

Patients' perception on the quality of nursing Care among postabortal care clients attended to at Kenyatta national hospital

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Abstract: Abortions are serious public health problems with worldwide distribution. It affects all reproductive age groups. Despite this worldwide distribution, many patients don't seek for appropriate abortion care services for many reasons.^{1,2,2,4} This is mainly attributed to negative perception of postabortal care clients towards nursing care. Our study aims to determine the patients' perception on the quality of nursing care among postabortal care clients attended to at Kenyatta National Hospital. This descriptive cross sectional quantitative and qualitative study was conducted in ward 1 D Kenyatta National Hospital between 15th June, 2018 to 15th July, 2018. A total of 66 postabortal care clients were included in the study. On comparing perception and attitude for patients undergoing postabortal care at Kenyatta National Hospital, were statistically significant with a P-value of <.003.

The above study reviewed that there was a positive relationship between perception and attitude of postabortal care client's perception on the quality nursing care.

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I. Introduction

Abortions occur worldwide, there has been a great increase in the number of unsafe abortions globally. It is estimated that 56 million abortions occur yearly worldwide.^{1,2,3,4} This is mainly attributed to high rates of unsafe abortions. Countries with restrictive abortion laws also experienced higher rates of abortions than those who did not have restrictive laws^{6,7}. Thus there was marked increase of unsafe abortion due to patients undergoing postabortal care fear criminalization of abortion issue which make them to be jailed. This led to negative perception for postabortal care clients towards nursing care provided^{5,8}. Abortions are considered as one of the major causes of maternal death^{9,10}. Lowering the rate of unsafe abortion helps to minimize the number of maternal deaths and helps improve the maternal outcomes.^{6,9}

II. Material and Methods

This descriptive cross sectional quantitative and qualitative study was carried out at Kenyatta National Hospital, ward 1D. from 15th June, 2018 to 15th July 2018. A total of 66 postabortal care clients of women of reproductive age 15 to 49 years were for in this study.

Study Design: descriptive cross sectional quantitative and qualitative.

Study Location: This was a Hospital based study done in Department of Obstetrics and Gynaecology, at Kenyatta National Hospital, ward 1D.

Study Duration: 15th June, 2018 to 15th July, 2018.

Sample size: 66 postabortal care clients.

Sample size calculation: The sample size was calculated using fishers formulae but because the population for postabortal care clients at Kenyatta National Hospital was below 10,000 the alternative formulae was used. The target population was 80 postabortal care clients. The sample size obtained for this study was 66 postabortal clients. The sampling interval was approximately 1 therefore every postabortal care client was included in the study.

Subjects & selection method: The study population sample was drawn from postabortal care clients attended at ward one D Kenyatta National in 15th June 2018 to 15th July, 2018. Simple random sampling was used to select the first participant. Patients were serialized from day one of the study, every next patient who met the inclusive criteria was included in the study.

Inclusion criteria:

1. All clients who were postabortal care clients admitted in ward one D after abortion.
2. All clients who were postabortal care clients who had given informed consent.
3. All clients who were postabortal care clients who were within reproductive age i.e. 15 to 49 years.

Exclusion criteria:

1. All clients who had gynecologic conditions that were not abortion.
2. All clients who were postabortal care clients who had not given informed consent.
3. All clients who were postabortal care clients who were not within reproductive age i.e. 15 to 49 years

Procedure methodology

Written informed consent was obtained from the postabortal care client, a designed questionnaire, key informant interview and focused group discussion was used to collect the data of the recruited postabortal care clients. Data was collected within thirty days. The study was done at Kenyatta National Hospital, ward one D which is an acute gynaecological ward. Postabortal care clients were interviewed after the procedure when they have stabilized before discharge.

The target population was for women of reproductive age that is 15 to 49 years of age. Postabortal care clients formed the study population. Sampling interval was one therefore all the study participants were interviewed and serialized from day one until the sample size was obtained.

Data was collected by a well-trained research assistants using the study tools. The research assistants ensured that all the required data was collected therefore there were no incomplete information on collected data.

