

Original Article

## Perception of Emergency Nursing Care among Patients in Selected Hospitals in Oyo State Nigeria

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### Abstract

**Background:** Literature has shown that quality of care received may or may not improve the outcome of care during emergency situations. However, in Nigeria, there is dearth of data as regards the perception of emergency nursing care among adult patients.

**Aim:** The study examined adult patients' perception of emergency nursing care in southwestern Nigeria

**Methodology:** Descriptive design was used among 428 patients using purposive sampling technique. University College Hospital, Ibadan and Ladoko Akintola University of Technology teaching Hospital Ogbomosho were the study settings. A modified Consumer Quality Index for accident and emergency department was used for data collection. Data were analysed using descriptive statistics, chi square test and multiple regressions.

**Result:** Generally, 67% of the patients perceived the emergency nursing care in the selected hospitals as unsatisfactory (negative perception). However, the 18.5% of the patients exhibited positive or satisfactory perception'.

**Conclusion:** Patients perceived emergency nursing care as important but unsatisfactory. Therefore nurses need to do their best in delivering emergency care to improve survival rate and quality of life.

**Keywords:** Adult patients, emergency nursing care, emergency department, perception, nurses, hospitals.

### Introduction

The usual routine in the emergency department is to provide medical care, but in recent years, emphasis is shifting towards provision of nursing care as well as looking at patients' perceptions of holistic emergency care (Muntlin, 2009). According to Senarath and Gunawardena (2011), the patients' perception of nursing care is as an important measure in examining quality of health care. The authors stressed that patients' perception of the quality of care is influenced by the

expectations of the person who uses the care as well as actual nature of the care being received.

### Research Question and Hypothesis

The following were the questions that study was set to answer:

1. What is the patients' perception of emergency nursing care in selected hospitals?

2. How do demographic variables of these patients affect their perception of emergency nursing care?

The hypothesis generated for the study

There is no significant difference in patients' perception of quality of emergency nursing care across selected demographic variables (gender, age and educational status).

### Background

In Nigeria, there have been very few studies on patients' perspectives of emergency nursing care. Yet fatalities from road traffic accidents, terrorist attacks (Boko Haram insurgency in the northern part of Nigeria), acute illnesses etc. remain unbearably high. In a country with this unenviable record, there is a need for regular monitoring of the quality of available emergency nursing care. Franzén et al, (2008) noted that patients' perception of emergency care is influenced by their background and nature of the visit to the emergency department. In their study, they established inter alia that factors associated with a positive perception of care in the A&E department include: a short waiting time; chronological maturity of victims; and relatively high educational level of victims. A short waiting time was rated as the most important but slight differences were seen in relation to education.

Blumenthal cited in Babatunde et al. (2013) found that people with higher levels of education had poor perception of health service than those who were less educated. Mufti, Qadri, Tabish, Mufti & Riyaz (2008) equally identified cultural background, socioeconomic status and gender as factors influencing patients' perception of care. Their study revealed a better perception of quality of care among female in-patients in all but one aspect of nursing care (caring attitude). Generally speaking, the overall care may be perceived as of good/high quality, moderate/average or low/poor and those patients who perceive quality as high tend to be satisfied with care (Jha, Orav, Zheng & Epstein, 2008; Muntlin, 2009).

Pines and Hollander's (2007) observed that poor care can be identified by three outcomes: not receiving treatment with pain medication while in the A&E; a delay (>1 hour) from triage to first pain medication; and a delay (>1 hour) from room

placement to first pain medication. It has however been found that a higher percentage of patients admitted through emergency units has a poorer perception of all aspects of nursing care than patients admitted as routine cases (Mufti et al., 2008). In a related study, Fröjd, et al, (2011), observed that patients with emergency admissions reported lower scores for quality of care than did patients with planned admissions. Inadequate quality was particularly noted in the areas of information giving, treatment and examination results; opportunities to participate in decision related to care; and information on self-care. On the contrary, Ariba, Thanni and Adebayo (2007) in their study reported that majority of the patients who received care in A & E of tertiary hospitals perceived the quality of care received as satisfactory.

### Methodology

A descriptive design was used for this study. The study conducted in two tertiary hospitals in Southwest Nigeria. The hospitals are University College Hospital Ibadan and Ladoke Akintola University of technology Teaching Hospital Ogbomoso. Purposive sampling technique was used to select 428 patients that were admitted into the accident and emergency department and patients in other wards that were admitted via A&E department. The target population was 1,284 patients. The inclusion criteria are that the respondents must be: on admission in A&E department or admitted into other wards via A&E department but not beyond 6 months; 18 years and above; conscious; stable and willing to participate. Patients with the following characteristics were excluded from the study: unconscious and unstable; less than 18 years of age; and those that have been on admission for more than 6 months.

