

## Patient satisfaction with services provided during COVID-19 quarantine November 2020

In July 2020, the Palestinian National Institute of Public Health (PNIPH) in partnership with the Ministry of Health (MoH) conducted a cross-sectional study on the perceived quality of services in quarantine/isolation centers<sup>1</sup> among patients who had recovered from COVID-19. Study participants were selected from a list provided by the MoH of patients who contracted COVID-19, were discharged from isolation/quarantine centers, and had finished home quarantine. Informed verbal consent was obtained from each participant after providing them with an explanation of the study objective and assuring their confidentiality. The response rate was 46.5% (93/200). The study included 93 recovered patients (77 from the West Bank (WB) and 16 from the Gaza Strip (GS)). Due to the smaller number of patients in Gaza and the longer duration of quarantine (2 weeks in the West Bank and 3 weeks in Gaza) at the time of data collection, the available population of recovered patients in Gaza was significantly smaller. For study participants below the age of 16, mothers were interviewed instead of the child. The study survey was based on the WHO Humanitarian Emergency Settings Perceived Needs Scale (HESPER) tool.<sup>2</sup> A third party, Alpha International, collected the data through phone interviews.

As shown in Table 1, most study participants were males. Study participants were between 1 and 69 years old. More than half of the study sample was in quarantine for over 30 days. Around 72% were working, and around 17% had a non-communicable disease.

Table 1. Sample characteristics, N=93, 2020

Variable	(N)%
<b>Sex</b>	
Female	(24) 25.8
Male	(69) 74.2
<b>Age (median (SD) (in years))</b>	(30) 16.2
<b>Type of locality</b>	
City	(33) 35.5
Village	(58) 62.4
Camp	(2) 2.2
<b>Marital status</b>	
Single	(44) 47.4
Married	(47) 50.5
Divorced/Widow	(2) 2.2
<b>Have children (Out of those ever married)</b>	(35) 71.4

<sup>1</sup> Isolation refers to quarantine of patients in hotels, while quarantine refers to quarantine of patients in hospitals/health centers.

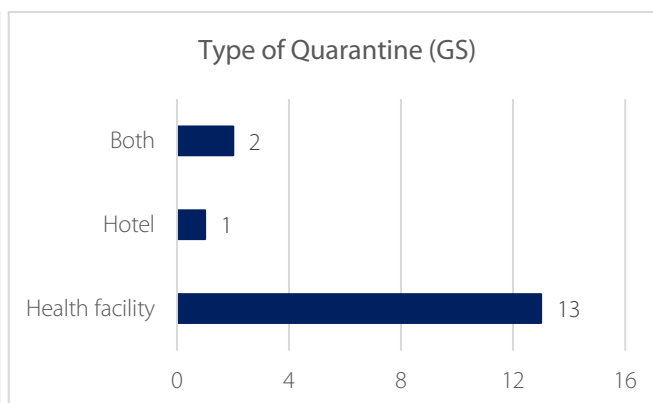
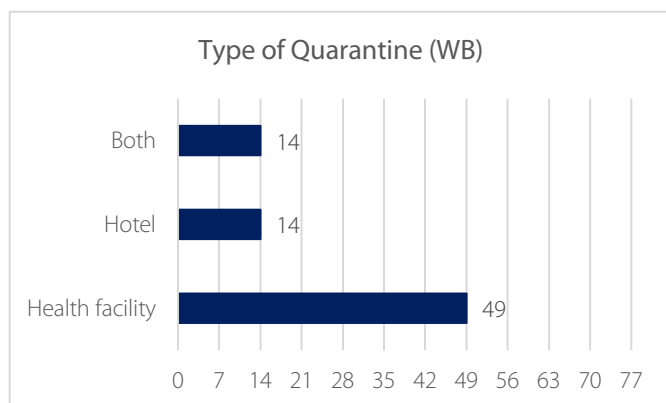
<sup>2</sup> World Health Organization. The humanitarian emergency settings perceived needs scale (HESPER): manual with scale.

