

## Patient's level of satisfaction with nurse-led telephone follow-up after cataract surgery at a private eye specialist centre in Penang

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**Introduction:** The prevalence of cataract surgeries ranges from 7 to 12 million cases in 2000, 20 million in 2010 and an estimation of 32 million cataract surgeries annually by the year 2020 worldwide (WHO, 2015). Traditionally, the healthcare providers were only able to give health education before the patient is discharged from the healthcare setting while follow-up can only be done when the patient comes for their follow-up. But most of the patients will remain confused or had forgotten about the post-operative care even after receiving a comprehensive discharge preparation. However, with the advancement of technologies in this modern era, nurse-led telephone follow-up can be considered as a tool to assist healthcare providers in the follow-up care in Malaysia. On the same note, a private eye specialist organisation with centres throughout Malaysia, had taken the initiative to provide telephone follow-up service for their patients with three main objectives namely, to provide pre- and post-education on cataract surgery, to detect early post cataract surgery complications as well as to minimise anxiety among their patients. However, till date no patient feedback regarding the service was conducted.

**Objective:** The research objective for this study was to determine patient's level of satisfaction with the nurse-led telephone follow-up after cataract surgery at a private eye specialist centre in Penang.

**Method:** A cross sectional quantitative descriptive study design was used to study ninety post cataract patients in a private hospital, Penang through universal sampling method. A validated self-developed questionnaire based on the three main objectives of the telephone follow-up service was used for this study.

**Results:** Overall, the level of patient's satisfaction with nurse-led telephone follow-up after cataract surgery at a private eye specialist centre in Penang was high ( $49.9 \pm 4.85$ ) especially for the health education provided ( $4.18 \pm 0.21$ ) followed by the effort to detect early complications ( $4.16 \pm 0.12$ ) and to minimise patients' anxiety level ( $4.16 \pm 0.12$ ).

*Keywords:* cataract surgery, level of satisfaction, nurse-led telephone follow-up, patient

### Introduction

Cataract is clouding of the eye's natural lens that affects vision, and is very common in older people as most cataracts are related to ageing (Bailey, 2015). Therefore, cataract surgery is a common surgery for elders other than children, in order to restore their vision. According to WHO (2015), there will be a marked increase in the number of cataract surgeries under Vision 2020 especially in the developing country. The prevalence of cataract surgeries ranges from 7 to 12 million cases in 2000, 20 million in 2010 and an estimation of 32 million cataract surgeries annually by the year 2020 worldwide.

Surgery is a major event in an individual's life as patients may need to go through emotional changes pre-operatively, and even lifestyle changes post-operatively. Pre-operative patient education was introduced during the 1960s and became one of the important responsibilities for nurses to reduce the risk during surgery and improve health behaviours and post-operative status (Ali, Lalani & Malik, 2012). The duration of hospital stay and time available for conducting health education to patients are becoming shorter due to cost cutting in the healthcare sector (Fink et al., 2013), whereby most of the cataract surgeries are treated as day cases. Missed appointments and noncompliance with the post-operative care are major causes of inefficiency in healthcare delivery and may lead to other complications, such as infection or delay in healing. The main reason for missed appointments is due to patients' forgetfulness (Urganci, Jongh, Jamsek, Atun, & Car, 2013). It could happen especially for post cataract surgery patients as most cataract patients are the aged (Dahl, 2015) and tend to be forgetful. Evidence suggests that postsurgical complications occur in at least seven million cases annually, resulting in up to

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one million deaths (Fink et al., 2013). Traditionally, the healthcare providers were only able to give the health education advice before the patient is discharged from the healthcare setting, and the follow-up can only be done when the patient comes for the follow-up. With the advancement of technologies, telephone follow up is slowly being adopted as a tool for assisting healthcare providers in follow up care.

Nurse-led telephone follow-up services had been implemented since 2010 by all eye specialist centres of this particular organisation, to provide a comprehensive discharge planning based on a standard guideline to prevent health complications and re-hospitalisation of all post cataract patients. The registered nurses conduct a pre-operative health education session to all patients with cataract including those who are scheduled for operation in this private eye specialist centre. Pamphlets regarding medication instruction, preparation checklist and recommended post-operative activity schedule will be distributed to their patients, and they are encouraged to ask questions if there are any doubts. After the operation, the nurses will follow-up on the discharged patients through telephone according to a standard guideline where information about their eye condition, medication instruction, recommended activity, 24-hour emergency contact, and reminder about their appointment date will be reemphasised. However, no follow up or study had been conducted to determine patient's satisfaction with this nurse-led post discharge telephone follow-up service since it first started in 2010.