### Instrument for data collection

The instrument for data collection was a modified Consumer Quality Index for Accident and Emergency by Bos, Sturms, Schrijvers & Stel (2012). The instrument consists of 16 items adapted from the original instrument to accommodate the respondents, settings of the study and objectives of the study. The modification of the instrument was made by a senior nurse in emergency department, lecturer and statistician. The items were rated using 5-point Likert scale

format. Options of answer range from “strongly agree” to “strongly disagree” (where strongly disagree = 1, disagree = 2, undecided = 3, agree = 4 and strongly agree = 5). Maximum score obtainable was 40 while the minimum score was 8. A score of 8 – 19 was interpreted as “unsatisfactory perception (negative perception)”, 20 – 29 as “satisfactory (positive perception)”, while a score of 30 – 40 was regarded as “very satisfactory (very positive perception)”.

### Procedure for data collection

Following obtainment of gatekeepers’ permission and informed consent from the patients, the principal investigator and two trained research assistants began administration of the adapted questionnaire starting with the A&E department of each of the selected hospitals. The male and female surgical wards; orthopaedic ward; and the male and female medical wards of each of the selected hospitals were equally visited until the total number of eligible (428) patients was reached. The patients were given time to read the questions, answer them, and the questionnaires were immediately retrieved from them before moving to another ward. The questionnaire administration was done on only those patients who were willing to participate in the study; no one was coerced to be part of the study.

### Analysis

At the conclusion of data collection, all the completed questionnaires were screened for duplicate, completeness, errors and missing data. A coding book was then developed before commencement of data entry or data capturing on Statistical Package for Social Sciences version 21 (SPSS 21, Chicago). Both descriptive (mean, frequency and percentages) and inferential statistical techniques (such as chi square and linear regression) were employed for data analysis. The socio-demographic characteristics were analysed with simple descriptive statistics using frequency tables and percentages while relationships and differences between variables were tested with inferential statistics.

## Results

### Social Demographic Characteristics of Patients

The age of the patients range from 18 to 82 with a mean of  $35.57 \pm 12.52$ . There is an increasing decline in the number of patients as the age increases with many (38.55%) being 18 – 29 years of age; 24.53% are 30 – 39 years of age while those who are 60 years and above constitute the least proportion (5.38%). There are more males (57%) than females (43%). The marital profile of the patients shows that a majority (66.1%) are married, 32.5% are single, while those that are separated/divorced and widowed are 0.7% respectively. The educational status of the patients shows that an overwhelming majority (98.1%) had formal education though many (41.9%) only had secondary/high school education (Table 1). There is equally a preponderance of Yoruba (87.1%). The distribution of the patients by religion shows that a majority (74.8%) are Christian. Classification of the patients by hospital settings shows that 66.8% are receiving care at hospital B (UCH Ibadan) while the rest (33.2%) are from Hospital A (LAUTECH Ogbomoso).

### Patients’ perception of emergency nursing care

A breakdown of the of the patients’ aggregate response to the individual items that constitute the perception scale reveals that only 37.2% of the patients indicated affirmatively that the A&E environment is safe and welcoming. Similarly, less than half the sample size (31.8%) agreed that they get prompt attention at the A&E unit of the selected hospitals. The same goes for the patients’ perception of whether precautions and danger signals are well spelt out (36.9%) (Table 2). The overall perception of emergency nursing care reveals that 67% of the patients’ perceive the quality of emergency nursing care in the selected hospitals as unsatisfactory (negative perception). However, the 18.5% of the patients exhibited positive or satisfactory perception. (Figure 1). Multiple Regression analysis of Patients’ Perception of Quality of Emergency Nursing Care, regressed on Gender, Age and Educational Status are presented in Table 3.

