

Patients' Perception to Achieving Optimum Nursing Care and Health Outcomes Among Orthopedic Patients at Kerugoya County Referral Hospital, Kirinyaga County, Kenya

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ABSTRACT

Background: Nursing services are very crucial in the care of orthopedic patients in terms of satisfaction with quality care. Patients' perception on the optimum nursing care is the view from the point of service delivery to assessment post-delivery. Thus, the study intended to assess patients' perceptions to achieving optimum nursing care and health outcome in Kerugoya County Referral Hospital (KCRH).

Methods: Data was collected prospectively within a period of one month using cross sectional analytical design. Census was utilized to get 70 orthopedic patients and 30 healthcare workers in orthopedic units.

Result: About of the participants had a negative perception of the healthcare workers not having adequate time and also not working as a team. Despite this, more than half (54.3%) of the patients had a positive attitude towards the care offered. Overall satisfaction with the services offered (AOR= 7.8, C. I= 1.010-13.995, p-value = 0.039).

Conclusion: Patients perceived sub-optimal nursing care of health worker time for their care and health worker teamwork but despite this there was better overall positive attitude on optimum healthcare offered.

Keywords: health outcome, optimum nursing care, perception, orthopedic patient, Kenya

INTRODUCTION

Patients' perception of the quality of care is essential among the patients to ensure optimum recovery (1). Patients are not only contented with the proficiency and knowledge of healthcare workers but also the manner of behavior and interaction with the patients and the way they are managed will affect the quality of health care offered (2). Perceptions of optimum nursing care differs from healthcare workers and patients' views. Globally there is increased demand on the improvement of nursing care offered in health sectors as it influences the seeking behaviors of patients to health

points as improved patient care as become key to all health sectors (3). Patient satisfactions in terms of care received is one of the key areas in health globally. Patient satisfaction is very crucial in health as it helps to evaluate the services offered (4-13). Optimum nursing care can be used to captured flaws in the health sectors because nursing act as a backbone of health as nurses play many roles in the field of health. And also, through this patient needs will be achieved as the administrators will work to fill the gaps identified (5). The concerns include treatment cost, medical insurance cover, no personalized care, ineffective

communication with health care workers, nurse patient disagreement resolutions, patient non-involvement in own care and inadequate pain management.

Patients with required information on the treatment alternatives available enables them to participate on the treatment of choice that fits their situation hence allowing them to play an active role in personalized care while ineffective participation on own treatment has negative health outcomes and higher rates of dissatisfaction (6). Effective communication between healthcare workers and patients plays a major role in service delivery. Patient are given chance to consent on the services to be offered, advised on the side effects and management upon discharge (7). The services offered to patients without informed consent possess high rates of patients' dissatisfaction, complaints and additional medical gaps (8).

Quality of care as perceived by patients is inadequately studied more so in the middle-income countries including Kenya. Determining patient perception and participation not only gives teachings on selfcare on real involvement but also the beliefs on important areas noted by patients (9). Globally, despite of many studies on patients' perceptions to optimum nursing care there is scanty information in Kirinyaga County hence fostering us to conduct research of perceptions to achieving optimum nursing care among orthopedic patients at Kerugoya County Referral Hospital (KCRH).

MATERIALS AND METHODS

Settings: Study conducted at KCRH orthopedic units. Averagely 70 patients are served in the units on monthly basis. There about 30 healthcare workers in the units, most 63.3% being nurses. The nurses play many roles in hospital setting such as offering clinical carer, educating patients and family in acute state and also post discharge, quality assurance and also in administrative roles in health.

Study design and period: the study cross sectional analytical design over a period of one month 1st March 2023 to 31st March 2023.

Sample size determination: Average number of patients who attended orthopedic units for three months was done retrospectively. Census was done to get 70 patients in the units and 30 healthcare workers present during the period of study.

Measurement: Questionnaires such as adequate time for care, comfort, explanation on what to expect, healthcare worker teamwork and taught on self-care of quality care were prepared and assessed using Likert scale (never=1, seldom=2, sometimes=3, usually=4 and always=5). Translation of questionnaires to language of understanding was done by research team to suit individual clients as there were those who could prefer either swahili or kikuyu. Specific variables that were associated with health outcome were analysed using multivariate regression analysis to assess whether they are of value to recovery duration.

Sampling technique and data collection procedure

Census was used to get study participants in the orthopedic units during the period of study. Once the patient was recruited for study, was interviewed using paper-based questionnaires that was translated to the language that best suits the patient. Data collectors were two nurses from another county to decrease biases. They were taught on content of the objective, technique of interviewing and operation definition of terms.

Eligible criteria

Orthopedic patients in the wards and clinics were included while patients who were critically ill with neurological injuries were excluded.

