



Original Article

Quality of Nursing Care of Surgical Patients at the Regional Hospital of Ngaoundere

Qualité des soins infirmiers des patients chirurgicaux à l'Hôpital Régional de Ngaoundéré

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RÉSUMÉ

Introduction. Un des moyens utilisés pour évaluer la qualité des soins chirurgicaux est la satisfaction des patients sur leur prise en charge par le personnel infirmier du bloc opératoire. L'objectif de notre étude était d'évaluer la qualité de la prise en charge infirmière (PEC) de l'opéré et sa satisfaction à l'Hôpital Régional de Ngaoundéré (HRN). **Patients et méthodes.** Il s'agit d'une étude transversale prospective conduite dans le service de chirurgie de l'HRN sur une période de trois (03) mois allant de septembre à décembre 2015, en utilisant un questionnaire et un audit observationnel. Les variables étudiées étaient les connaissances et attitudes du patient vis-à-vis de la chirurgie et de l'anesthésie et le niveau de satisfaction dans toutes ses dimensions. Celui-ci a été corrélé au sexe, au score ASA et au type d'anesthésie. **Résultats.** Un échantillon de 60 participants a permis d'obtenir un taux global de satisfaction de 75%. Les dimensions ayant un taux élevé étaient: les compétences techniques (91.8%), le respect (92.6%) et les caractéristiques du personnel (84.4%). Les mauvaises dimensions étaient: le soutien à l'initiative 47.5%. **Conclusion.** Ces résultats soulignent l'importance de la prise en charge et prouvent que des améliorations doivent être apportées dans le domaine du péri opératoire et de la qualité des soins fournis.

ABSTRACT

Introduction. One way of assessing the quality of healthcare is to study the satisfaction of patients about the care which is provided by nursing personnel of surgical units. The aim of the study was to assess the healthcare quality provided to patients, and how satisfied they are with focus on the sociodemographic factors that can affect the patients' nursing at the Regional Hospital of Ngaoundere. **Patients and methods.** This was a cross sectional transversal prospective study that was carried in the surgery unit of the Regional Hospital of Ngaoundéré from September to December 2015. Our tools were a questionnaire and observational audit. Our study variables were the knowledge and attitudes of patients in relation to anesthesia and surgery, and the level of satisfaction in all its dimensions during the various stages of the perioperative interventions. **Results.** Within three (03) months, we have got and handled a sample of sixty (60) patients, using a questionnaire that enabled us to record 3.75 for the total amount of satisfaction and 75% for the total rate. The technical competences were the highest proportion with a total rate of 91.8%, 92.6% for the esteem (respect) and 84.4% for the staff characteristics. But supporting was less, with 47.5%. **Conclusion.** Our results emphasize some factors that should be improved to provide a better nursing quality care plan to patients during surgical operations.

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INTRODUCTION

The assessment of patients on their nursing care activities during perioperative stay period is an important indicator in the evaluation of nursing care plan implementation [1]. As such, this assessment is of reference to health personnel to pass necessary amendments so as to perfect nursing care practice in perioperative stay period. In surgery, the gesture done by surgeon is very important but nursing care is not less important because the implementation of a well-dressed nursing care puts the patient in the best conditions for the surgical procedure as a whole. Therefore the surgical act and the nursing care plan are both measure working

together for patients recovery. In the perioperative context we notice that nursing care takes an important part. For this reason the quality of health care to patients is highly controlled and evaluated by health care systems [2]. Moreover, to promote efficient, secure and quality care, we have to focus on representative indicators of quality in health care. Patient's satisfactory assessment on their health during their stay period in the hospital is one of the indicators recognized and known by all. Consequently, it is important to know and apprehend the perception of patients on received care. In the course of this study, we had to find

out care satisfaction from patients after surgery in the Regional Hospital of Ngaoundéré (RHN). The main objective of the study was to evaluate the quality of nursing care and patient's satisfaction in surgical patients of the RHN and more specifically, to determine factors that influence nursing care and their satisfaction from patients post-surgery.