## Discussion

It surfaced from findings that majority of the respondents had unsatisfactory or negative perception of quality of emergency nursing care and this is similar to the finding of study by Mufti et.al (2008) and Fröjd et al (2011). In this study,

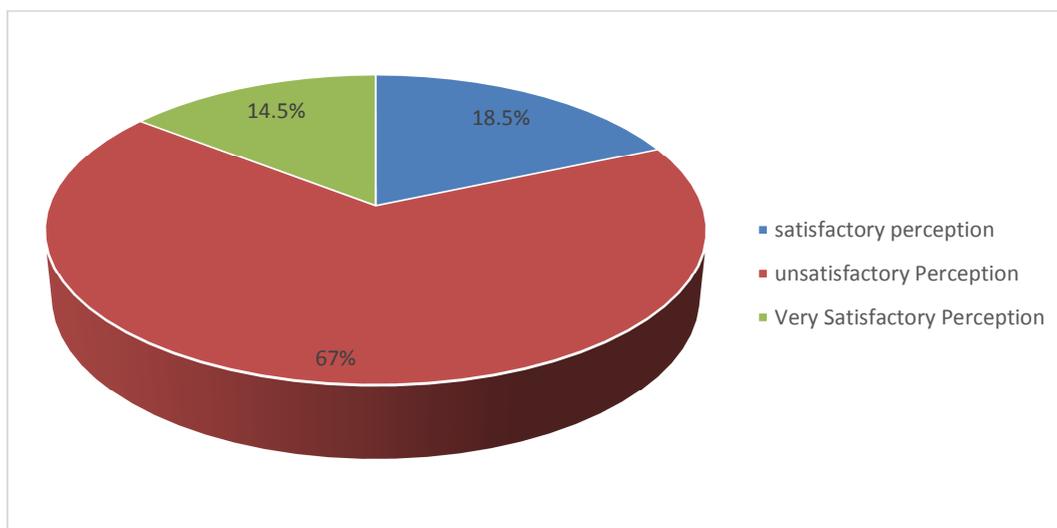
less than half the sample size agreed that they got prompt attention at the A&E unit of the selected hospitals meaning that they experienced a long waiting time.

**Table 1: Demographic Characteristics of Patients in Hospital A and Hospital B**

Variables	Hospital A Frequency (N=142)	Percentage (%)	Hospital B Frequency (N=286)	Percentage (%)	Total N=428(%)
<b>Gender</b>					
Male	73	51.41	171	59.79	244 (57.00)
Female	69	48.59	115	40.21	184 (43.00)
<b>Age</b>					
18-29	52	36.62	113	39.51	165 (38.55)
30-39	40	28.17	65	22.73	105 (24.53)
40-49	25	17.60	61	21.33	86 (20.09)
50-59	19	13.38	30	10.49	49 (11.45)
60 and above	6	4.23	17	5.94	23 (05.38)
<b>Marital status</b>					
Single	47	33.10	92	32.17	139 (32.50)
Married	94	66.20	189	66.08	283 (66.10)
Separated/Divorced	0	0.00	3	1.05	3 (0.700)
Widowed	1	0.70	2	0.70	3 (0.700)
<b>Highest level of education</b>					
No formal education	4	2.82	4	1.40	8 (01.90)
Primary school leaving cert	16	11.27	23	8.04	39 (09.10)
NECO/WAEC Cert	66	46.47	116	40.56	182 (42.50)
OND	21	14.79	58	20.28	79 (18.50)
HND/1st Degree	30	21.13	69	24.13	99 (23.10)
MSc/PhD	5	3.52	16	5.59	21 (04.90)
<b>Occupation</b>					
Schooling	28	19.72	53	18.53	81 (18.90)
Unemployed	0	0.00	4	1.40	4 (00.90)
Trading	46	32.39	87	30.42	133 (31.10)
Artisan	36	25.35	63	22.03	99 (23.10)
Civil servants	29	20.43	72	25.17	101 (23.60)
Retiree	3	2.11	7	2.45	10 (02.30)
<b>Ethnicity</b>					
Hausa	1	0.70	1	0.35	2 (00.50)
Igbo	4	2.82	30	10.49	34 (07.90)
Yoruba	136	95.78	237	82.87	373 (87.10)
Others	1	0.70	18	6.29	19 (04.40)
<b>Religion</b>					
Christianity	106	74.65	214	74.83	320 (74.80)
Islam	36	25.35	72	25.17	108 (25.20)
<b>Average monthly income</b>					
₦5000 - ₦14,999	32	22.54	83	29.02	115 (26.87)
₦15,000 - ₦24,999	55	38.73	101	35.31	156 (36.45)
₦25,000 - ₦34,999	14	9.86	15	5.24	29 (06.78)
₦35,000 - ₦44,999	19	13.38	43	15.03	62 (14.49)
₦45,000 and above	22	15.49	44	15.38	66 (15.41)

