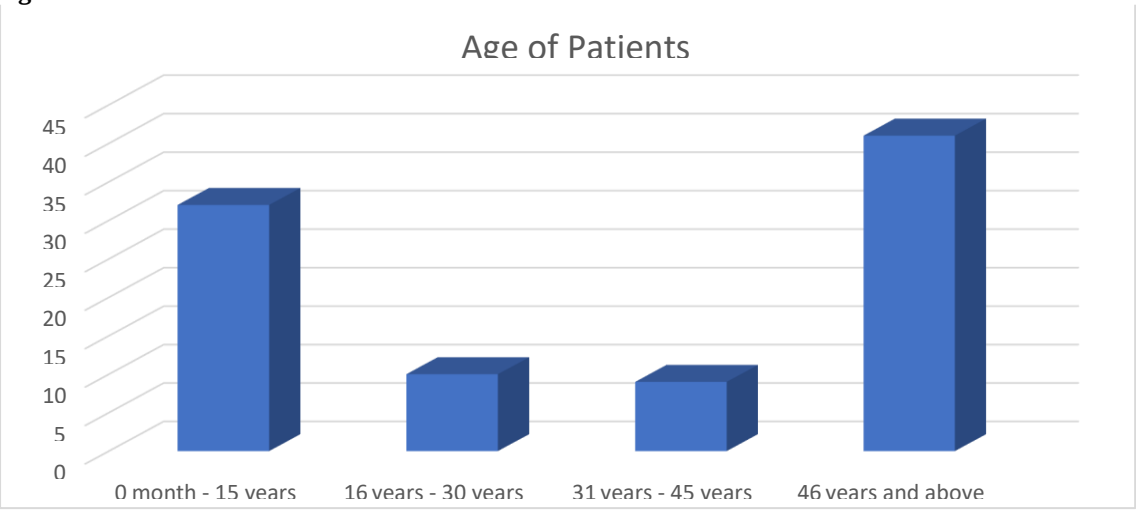

Figure 1. Showing frequency distribution of Scabies prevalence in different age groups. 44.6% of the patients were in age group 46 and above.

Educational Status:

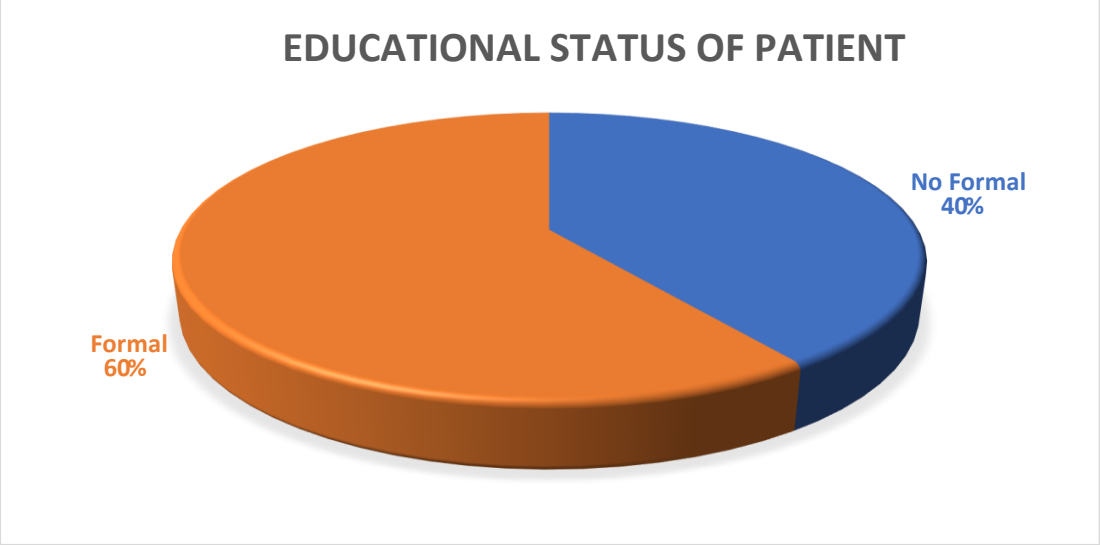

Figure 2. Showing frequency distribution of Scabies prevalence in different educational status groups. 40.2% of the patients had no formal education.19% had primary education, 15% had secondary education and 26% had graduation level of education.

