

**IMPROVEMENT OF DISTRICT HOSPITAL SERVICE SYSTEM TO INCREASE TREATMENT ADHERENCE AMONG TUBERCULOSIS PATIENTS IN PAKISTAN**

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Treatment adherence is an essential factor to measure the tuberculosis (TB) treatment success rate. This study aimed to improve the hospital service system in order to increase treatment adherence among TB patients at Rawalpindi District Hospital, Pakistan. A quasi-experimental, one-group, pretest-posttest design was used. The intervention applied concepts from the Chronic Care Model (CCM). The study sample included 99 new TB patients registered at the TB clinic of Rawalpindi District Hospital during February and March 2009. Structured questionnaire was used to collect the data for three variables: quality of hospital service system; patient satisfaction; and treatment adherence. The posttest data were collected after 6 months implementation of improved hospital service system. A paired t-test was used to examine the changes over time.

Significant improvement was found before and after the intervention in almost all items but particularly in friendly behavior of doctor (6.1% vs 23.2%), direction boards to guide patients (5.0% vs 36.4%), reduced waiting time (4.1% vs 50.5%), individual attention to patients (2.0% vs 36.4%), providing information about disease to the patients (2.1% vs 52.5%), and time spent by the doctor to discuss the problems (2.1% vs 64.6%). Quality of hospital service system was increased due to increased accessibility, counseling, and supply of drugs and logistics. Patient satisfaction was increased due to improvement in tangibles, reliability, and empathy. The overall mean scores of quality of service system, patient satisfaction, and treatment adherence of TB patients significantly increased 6 months after intervention ( $p < 0.001$ ). Only two individual items of treatment adherence, i.e., living in a cross ventilated room and visiting a hospital for follow-up, did not significantly increase ( $p > 0.05$ ). In conclusion, the findings suggested that improving the quality of the hospital service system by applying the concept of CCM increased treatment adherence among TB patients at Rawalpindi District Hospital.

**KEY WORDS: TB PATIENTS/ HOSPITAL SERVICE SYSTEM/ PATIENT  
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