Living with an elderly person (Over 65)	(16) 17.2
<b>Level of education</b>	
Below high school	(34) 36.6
High school	(25) 26.9
College/University degree	(37) 39.8
<b>Work</b>	
Part time	(2) 2.2
Full time	(30) 32.3
Laborer in settlements	(9) 9.7
Laborer in 1948 occupied land	(11) 11.8
Laborer in Jerusalem	(2) 2.2
Housewife	(11) 11.8
Student	(5) 5.4
Unemployed	(8) 8.6
Retired	(2) 2.2
Daily smoking (cigarettes and/or water pipe)	(27) 29.0
Have a non-communicable disease (NCD) (i.e. cardiovascular, diabetes, blood pressure, neurological disease)	(16) 17.2
Daily medication related to the health condition (out of the 16 participants with NCDS=16)	(14) 87.5
Other family member infected	(49) 52.7
Number of days in quarantine (median (min, max))	(30 (10, 65))

## Study Results

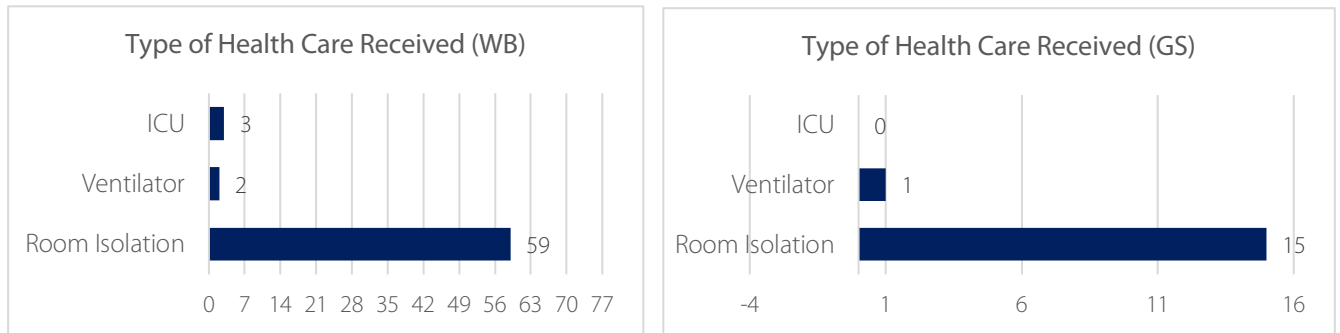
### Type of Quarantine

As shown in the graphs below, most study participants in the West Bank and Gaza were quarantined in health facilities rather than in hotels. A small proportion of study participants was transferred from hotels to health care facilities (16/93).



### Type of Health Care Received

As expected, only three out of the 93 study participants were admitted to the intensive care unit (ICU), as most patients recover without admission to an ICU. The ages of those who were in the ICU ranged from 51 to 55.

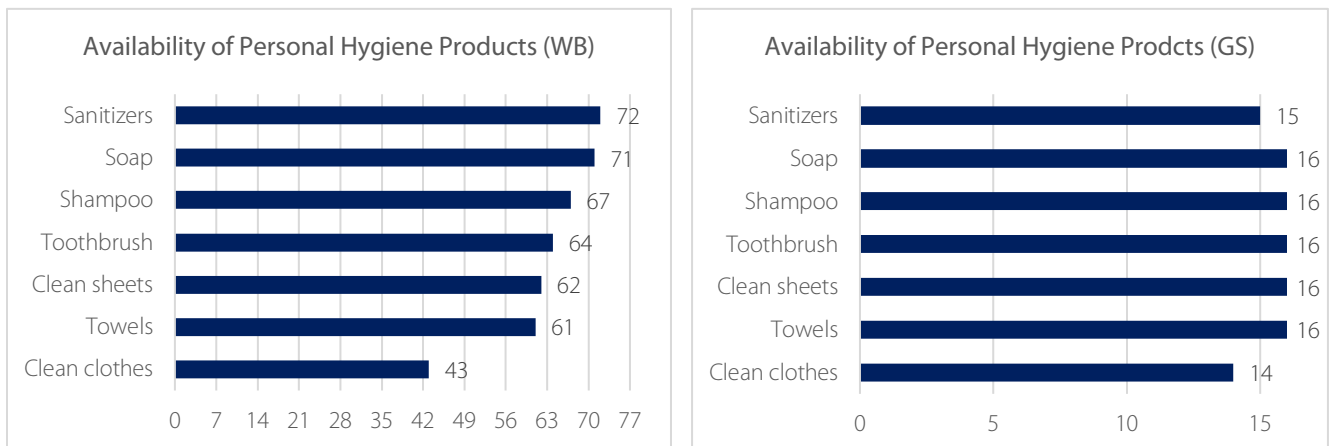


### Receipt of Essential Medication during Quarantine

Out of 14 study participants who take medication on a daily basis, 10 received it during quarantine (9/13 in the WB, 1/1 in the GS).