**Table 2: Perception Score for Selected Components of the Emergency Care**

Variables	Hospital A Frequency (N=142)	Percentage (%)	Hospital B Frequency (N=286)	Percentage (%)	Total N=428(%)
<b>Safe and welcoming environment</b>					
Agree	61	43.0	98	34.3	159 (37.2)
Undecided	4	02.8	27	09.4	31 (07.2)
Disagree	77	54.2	161	56.3	238 (55.6)
<b>Chaotic atmosphere</b>					
Agree	85	59.9	161	56.3	246 (57.5)
Undecided	26	18.3	38	13.3	64 (15.0)
Disagree	31	21.8	87	30.4	118 (27.5)
<b>A&amp;E Nurses friendly and polite</b>					
Agree	78	54.9	178	62.3	256 (59.8)
Undecided	28	19.7	27	09.4	55 (12.9)
Disagree	36	25.4	81	28.3	117 (27.3)
<b>Nurses listen</b>					
Agree	90	63.4	168	58.7	258 (60.3)
Undecided	17	12.0	35	12.3	52 (12.1)
Disagree	35	24.6	83	29.0	118 (27.6)
<b>Prompt attention</b>					
Agree	33	23.2	103	36.0	136 (31.8)
Undecided	8	05.7	33	11.5	41 (09.6)
Disagree	101	71.1	150	52.5	251 (58.6)
<b>Complete information</b>					
Agree	52	36.6	109	38.1	161 (37.6)
Undecided	23	16.2	44	15.4	67 (15.7)
Disagree	67	47.2	133	46.5	200 (46.7)
<b>Danger signals well spelt out</b>					
Agree	42	29.6	116	40.6	158 (36.9)
Undecided	9	06.3	41	14.3	50 (11.7)
Disagree	91	64.1	129	45.1	220 (51.4)
<b>Exorbitant cost of treatment</b>					
Agree	85	59.9	163	57.0	248 (57.9)
Undecided	20	14.1	71	24.8	91 (21.3)
Disagree	37	26.0	52	18.2	89 (20.8)



**Figure 1: Overall Patients' Perception of Quality of Emergency Nursing Care**

**Table 3: Multiple Regression analysis of Patients' Perception of Quality of Emergency Nursing Care, regressed on Gender, Age and Educational Status**

CAN WOMEN, REGRARITAL STATUS, AGE, INCOME, Variables	B	SE(B)	$\beta$	P
Constant	2.372	0.143		0.000
Gender	-0.145	0.057	-0.125	0.012
Age	0.00	0.033	0.000	0.995
Educational status	-0.056	0.025	-0.110	0.026
<b>N 428 patients</b>				
<b>F = 3.246</b>		<b>df = 3,423</b>	<b>P = 0.022</b>	<b>Adjusted R<sup>2</sup> = 0.016</b>

Franzén et al (2008), in their study established that a short waiting time is associated with a positive perception of quality of care in A&E department. However, patients in this study had a negative perception.

Nurses' attitude plays a major role as indifferent attitude of nurses can affect the critical nature of emergency ward and it is an obstacle in performing effective and comprehensive care. In this study, majority of the patients disclosed that nurses displayed a good attitude towards them. However, this is contrary to the result of the study carried out by Oluwadiya et.al (2010). This may be as a result of frequent trainings on redeeming the image of nursing profession.

From the hypothesis generated, educational status  $p = 0.026$  and it is statistically significant, in the perception of quality of emergency nursing care. The results indicate that the higher level of educational status of the patients, the lower the perception of the quality of emergency nursing care, as indicated by the negative regression coefficient.

This is similar to the report of study carried out in the United Arab Emirate by Bluementhal cited in Babatunde et.al (2013). Gender ( $p = 0.012$ ) is also significantly related to patients' perception of the quality of emergency nursing care and indicates that the higher the number of males, the lower the level of patients' perception of the quality of emergency nursing care.

Age is not statistically related to patients' perception of the quality of emergency nursing care ( $p=0.995$ ). Furthermore, in this study patients' perception was influenced by their level of education and age because 62.8% of them are early adults with overwhelming majority having a formal education. This corroborated Dzomeku et.al (2013).

**Research setting:** University College Hospital Ibadan, Nigeria info@uch-ibadan.org.ng and Ladoko Akintola University of Technology Teaching Hospital Ogbomoso, Nigeria lthogbethcom@yahoo.com

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