Hence, this study will assist in evaluating the patient's level of satisfaction with nurse-led telephone follow up post cataract operation at this private eye specialist centre, Penang. The purpose of this study was to determine patient's level of satisfaction with the nurse-led telephone follow-up after cataract surgery at a private eye specialist centre in Penang.

## **Methods**

### ***Study design, setting and sample***

A cross sectional quantitative descriptive study design was used to establish the patient's level of satisfaction with nurse-led telephone follow-up after cataract surgery at this eye specialist centre. The target population for this study were adult patients who had cataract surgery done in this centre and had received telephone follow-up conducted by nurses.

The total number of cataract inpatients in this hospital is estimated to be 50 patients per month. Therefore, the estimated population size is 100. Based on Raosoft sample size calculator with a 5% margin error, 95% confidence level, the minimum sample size required is 80 respondents. An additional 10 % was added to the sample size for attrition, thus making it a total of 88. A total of 90 respondents were recruited for this study over a period of one month through universal sampling method. The inclusion criteria for this study are patients who are first time post cataract surgery patients in this centre, able to read and understand English or Malay language, and received telephone follow-up after surgery. Respondents who were excluded from this study were post cataract surgery patients who did not have their cataract surgery done in this centre or had done cataract surgery prior to this surgery, unable to read and understand English or Malay language, and did not receive telephone follow-up after surgery.

### ***Ethical consideration***

Ethical approval was obtained from the ethics committee of the university, eye specialist centre management and informed consent obtained from the respondent's prior commencement of the study.

### ***Measurement and instrument***

A questionnaire was developed based on the three main objectives of the standard operation procedure (SOP) for post cataract discharge telephone follow-up

service of this eye specialist group of hospitals. These three objectives are to minimise the risk of post-operative complications, to follow-up on current post-operative eye condition so as to detect potential complications early and to reassure patient and provide an avenue for patient to verify any concerns with the aim of reducing post-operative patient anxiety. The questionnaire was available in two languages: English or Bahasa Malaysia and consisted of three parts. Part I is on demographic, Part II is a 12–close ended questions to determine the patient’s satisfaction with the nurse-led post discharge telephone follow-up; while Part III consisted of two open-ended questions to gather information on other services that they required, and recommendations for further improvement. Each item in Part II is scored using a 5-point Likert scale, where 1= “Very Dissatisfied”, 2= “Dissatisfied”, 3= “Neutral”, 4= “Satisfied” and 5= “Very satisfied”.

#### **Validity and reliability testing**

A pilot study was carried out and results showed a Cronbach alpha value of 0.90 while a panel of experts consisting of a chief centre manager and nursing manager reviewed the questionnaire for content validity. No amendments were required as they were satisfied with the items in the questionnaire and agreed that the items were relevant.

#### **Data analysis**

Data were analysed using SPSS version 20.0. Descriptive statistics were used to analyse the demographic data in the form of frequency and percentage. The level of satisfaction was analysed using descriptive statistics in the form of mean and standard deviation. A score of 12 – 28 indicates low satisfaction level, 29 – 44 indicates average satisfaction level, and 45 – 60 indicates high satisfaction level (Boone & Boone, 2012). Responses for the open ended question will be grouped into categories, and the content interpreted using themes to understand the meaning of the expressed experience. Data analysed was presented in charts

## **Results**

### **Demographic characteristics**

A total of 90 patients participated in this study (Table 1). Majority of the patients were above 65 years of age, Chinese (81.1%) with their highest education level at secondary school (54.4%).

**Table 1:** Description of sample (n=90)

<b>Variable</b>	<b>M± SD</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Age (Years)</b>	66.2±10.8		
20-40		3	3.4
41-64		31	34.4
65 years and above		56	62.2
<b>Gender</b>			
Male		45	50
Female		45	50
<b>Ethnicity</b>			
Malay		9	10
Chinese		73	81.1
Indian		4	4.4
Others		4	4.5
<b>Education</b>			
Primary school		49	54.4
Secondary school		10	11.1
College / University		2	2.3
No formal education		29	32.2

### **Level of satisfaction with nurse-led telephone follow up after cataract surgery**

The level of satisfaction with nurse-led telephone follow-up after cataract surgery was assessed based on the health education provided through phone (4 items), effort to detect early complications (4 items). and effort to minimise the anxiety level (4 items) using a 5-point Likert scale, namely 1= ‘very satisfied’, 2= ‘dissatisfied’,