Employment Status:

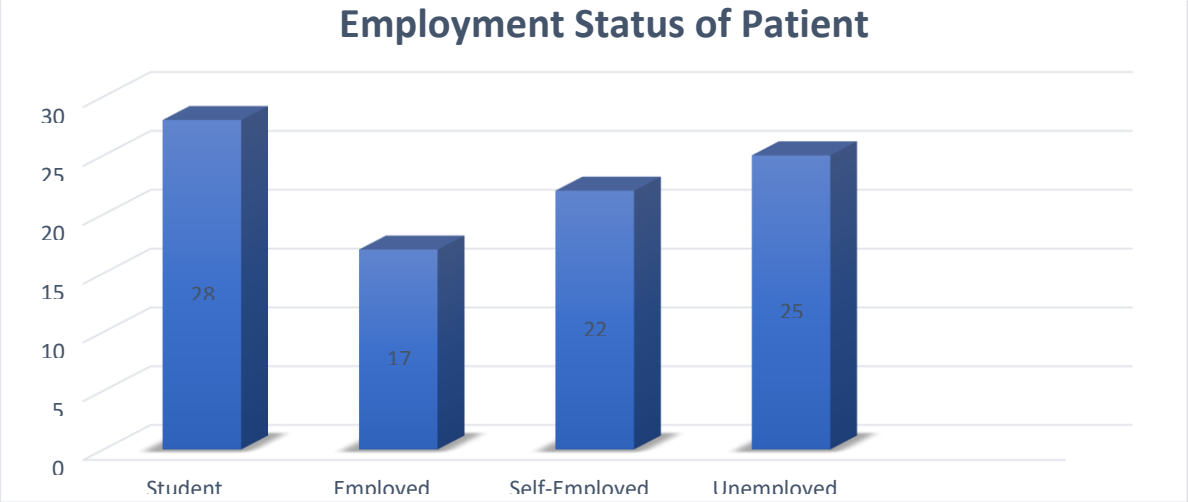

Figure 3. Showing frequency distribution of patients with different nature of jobs.
30.4% of the patients were students.

Socioeconomic Status:

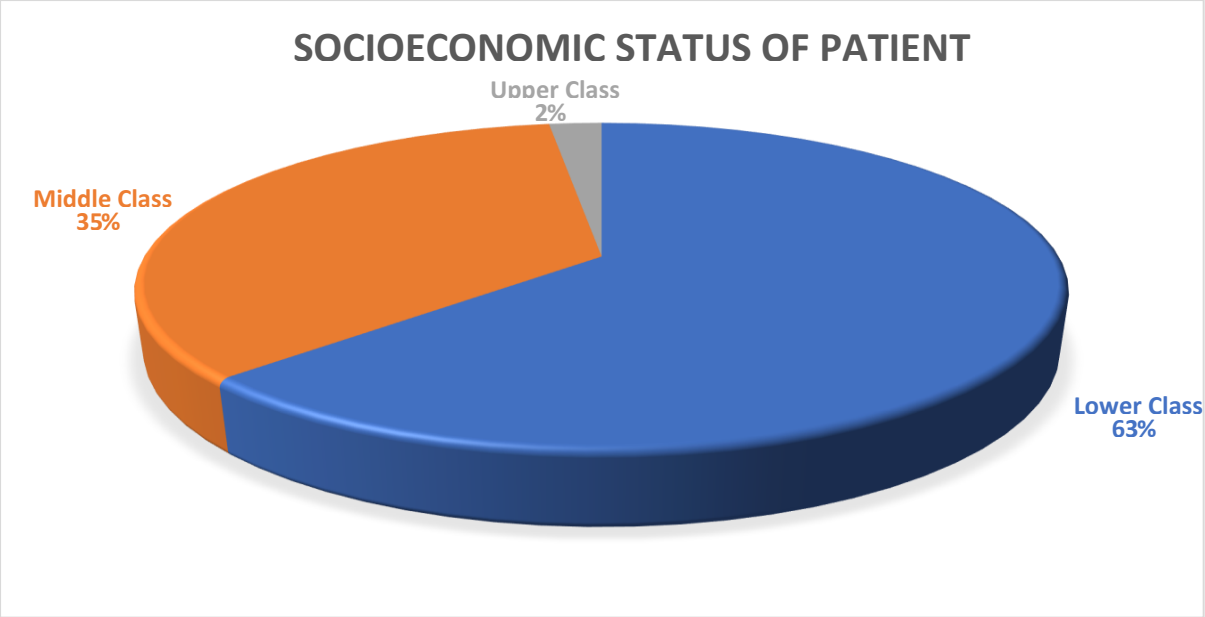

Figure 4. Showing that 63% of Scabies belonged to lower class.

General Counselling Measures:

General Counselling Measures	Frequency	Percent
Easy Access to Physician	73	79.3 %
Satisfactory Attitude of Attendant	71	77.2 %
Consent taken before counselling	49	53.2 %
Assurance of Confidentiality	40	43.5 %
Doctor Encouraged Patient to Talk	81	88 %
Active Listening by Doctor	80	87 %
Open Ended Questions asked by Doctor	79	85.9 %
Doctor Expressed Caring and Interest	80	87 %
Understandable Language used by Doctor	91	98.9 %
Patient's Record was maintained	86	93.5 %

Table 1. Showing frequency distribution of general counselling measures followed by doctor. This table demonstrate the general level of counselling quality not related to disease specific questions, showing the frequency of positive response out of 92 patients.