Data analysis

Data was analyzed using SPSS version 26. Consistency and completeness were

checked by cleaning the data and none was missing. To assess association of perceptions and health outcome, a multivariate regression analysis was done and a P-value <0.05 was considered of statistical significance.

Ethical consideration

Study was conducted after ethical clearance from Chuka University Research Committee. Research permit was obtained from Nacosti, Kirinyaga county government department of health. Consent was obtained from patients and confidence was assured before interviewing using questionnaires.

RESULTS

70 patients were included and more than half (54.3%) had experienced highest optimum nursing care. On optimum care

keeping patient comfort performed highest with a mean score of 3.40 while health workers team work performed poorly with a score of 2.99 (Table 1). Chi-square was done to test association between patients' perception and health outcome. There was non-insignificant association between patient comfort and health outcome. On the contrary patients' perception of healthcare teamwork and overall perception had a significant association with the duration of recovery (Table 2). regression analysis was further conducted to healthcare teamwork, self-care and overall satisfaction. Patient who was not taught on self-care and those with overall negative perception were 2.6 times and 2.8 times more likely to recover in a period of more than one month respectively (Table 3).

Table 1: Quality of care

Quality of care	N=70	
	Mean score	Standard deviation
Had adequate time for your care	3.00	1.474
Keep your comfort	3.40	1.197
Explains what happen to you	3.37	1.157
Health workers teamwork	2.99	1.313
Teach you how to self-care	3.27	1.329

Table 2: Association between patients' perception and health outcome

N Patient perception	N N=70	= 700 Recovery duration		χ ² P-value
		<1 month n (%)	≥ 1 month n (%)	
Time	Negative perception	13(18.6)	24(34.3)	0.874
	Positive perception	11(15.7)	22(31.4)	
Comfort	Negative perception	10(14.3)	24(34.3)	0.404
	Positive perception	14(20.0)	22(31.4)	
Explanation provided	Negative perception	11(15.7)	24(34.3)	0.615
	Positive perception	13(18.6)	22(31.4)	
HCW team work	Negative perception	10(14.3)	30(42.9)	0.049*
	Positive perception	14(20.0)	16(22.9)	
Self-care	Negative perception	8(11.4)	26(37.1)	0.055
	Positive perception	16(22.9)	20(28.6)	
Perception category	Negative perception	7(10.0)	25(35.7)	0.045*
	Positive perception	17(24.3)	21(30.0)	

*Significant at p≤0.05

Table 3: Association between patients' perception and recovery duration

Recovery duration category ^a		B	P Value	COR	95% Confidence Interval for COR	
					Lower Bound	Upper Bound
≥ 1 month	Team work-no	.97	.042	2.625	.953	7.231
	Team work-yes	0 ^b	.	.	.	.
	Self-care-no	.96	.039	2.600	.929	7.280
	Self-care-yes	0 ^b	.	.	.	.
	Negative perception	1.06	.041	2.891	1.007	8.297
	Positive perception	0 ^b	.	.	.	.

DISCUSSION

Only 54.3% of study participants reported being satisfied with the quality of care they received from nurses, according to the current study. The other 45.7% lacked conviction or expressed ambivalence. Low patient perceptions of the quality of care may cause issues in the healthcare system by lowering trust and resulting in decreased service use, deferred health hunting, and poor public health outcomes (9-12). Therefore, nurses and other key players in the healthcare industry should place particular focus on programs which boost patients' favorable perceptions of the standard of treatment. Based on the opinions and satisfaction of patients and their careers, the quality and sufficiency of healthcare services can be assessed (10). According to patient opinions, several research have also found that the quality of health services is insufficient and undesirable (9).

Most participants in the survey believed that the nursing staff did not have enough time to properly care for them. Provision of patients with enough time to communicate, listen, and receive information is necessary for patient satisfaction since it makes sure that they are less stressed and more involved (15). Additionally, 48.6% of the study participants said that the healthcare professionals did not keep them at ease. In addition, providing patients and their families with information about their conditions is important in helping them overcome fear of the unknown (4). Consistent with the current study, other studies have reported inadequacies in information provision.

Furthermore, only 51.4% of the participants acknowledged that they were taught by the healthcare worker how to take care of themselves. Patient education on self-care is critical. Patient self-care plays a crucial role in the prevention, treatment, and management of diverse conditions (11). Therefore, effective and continuous interaction and communication are critical determinants of patients' satisfaction, hospital stay, and recovery. As such,

Nursing care provider's communication skills play a pivotal role in ensuring that patients feel valued and cared for.

CONCLUSION

Patient perceived sub-optimal nursing care of no teamwork in health care workers, no self-care education and the overall perception. This calls for an action from the health care stakeholders to improve quality of nursing care and patient satisfaction.

Declaration by Authors

Ethical Approval: Approval was given by Kerugoya County Referral Hospital and participants gave informed written consent before the study

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Conflict of Interest: The authors declare no conflict of interest.

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