3= 'neutral', 4= 'satisfied' and 5= 'very satisfied'. The study findings are as described below:

*i. Satisfaction towards health education provided through phone*

Majority of the respondents (n=78, 86.8%) agreed that the information received through phone was consistent with the information given before the operation. A total of 67 (74.5%) reported that they were well informed regarding the signs and symptoms of post eye surgery although 19 (21.1%) remained neutral while 4 (4.4%) were dissatisfied. Similarly, most of the respondents (n=85, 94.5%) felt that the nurses provided clear instructions on how to manage the post-surgery medication such as instillation of eye drops. Only six (6.7%) responded that they were dissatisfied with the explanation received on post-operative activities, such

as use of dark eye shield and not to lift heavy objects for a week. Among the four items representing this domain, the item on clarity of explanation on post-operative activities related to the use of dark eye shield, not to lift heavy objects for a week, received the highest mean score ( $4.4 \pm 0.6$ ); followed by item on clarity of instructions on how to manage the post-surgery medication, like instillation of eye drop ( $4.3 \pm 0.6$ ) and the item on consistency of information given before operation ( $4.1 \pm 0.7$ ). The lowest ranked item was on information received on the signs and symptoms of post eye surgery complications ( $4.0 \pm 0.8$ ). The mean total score for all four items representing the domain of satisfaction towards health education provided through phone was 4.18 (SD 0.21) which indicated a high level of satisfaction (Table 2).

**Table 2:** Satisfaction towards health education provided through phone (n=90)

Item No	Satisfaction towards health education provided through phone	Dissatisfied n(%)	Neutral n(%)	Satisfied n(%)	Very Satisfied n(%)	M (SD)
B1	The information received through phone was consistent with the information given before operation	4 (4.4%)	8 (8.9%)	59 (65.6%)	19 (21.1%)	4.1 (0.70)
B2	I was informed regarding the signs and symptoms of post eye surgery complications	4 (4.4%)	19 (21.1%)	43 (47.8%)	24 (26.7%)	4.0 (0.80)
B3	Clear instructions were given on how to manage the post-surgery medication i.e. instillation of eye drop	0 (0%)	5 (5.56%)	52 (57.8%)	33 (36.7%)	4.3 (0.60)
B4	Clear explanation was given on post-operative activities i.e. use of dark eye shield, not to lift heavy objects for a week etc.	0 (0%)	6(6.7%)	42 (46.7%)	42 (46.7%)	4.4 (0.60)
<b>Mean Total Score</b>						<b>4.18 (0.21)</b>

Note. Likert scale 1= Very Dissatisfied 2= Dissatisfied 3= Neutral 4= Satisfied 5= Very Satisfied

### **Satisfaction towards staff's effort in order to detect early complication**

A total of 79 (87.8%) respondents gave a positive feedback regarding the effort taken by the nurses to ensure that early signs of complication were detected (Table 3). Only three respondents were dissatisfied (3.3%), while the remainder 14 (15.6%) remained neutral. Meanwhile, 47 (52.2%) were satisfied with the nurses' effort to ensure that complication was detected early and 26 (28.9%) were very satisfied. The mean score was 4.1 (SD = 0.8) which implied that the respondents were satisfied with the nurses' effort to ensure that any signs of complication were detected early. Majority of the respondents, 59 (65.6%) were satisfied and felt that the nurses listened attentively to what they said about the condition of their eye after surgery, while 20 (22.2%) respondents were very satisfied. The mean score for this item was 4.1 (SD = 0.6) which indicated that respondents were satisfied with the nurses' attentiveness. When the respondents were asked about their satisfaction level towards information received regarding whom to

contact if they had any problems or needed clarification, only two (2.2%) did not know whom to contact. The mean score was 4.1 (SD = 0.7) which indicated that overall the respondents were satisfied with the item B7 "I knew whom to contact if I have any problems or need clarification". The results showed that majority of the respondents knew when they should come for follow up as shown by the mean score of 4.3 (SD = 0.6). The highest ranked item for patient's level of satisfaction in this domain was item B8, "I knew when I should come for follow up" with a mean score of 4.3 (SD = 0.6). The mean score for the item "The nurse listened attentively to what I said about my eye condition after surgery" was 4.1 (SD = 0.6) while "I knew whom to contact if I have any problems or need clarification" was 4.1 (SD = 0.7). "The nurse really made the effort to ensure that any signs of complication were detected early" (M= 4.1 SD = 0.8). The mean total score for the domain of satisfaction towards staff's effort in order to detect early complication was 4.16 (SD = 0.12) which indicated a high level of satisfaction.