Questions Asked to Help Patient Regarding Treatment of Choice:

To Help Patient	Frequency	Percent
Advantages and Disadvantages of treatment explained	69	75 %
Possible Choices of Treatment	74	80.4 %
Attention Given to Patient's Decision	74	80.4 %
Decision Imposed on Patient	17	18.5 %
Patient Made assured to All Queries	78	84.8 %
Use of Counselling Aids by Doctor	12	13 %

Table 2. Showing frequency distribution of patients, whom Doctor asked the questions which helped patients to choose the treatment of their choice and to better understand the disease. Total 92 patients were included.

Frequency of Patients Receiving Proper Information About Treatment and Precautions:

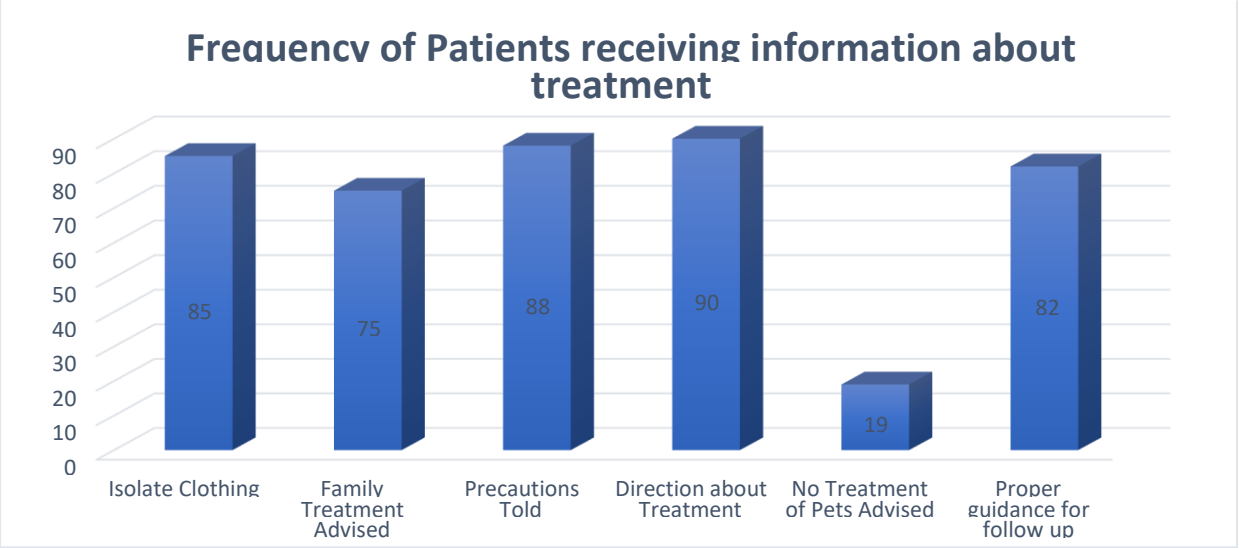

Figure 5. This graph shows the frequency distribution of patients receiving proper information about treatment method and precautions during treatment. Most of the patients were guided properly about treatment methods and precautions to take during treatment period.

Overall Satisfaction:

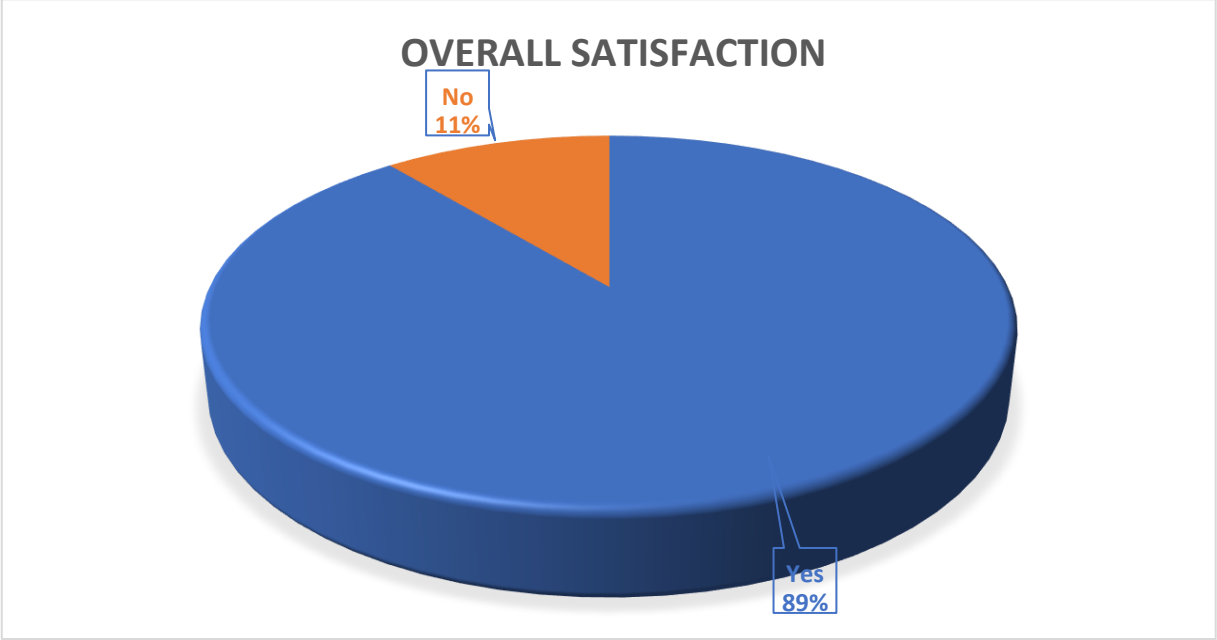

Figure 6. 89.1% patients were fully satisfied by counselling provided by doctor.

DISCUSSION:

Scabies is a progressive disease and with advancement in field of dermatology, more and more patients are being treated in OPD to treat more patients in less time. However, the quality of the services should be maintained as there is increase patient load in OPD and less time is available for each patient. Scabies has received insufficient attention from health services

researchers worldwide. Although this disease occurs worldwide but it is more common among developing countries where poor sanitary conditions and overcrowding help in its spread.

The study was carried out on 92 patients who visited Dermatology OPD of Services Hospital, Lahore.

Disease was found more prevalent in two age groups i.e. children (0 – 15 years) and elderly (46 and above) with percentage of patients 34.8% and 44.6% respectively.(Figure 1).It was more common among those people who hadn't any formal education (Figure 2), 28 patients were students (Figure 3) but only 2 were retired showing that this disease was difficult to attain without contact with an existing patient, 58 patients belonged to lower class (Figure 4) whereas only 2 patients were from upper class showing that the disease is more common when there is poor hygiene conditions. 73 patients were satisfied that they got access to respective physician easily (Table 1) whereas 21 patients complained about unsatisfactory attitude of attendant. (Table 2) 81 patients were satisfied about how doctor approached their condition by encouraging them to talk (Table 3) and 80 patients said that physician actively listened to their condition. (Table 4) 67.4% patients were asked follow up questions (Table 6) and 98.9% patients were satisfied that doctor used understandable language while asking questions and describing them different methods of treatment and precautions. (Table 7) 75% patients said that doctor thoroughly explained them the advantages and disadvantages of different methods of treatment (Table 8) and 80.4% patients were provided with all possible choices to treat their condition. (Table 9)

74 patients said that doctor gave attention to decision they make about method of treatment (Table 10) and 89 out of 92 patients were properly explained the method of treatment. (Table 11). 95.7% patients were guided about all precautions they have to take during their treatment. (Table 13) 20.7% patients were told not to treat their pets. No directions were given to rest 79.3% patients. (Table 14). This was due to the fact that mite that causes scabies among humans doesn't cause disease in animals. Then Chi-Square test was applied and results were recorded in (Table 16). There was a strong association between socioeconomic status of patient and cases of scabies in patient's surrounding as people with low socioeconomic status find it difficult to follow precautions during treatment and thus spread the disease.

Overall 89.1% patients were satisfied by overall counselling level of scabies provided by Doctor. (Figure 7).

All these results confirm the results of previous researches as most of the data related to epidemiology, distribution of disease among different age and socioeconomic strata and methods of treatment is according to the previous researches. But when it comes specifically to the "quality of counselling", there is lack of previous researches and no notable work is done on this topic and so there is no considerable research papers available to compare the results with them. However, considering the basic criteria for quality of counselling of scabies mentioned by Memorial Sloan Kettering Cancer Center of New York City and Center of disease control and prevention, it is inferenced that quality of counselling of scabies is considerably good.

CONCLUSION:

It is shown in our study that 34.8% of patients were in children (0 – 15 month), 44.6% of patients were above 45 years. Most of patients belonged to poor socio-economic background and more than 40% were illiterate. 89.1% of patients were satisfied by counselling level provided by doctors in OPD while most of unsatisfied patients held attendant responsible for their unsatisfaction.92.4% of patients were told to isolate their clothing to prevent spread to other family members while 95.7% of patients were told to take contact precautions during treatment. Only 10.9% of patients were not satisfied by counselling level and complained about it.So our study demonstrated that the quality of counselling of scabies by health care provider in Dermatology OPD of SHL was good. It is advised that doctors should give more explanation about spread of disease and treatment precautions to illiterate patients and those belonging to low socioeconomic group as they tend to neglect the precautions.

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