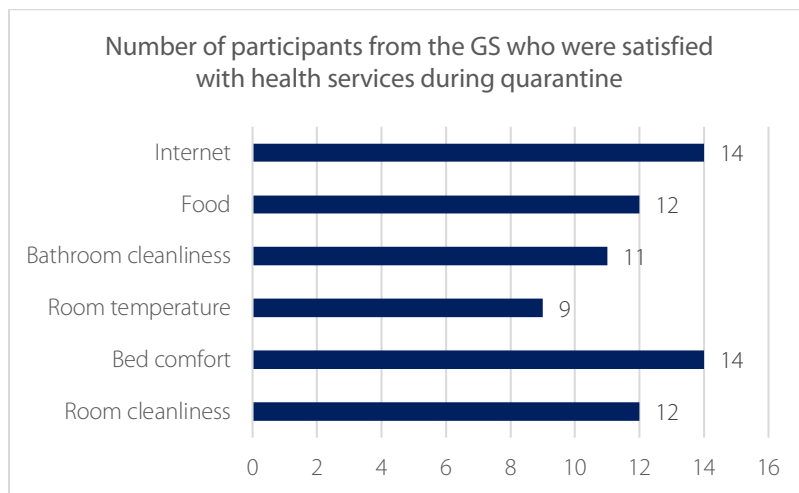
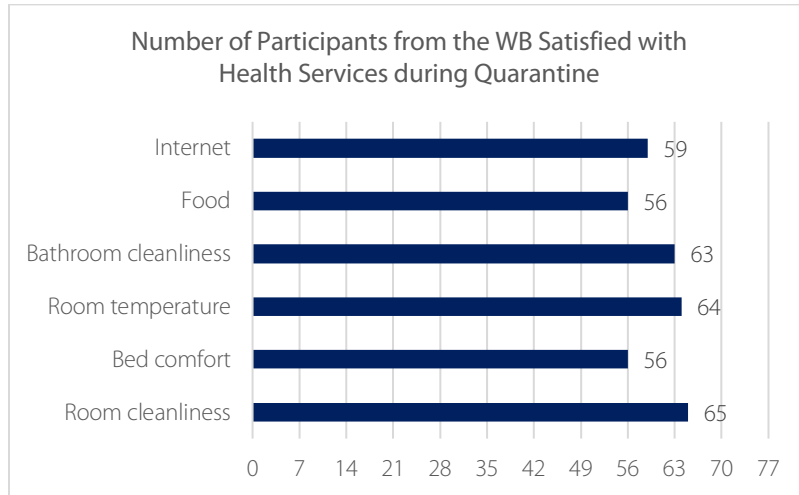
### Availability of Personal Hygiene Products

As shown in the figure below, in both the WB and GS, most of the personal hygiene products were available during the quarantine, reflecting compliance with MoH infection and prevention control protocols. However, only 5 out of 22 quarantined women in the WB received feminine sanitary pads while all women in the GS received it.