**Table 3:** Satisfaction towards staff's effort in order to detect early complication (n=90)

Item No	Satisfaction towards staff's effort in order to detect early complication	Dissatisfied n(%)	Neutral n(%)	Satisfied n(%)	Very Satisfied n(%)	M(SD)
B5	The nurse was really making the effort to ensure that any signs of complication are detected early	3 (3.3%)	14 (15.6%)	47 (52.2%)	26 (28.9%)	4.10 (0.80)
B6	The nurse listened attentively to what I said about my eye condition after surgery	0 (0%)	11 (12.2%)	59 (65.6%)	20 (22.2%)	4.10 (0.60)
B7	I knew whom to contact if I have any problems or need clarification	2 (2.2%)	10 (11.1%)	53 (58.9%)	25 (27.8%)	4.10 (0.70)
B8	I knew when I should come for follow up	1 (1.1%)	5 (5.6%)	47 (52.2%)	37 (41.1%)	4.30 (0.60)
<b>Mean Total Score</b>						<b>4.16 (0.12)</b>

Note. Likert scale 1= Very Dissatisfied 2= Dissatisfied 3= Neutral 4= Satisfied 5= Very Satisfied

### **Satisfaction towards staff effort in order to minimise the anxiety level**

The satisfaction level towards staff's effort in order to minimise the anxiety level was assessed by asking respondents four items with the choice of answers by Likert scale, namely 1= 'very satisfied', 2= 'dissatisfied', 3= 'neutral', 4= 'satisfied' and 5= 'very satisfied'. The results are as presented in Table 4. A mean score of 4.2 (SD = 0.6) was obtained when respondents were asked on their satisfaction level regarding the nurses' willingness to spend time to provide further explanation if they were unsure. This implied that the respondents were satisfied with the nurses' willingness to spend time to provide further explanation if they were unsure. The respondents were also satisfied with the nurses' explanation and perceived that the instructions were

given using words which they could easily comprehend (M= 4.1 SD = 0.7). Similarly, the patients thought that the nurses were very professional. They were perceived to be polite, confident and knowledgeable, throughout the telephone conversation (M= 4.1 SD = 0.7). A total of 43 (47.8%) respondents claimed that they were satisfied with item B12, "I knew that I could trust the nurse" while 34 (37.8%) were very satisfied. A mean score of 4.2 (SD = 0.7) indicated that overall the respondents could trust the nurse. Among the four items in this domain, nurses' willingness to spend time to provide further explanation if they were unsure, (M= 4.2 SD = 0.6) and the trust in the nurse (M= 4.2 SD = 0.7) were rated the highest. Overall, the respondents rated a high level of satisfaction towards staff effort in order to minimise the anxiety level (M = 4.16 SD = 0.12).

**Table 4:** Satisfaction towards staff effort in order to minimise the anxiety level (n=90)

Item No	Satisfaction towards staff effort in order to minimise the anxiety level	Dissatisfied n(%)	Neutral n(%)	Satisfied n(%)	Very Satisfied n(%)	M (SD)
B9	The nurse was willing to spend time to provide further explanation if I was unsure	0 (0%)	9 (10%)	58 (64.4%)	23 (25.6%)	4.2 (0.6)
B10	The nurse provided explanation and instructions using words which I could easily understand	3 (3.3%)	6 (6.7%)	60 (66.7%)	21 (23.3%)	4.1 (0.7)
B11	The nurse was very professional i.e. polite, confident and knowledgeable, throughout the telephone conversation	1 (1.1%)	12 (13.3%)	52 (57.8%)	25 (27.8%)	4.1 (0.7)
B12	I knew that I could trust the nurse	1 (1.1%)	12 (13.3%)	43 (47.8%)	34 (37.8%)	4.2 (0.7)
<b>Mean Total Score</b>						<b>4.15 (0.05)</b>

Note. Likert scale 1= Very Dissatisfied 2= Dissatisfied 3= Neutral 4= Satisfied 5= Very Satisfied

### Comparison mean, standard deviation (SD) and overall satisfaction level score

Comparison among the three domains of satisfaction showed that patients are most satisfied with the health education provided through phone ( $M = 4.18$ ,  $SD = 0.21$ ) followed by staff's effort to detect early complication ( $M = 4.16$ ,  $SD = 0.12$ ) and the effort to minimise the anxiety level ( $M = 4.15$ ,  $SD = 0.05$ ). The overall mean score for this study was 49.9 ( $SD = 4.85$ ) which indicated a high satisfaction level with the telephone follow-up service. The results were presented in Table 5.