PATIENTS ET METHODS

During three months (03), from September 10 2015 to December 10 2015, we did a cross-prospective design study in the surgery unit of the Regional Hospital of Ngaoundéré. We proceeded by an observational audit using a questionnaire assigned for the case of nursing care practices in surgery. Patients eligible to the study were those of the surgical unit of the RHN who accepted to participate to the study by giving their written and who fulfilled the following inclusion criterions:

- Patients aged 15 years and above;
- surgery during the study period;
- Signed the consent to take part to the study.

Criteria of exclusion were patients with:

- Surgical interventions on patients with life threatening conditions.
- Mental handicap

We performed a random selection of patients in our target population to get our study population. They received an anonymous pretested questionnaire. Data were analyzed by Epi Infos. 7 and Microsoft Office Word and Excel version 2010. Variables were treated statistically according to measures such as total number means...

Limits of the study

Many patients' refusal to participate to the study

RESULTS

Sociodemographic characteristics

A sample made up of 24 men (40%) and 36 women (60%) took part to the study.

Ages observed ranges between 19 years to 86 years with a mean age of 32 years.

44% of the patients were not educated, 24% of the patients had a primary education level, 17% had a secondary education level and 15 % had an university education level.

Clinical characteristics

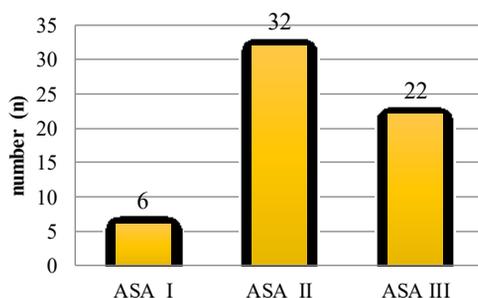


Figure 1: Distribution of patients following the SCORE ASA

Figure 1 shows that 53% of the patients had a score of ASA II that is the majority of them.

89% (87) of the patients were affected psychologically. 45% (53) patients were frightened as regard to the surgery to undertake whereas 21% (23) were anguished.

78% of the registered patients had no surgical antecedent where as 22% of them had already an experience in surgery. Concerning post-operative signs and symptoms, most observed symptoms in the post-operative period were: pain with 80%, followed by headache with 61%. Nausea/vomiting both 13 % each.

This table (Table I) shows that, the majority (more than 50%) of the patients were scared by the surgical procedure rather than anesthesia.

Table I: Number of patients scared to surgery and anesthesia.

Fear	Answers	n	%
Due to anesthesia	Don't know	0	0
	Not at all	31	52
	Not too much	14	23
	In a certain measure	12	20
	Much	3	5
Due to surgery	Don't know	0	0
	Not at all	22	37
	Not too much	15	25
	In a certain measure	19	32
	Much	4	7

Intrinsic and extrinsic characteristics

Concerning patient's knowledge of surgery and anesthesia, most of them had some few knowledge of the anesthesia during surgery whereas just few had some ideas about the procedure to be involved (Table II).

Table II: Number of patients with some knowledge in surgery and anesthesia

Knowledge	Answers	n	%
Knowledge of the surgical procedure	Don't know	0	0
	Not at all	0	0
	Not much	5	8,3
	Few	31	51,7
	Good	24	40,0
Knowledge of anesthesia	Don't know	4	0
	Not at all	4	6,7
	Not much	0	0
	Few	28	46,7
	Good	24	40,0

Overall, the mean score of satisfaction is 3.75 for a rate of 75% representing an average satisfaction. The dimension that represent the greatest mean is the third dimension that is "respect" with a satisfactory score of 4.63 for a rate of 92.6%. On the other hand, the least mean is the fourth dimension which is "support to initiative" with a score of 2.38 for a rate of 47.6% (Table III).

Table III: Global satisfaction measured by dimension

Variable	Average/5	And	Min	Max	(α)*
1st dimension					
Pain	3,90	1,12	1,25	5	
Body	3,79	1,25	0,50	5	
Technical	4,59	0,62	2,50	5	
Physical care	4,03	0,76	2,40	5	0,61
2nd dimension					
Information	3,49	1,04	1,67	5	0,63
3rd dimension					
Support to initiative	2,38	1,05	0,50	5	0,45
4th dimension					
Respect	4,63	0,69	1,67	5	0,60
5th dimension					
Personnels characteristics	4,22	0,89	1,25	5	0,64
6th dimension					
Health environment	3,75	1,24	0,80	5	0,73
7th dimension					
Care process	4,08	1,17	1,50	5	0,33
Global satisfaction	3,75	0,69	2,26	5	0,86

Correlation with sociodemographic variables

There was nearly equal global satisfaction in both sexes (men 3.79; women 3.70) (Table IV).