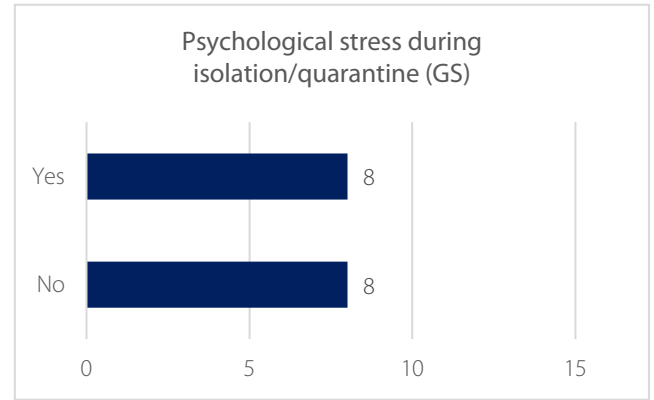
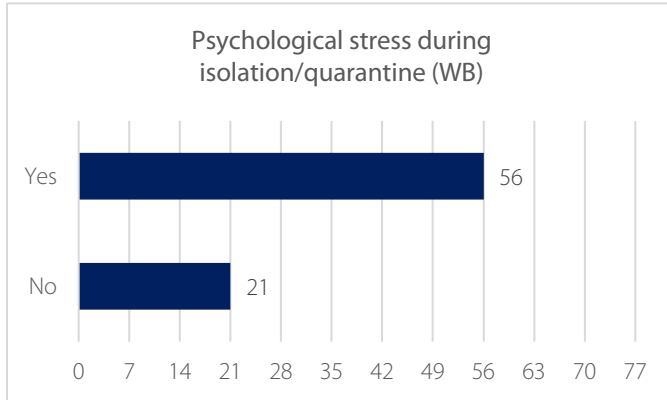
### Satisfaction with Quarantine Services

Most recovered patients that participated in the study were satisfied with health services during quarantine. However, in Gaza, almost half complained of the hot temperature in their rooms. This might be due to protracted power outage crisis in the GS.



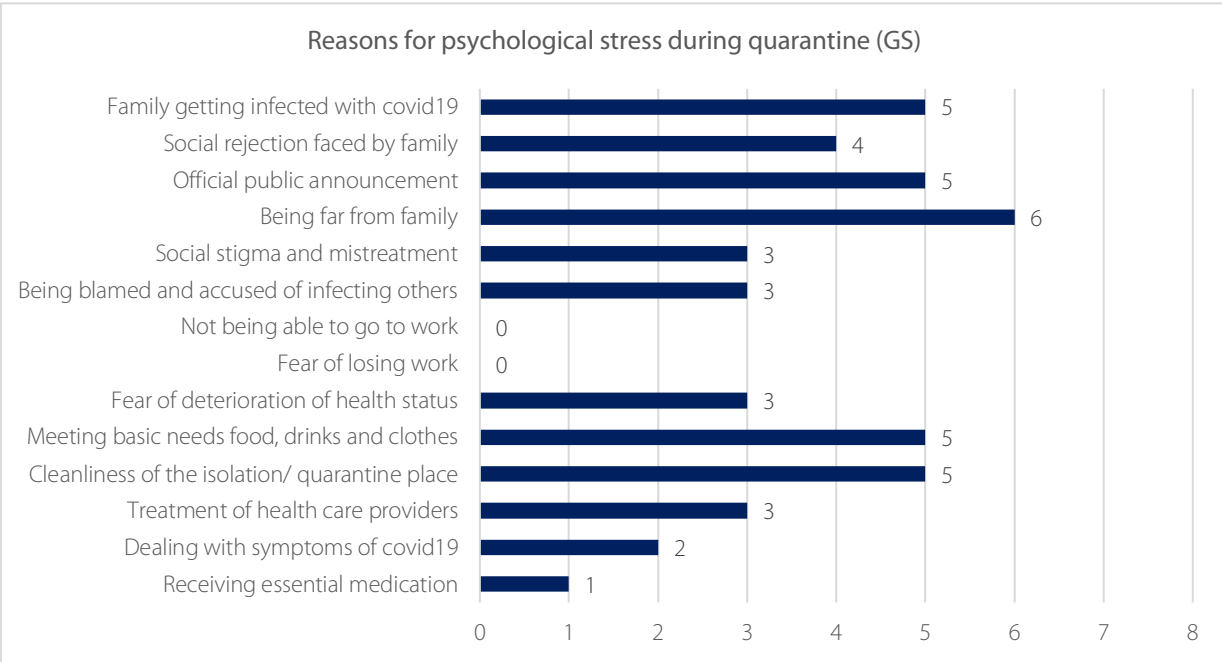
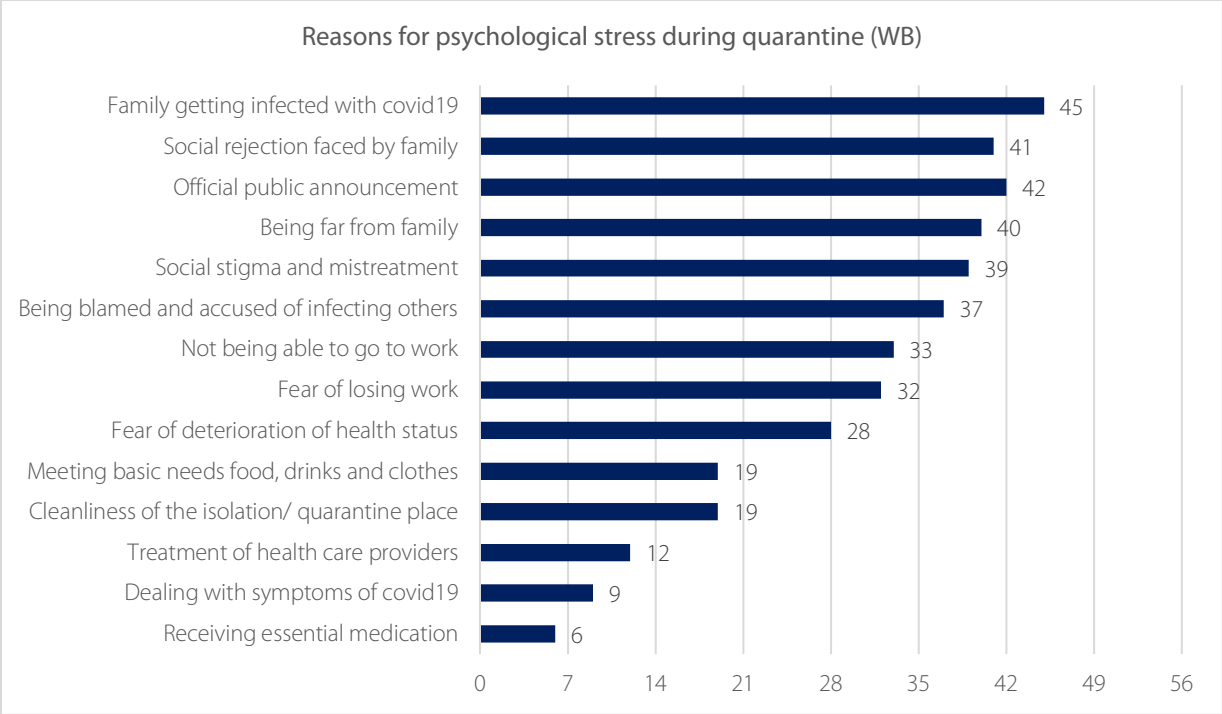
### Psychological Stress During Isolation/Quarantine