**Table 5:** Mean, standard deviation and overall satisfaction level ( $n = 90$ )

Level of satisfaction with nurse-led telephone follow-up after cataract surgery	Mean (M)	Standard Deviation (SD)
Satisfaction towards health education provided through phone	4.18	0.21
Satisfaction towards staff's effort in order to detect early complication	4.16	0.12
Satisfaction towards staff effort in order to minimise the anxiety level	4.15	0.05
<b>Overall</b>	<b>49.9</b>	<b>4.85</b>

Note. Likert scale 1= Very Dissatisfied 2= Dissatisfied 3= Neutral 4= Satisfied 5= Very Satisfied  
 Level of satisfaction: Low satisfaction (12-28)  
 Average satisfaction (29-44) High satisfaction (45-60)  
 (Boone & Boone, 2012; Blankenship, 2010)

## Discussion

### Satisfaction towards health education provided through phone

It was found that majority of the respondents ( $n = 59$ , 65.6%) were satisfied with the information received through phone. This could be due to the availability of a standard guide for the nursing staff to provide accurate and standardised information to all patients. This finding is supported by Wong et al. (2011) that standardised institutional discharge planning and policy-driven approach minimises confusion. It is essential for nurses

to conduct the pre- and post-operative health education with the same information in order to prevent confusion and frustration. A total of 78 (86.7%) respondents stated that they are satisfied with the congruency of information received. Rothrock (2008) indicated that complicated, confusing and diverse information received could lead to noncompliance of lifestyle changes, delay in healing and increases the risk of infection post-operatively. There are 84 (93.3%) of the respondents who were satisfied with the clear explanation given on post-operative activities. The result is in line with the study done by Houser et al. (2013), where 88% of patients found telephone follow-up helpful. In another study by Harrison, Auerbach, Quinn, Kynoch and Mourad (2014), it was found that telephone follow-up is able to monitor how well the patients cope with lifestyle changes. Based on the transitional care model, it is important to educate patients and family members in order to promote self-management at home and reduce the risk of readmission.

### Satisfaction towards staff's effort in order to detect early complication

It is obvious that the respondents appreciate the staff effort in detecting early complication. A total of 81.4% of the respondents valued the staff's effort in ensuring that signs and symptoms of complication are detected early. Naylor and Ware (2015) mentioned that it is important to identify and response to health care risks and symptoms to achieve longer term positive outcomes and avoid adverse events that lead to readmissions. Bowlers et al. (2011) found that telephone follow-up is helpful in detecting early signs of complication, resulting in a 3% decrease in the number of readmission. However, it is very much dependent on the patients' acceptance of this technology. A total of 87.8% of the respondents were satisfied with the staffs' attentiveness when they complain of their eye condition. In other words, telephone follow-up is able to help the nurses in picking up points in order to give suitable advice in preventing post operational complications to the

patients. This finding is consistent with Miller, Barton and Hassan (2012) stating that telephone follow-up for day case surgery allows clinical staff to assess patient recovery, recognise post operational problems and identify insufficiencies in care. The satisfaction level is high due to patients being able to seek advice from nurses in a convenient way, no time limitation, and is free. According to Harrison et al. (2014), the satisfaction level is much more related to whether patients are able to answer a phone call than to the care delivered by the phone call. A total of 93.3% of the respondents came for their appointment date after receiving nurse-led telephone follow-up. This finding is similar to study done by Urganci et al. (2013) which reported that the reminder group has higher appointment rates (80.3%) compared to the control group (67.8%). A study conducted by Huang, Crooms, Chen, Congdon and He (2012) showed that telephone contact can increase medium-term follow-up rates after cataract surgery by three-fold. When missed appointment is common among patients, telephone reminder on the day before the scheduled follow-up date is a good idea to keep the patient reminded on their appointment.