Non educated patients were more satisfied with a satisfaction score of 3.86 for a rate of 77.2%.

Table IV: Global satisfaction score with sex

Gender	n	Average/5	Satisfaction (%)
Women	36	3,70	74
Men	24	3,79	75.8

Patients in ASA III had a mean satisfaction score of 3.93 and 78.6% of them were satisfied. Patients in ASA II and I had lower rates of satisfaction (74% and 67.8%).

Table V: Global satisfaction with ASA score

ASA score	n	Average/5	Satisfaction (%)
ASA I	6	3,39	67,8
ASA II	32	3,70	74,0
ASA III	22	3,93	78,6

Patients who had local anesthesia as a procedure had a satisfaction score of 5, and a rate of 100%. Other procedure had lower satisfaction scores. (Table VI)

Table VI: Global satisfaction score with the different types of anesthesia

Type of anesthesia	n	Average /5	Satisfaction (%)
General anesthesia	31	3,96	78.4
Locoregional	18	3,62	72.4
Local anesthesia	11	5	100

DISCUSSION

Global satisfaction

Our study shows that the average global satisfaction score for the patients was 3.75 on 5. In other words, 75% of the patients enrolled in the study are satisfied with the nursing care received during their stay period in the hospital. A similar result was obtained from a study in Spain by Mira and al. (2009).

Other studies found an average score of 4.14 [3], equivalent to 83% of satisfaction rate. Leinonen and al, who compared in a design study the scores of nurses and patients on their satisfaction to health care equally obtained a good score [4].

Level of satisfaction and clinical characteristics

In our study, men (60%) were more satisfied than women (40%), probably because women are more demanding than men with health. Results from Findik and al. [5] and Mira and al, (2009) are similar to ours. For these authors, women attach more importance to health than men. Moreover, patients aged 35 years or more were more satisfied than younger ones. Our results are similar to those of Findik who found that patients aged 40 to 60 years were more satisfied than younger ones as well as Mira and al, (2009) who had similar results.

Concerning the ASA score, we found no publication relating ASA score and patients' satisfaction. In our study, all patients who had local anesthesia were, and that was not the case for other anesthetic procedures. This is understandable, because of the marked undesirable effects during surgery that may be encountered in locoregional or general anesthesia.

We had 69.8% rate of satisfaction relative to information and education of patients. Several studies show that preoperative education is one of the determinant factors for patients [6]. We may explain this light rate by the quality of training received by health personnel, the circumstances of arrival of patients to the hospital and the internal organization of the surgical service.

Signs and symptoms reported in our study have been equally reported by others [7, 8]. In our case, few secondary effects were observed after surgery meaning that good nursing care planning is correct and well executed by our personnel.

As far as the level of education of patients is concerned, Findik and al [5], found that patients with little or no educational level were more satisfied with care than patients with a good or higher level of education [5]. In our study, we got similar findings.

Dimensions of satisfaction

In our study, "support to initiative" had the lowest score (47.5%). This may be due to the quality of training or to lack

of motivation or both. Publications on these aspects are scarce in African literature.

We found that the dimension of “respect” scored 4.63 either 96.6%, similar to the study of Merkouris and al (1999). As for Lindwall and Von Post, the respect of human dignity is really important for patients in vulnerable situations [9].

Concerning the patients’ environment, the score satisfaction score was equal to the average global satisfaction. Many authors insist on the importance of relaxation and a warm environment [10]. In our study, most patients qualified the environment of care as noisy for a surgical patient due to poor accommodation and lack of specific infrastructure for specific cases.

CONCLUSION

Our study stresses the need for improvement in the quality of nursing care to improve patients’ satisfaction. There are several perioperative periods of care which need specific measures so as to let patients experience a better surgical experience. The procedures which are delivered by different health care professionals focus on two basic axes: technical care and human factors. Nursing care requires both technical and relational, and their applications depends not only on patients’ needs but also on perioperative requirements. In the RHN more emphasis should be placed on patient’s information and support initiative during nursing care. That would be of great benefit for patients.

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