Most of the study participants in the WB and half of those in the GS experienced psychological stress during isolation.



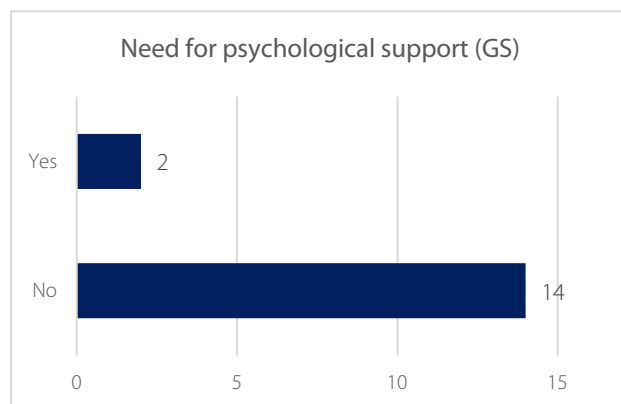
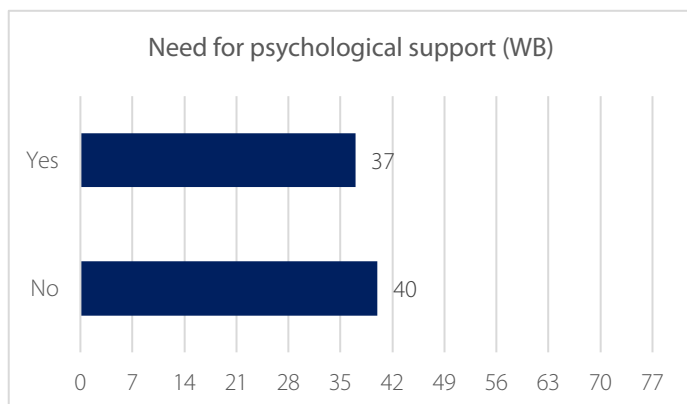
### Reasons for Psychological Stress During Isolation/Quarantine