#### ***Satisfaction towards staff effort in order to minimise the anxiety level***

Trust is crucial in building good nurse-patient relationship (Naylor & Ware, 2015). It was found in this study that 85.6% of the respondents trusted the nurse who attended to them. Cox (2003, as cited in Mistiaen & Poot, 2008) reported that a trustworthy nurse-patient relationship is able to provide emotional comfort for patients which will further increase their satisfaction towards the service provided. However, Kimman et al. (2010) found that nurse-led telephone follow-up had no statistically significant influence on general patient satisfaction ( $p = 0.379$ ) and satisfaction with interpersonal aspects ( $p = 0.662$ ) but regarding access of care, patient satisfaction scores are significantly higher for patients receiving telephone follow-up ( $p = 0.015$ ). Using words and phrases that the patients understand is

essential for successful health education to take place. A total of 90% of the respondents agreed that nurses in this specialist centre are able to provide explanation and instructions using words that are easily comprehensible. Since patient engagement is needed for planning and executing the plan of care, the healthcare workers must ensure that the message given to patients are fully understood to uphold the success of transitioning care. This is supported by Rothrock (2008) who stated that simple, clear and easily understood information provided by nurses pre-operatively will help in obtaining optimal patient's outcome. It is agreeable that the anxiety level is reduced after receiving nurse-led telephone follow-up post cataract surgery. Results showed a mean score of 4.15 with a standard deviation of 0.05. This is supported by Thompson-Coon et al. (2013) saying that post operation anxiety can be greatly reduced by telephone follow-up. Besides that, Miller, Barton and Hassan (2012) also stated that patient satisfaction levels were extremely high with telephone follow-up. Therefore, telephone follow-up seemed to be a preferred service for majority of the patients. A total of 90 % of the respondents reported a high level of satisfaction towards nurse-led telephone follow-up. This finding is similar to the study done by Houser et al. (2013) which claimed that 90% of the patients were positive about the initiative of follow-up calls. Hence, we conclude that patient's level of satisfaction with nurse-led telephone follow-up after cataract surgery at a private eye specialist centre in Penang is high.

Response to the two open ended questions was poor where only one responded that he/she was fully satisfied with the service and no other suggestions required.

#### **Limitation**

The limitation in this study was that a small convenient sample ( $n=90$ ) of patients with post cataract surgery was used and it was conducted at one private eye specialist hospital in Penang.

## Conclusion

Telephone follow-up is a convenient and economic service which saves transportation time, increases patients' accessibility to specialists. The overall results of this study indicated that most of the patients were satisfied with the nurse-led telephone follow-up after cataract surgery at this eye specialist centre. With the advancement of technology in this era, it is recommended that patients' after care can be carried out with different methods, so that it is more interesting and able to close the gap between nurses and patients. For example, introduction of video call instead of ordinary call will enable nurses to assess the appearance, mood and eye condition. Furthermore, internet application such as 'What's app' or 'We chat' can be used as group chat in order to share the same interest among the patients. It is convenient as they do not need to purposely travel so far in order to meet each other. Auto short message system (SMS) reminder for appointment is recommended too as some patients did not pick up the phone during working time and will still be able to see the message later on. Most importantly, it improves patient self-management and satisfaction.

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Editor in-chief,  
International E-Journal of Science, Medicine and  
Education,  
International Medical University,  
Kuala Lumpur,  
Malaysia

Dear Editor,

I am writing in to resubmit my manuscript entitled “Patient’s Level of Satisfaction with Nurse-Led Telephone Follow-Up After Cataract Surgery at A Private Eye Specialist Centre in Penang”. The prevalence of cataract surgeries ranges from 7 million to 12 million cases in 2000, 20 million in year 2010 and an estimation of 32 million cataract surgeries annually by the year 2020 worldwide (WHO, 2015). Traditionally, the healthcare providers were only able to give the health education advice before the patient is discharged from the healthcare setting and the follow-up can only be done when the patient comes for the follow-up. Most of the patients will remain confused or forget the post-operative care even after comprehensive discharge preparation. However, with the advancement of technologies in this modern era, nurse-led telephone follow up can be considered as a tool for assisting healthcare providers in follow up care in Malaysia.

On the same note, this eye specialist organisation with centres throughout Malaysia had taken this innovative service to provide this telephone follow-up service to their patients with three main objectives namely to provide pre and post education on cataract surgery, to detect early post cataract surgery complications as well as to minimise anxiety among their patients. However, till date no patient feedback regarding the service was conducted. Therefore, the research objective for this study is to determine patient’s level of satisfaction with the nurse-led telephone follow-up after cataract surgery at a private eye specialist centre in Penang.

This manuscript describes original work and is not currently under consideration nor has it been accepted for publication elsewhere. All authors had read the manuscript and approved its submission. There is no conflict of interest. All authors do not have any affiliations with or financial involvement with any commercial organisation with direct financial interest in the subject or materials discussed in this manuscript. Thank you for receiving our manuscript and considering it for review. We appreciate your time and look forward to your response.

Kind regards

Lim Swee Geok