Based on the study, many stressors caused psychological stress during isolation/quarantine. The most prevalent reason for psychological stress in the WB was the fear that family members would become infected with COVID-19 (45 out of 56 participants who experienced psychological stress during isolation). In the GS, stress primarily stemmed from being far from family (6 out of 8). In the WB, 33 respondents (18 of whom were laborers) reported stress from not being able to go to work, and 32 feared losing work (18 of whom were laborers). However, no one in the GS reported these stressors. This could be due to the fact that only three out of the eight respondents were working. In the WB, social rejection of family and official public announcement of being infected were also among the reported stressors during quarantine, reflecting the importance of addressing stigma against COVID-19 patients and their families. Almost all participants were afraid of health deterioration due to infection.



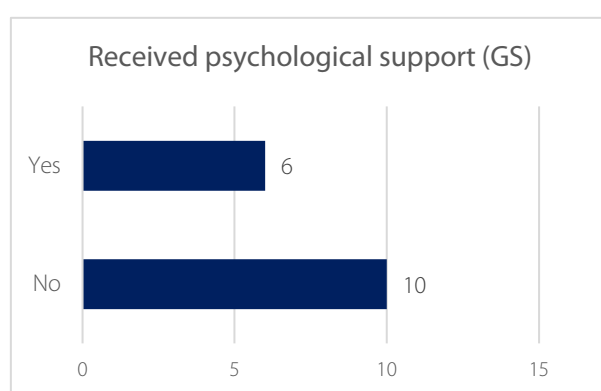
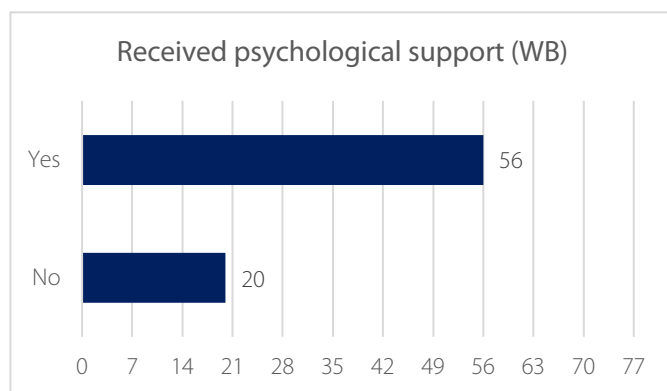
***Need for Psychological Support***

While 69% (64/93) of study participants reported psychological stress during quarantine, only 42% (39/93) indicated that they needed psychological support during quarantine.

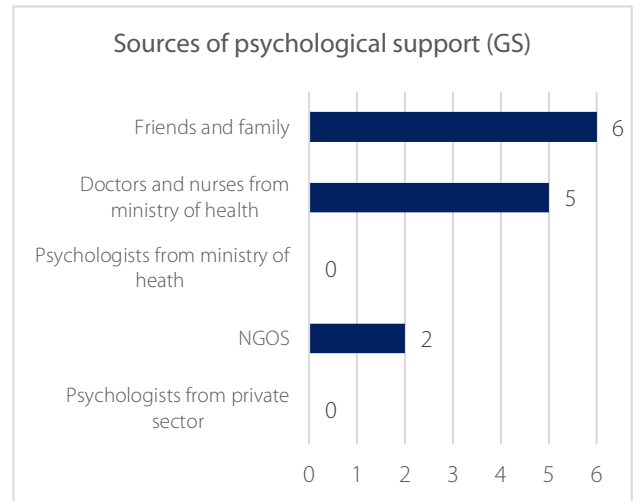
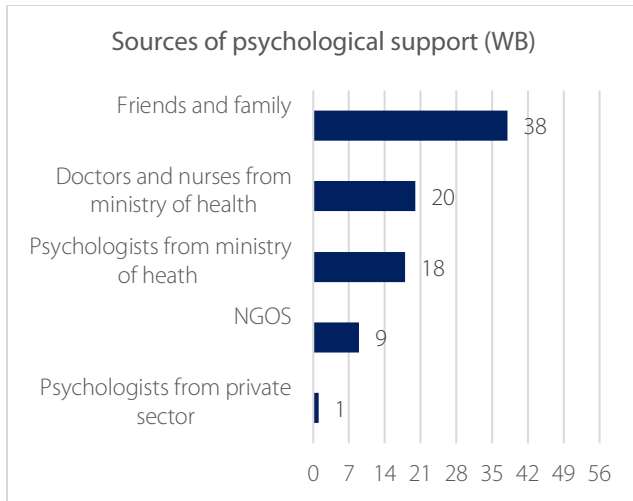


### *Psychological Support during Quarantine*

67% of study participants received some sort of psychological support during quarantine.

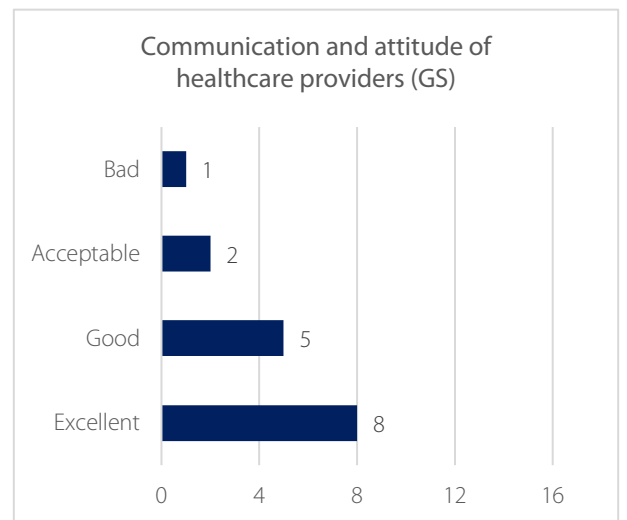
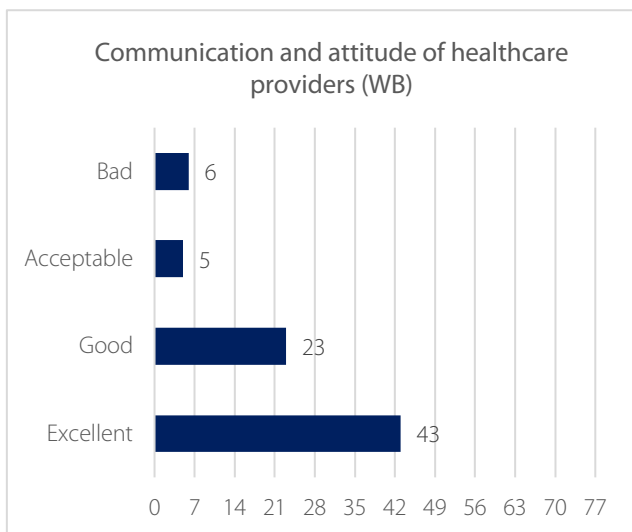


In both the WB and GS, the sources of psychosocial support reported most were family and friends. In the GS, participants also reported MoH doctors and nurses as sources. Only 18 out of the 62 who reported receiving psychological support mentioned receiving it from psychologists from the MoH, and all were from the WB.



### Satisfaction with Communication with Healthcare Providers during Quarantine

The analysis showed that most of the respondents had positive attitudes toward the healthcare providers at the isolation/quarantine centers. The majority of respondents (66 in the WB and 13 in the GS) claimed that communication with healthcare providers was excellent/good.





## Conclusion

Based on the study sample, there was overall satisfaction with health services available in quarantine and isolation centers, including hygiene products, response to basic needs, and communication with health care providers. Psychosocial support during quarantine was mostly provided by family and friends. The most prevalent stressors during quarantine were family members becoming infected, social stigma, and official public announcement of cases, rather than conditions in quarantine. Based on interviewed study participants, there was not a significant difference in satisfaction with quarantine services between the WB and GS, other than the hot room temperature reported by those in the GS. However, being a convenience sample with a small number of study participants from the GS, findings cannot be generalized to all recovered COVID-19 patients. Rather, these results provide an idea of patients' perceived quality of services in quarantine centers/hotels in the early months of the outbreak.