Statistical analysis

Data was analyzed using statistical package for social sciences. Quantitative data was analyzed using descriptive statistics. Inferential statistics were also used. Themes and verbatim were also used for qualitative data¹⁰.

III. Result

Table no 1 Shows 31.1% of postabortal care clients disagreed and 48.2% of postabortal care clients strongly disagreed with negative attitudes towards nurses. This demonstrated that majority of the patients undergoing postabortal had a positive perception towards nursing care for postabortal care clients at Kenyatta National Hospital.

Table no 1:Shows postabortal care clients attitude towards nurses at Kenyatta National Hospital.

Participants attitudes' towards nurses at Kenyatta National Hospital	Strongly agree		Agree		Disagree		Strongly disagree		Not sure	
	n	%	n	%	n	%	n	%	n	%
Nurses can't advise me on preferred mode of abortion care.	0	.0	7	10.6	26	39.4	32	48.5	1	1.5
Patients have a right to decide without nurses on their abortion care needs	1	1.5	15	22.7	19	28.8	28	42.4	3	4.6
Abortion is a natural phenomenon and only needs a doctors attention and not nurses	3	4.5	3	4.5	24	36.4	31	47.0	5	7.6
Women will regain their health status with only the doctors care and not nurses	4	6.1	1	1.5	22	33.4	36	54.5	3	4.5
Without nursing care the outcome of abortion care will still be at its best	2	3.0	7	10.7	19	28.8	36	54.5	2	3.0
Nurses don't need to be involved in abortion care	1	1.5	4	6.1	21	31.8	35	53.0	5	7.6
I don't trust nurses with my abortion care needs	3	4.5	5	7.6	19	28.8	34	51.5	5	7.6
Health workers, including nurses, can't decide on how I will be managed when I have an abortion	2	3.0	6	9.1	26	39.4	29	44.0	3	4.5
Only doctors can make me overcome my fears and worries on abortions and not nurses	5	7.6	3	4.5	19	28.8	34	51.5	5	7.6
There are a lot of uncertainties about abortions that nurse don't know	4	6.1	10	15.0	19	28.8	29	44.0	4	6.1
I have very little faith in nursing care where abortion is concerned	4	6.1	7	10.7	18	27.0	31	47.0	6	9.1
Abortion is a difficult problem that can't be managed by nurses	3	4.5	8	12.1	22	33.4	27	40.9	6	9.1
Average	2.7	4.0	6.3	9.6	21.2	32.1	31.8	48.2	4	6.1

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Table no 2 Shows (n=52;78.8%) of the postabortal care clients had some understanding concerning abortion services at Kenyatta National Hospital.(n=63;95.5%) of postabortal care clients rating on quality of postabortal care obtained during management at the same Hospital reported that the care ranged from good to excellent. Majority of postabortal care clients (n=20;56.6%) disliked pain which led to those clients experiencing negative perception towards nursing care.

Table no2:Patients undergoing postabortal care perceptions factors on abortion at Kenyatta National Hospital.

participants perceptions		n	%
Patient undergoing post-abortal care understanding about abortion care.	Nothing	14	21.2
	Little	23	34.9
	Enough	21	31.8
	Much	8	12.1
	Very much	0	.0
Patient undergoing post-abortal care rating on the quality of abortion care obtained during treatment at Kenyatta National Hospital.	Excellent	13	19.7
	Very good	17	25.8
	Good	33	50.0
	Bad	1	1.5
	Very bad	2	3.0
Patient undergoing post-abortal care dislike in the care given during your treatment at Kenyatta National Hospital.	Yes	36	54.5
	No	30	45.5
Patient undergoing post-abortal care dislike in the care given during your treatment at Kenyatta National Hospital (specified).	Rudeness	2	5.6
	Unfriendly service	2	5.6
	Delay in service	6	16.7
	Discomfort	4	11.1
	Poor understanding of health workers	2	5.6
	Pain during service provision	20	55.6
	Others	0	.0
Patient undergoing post-abortal care likes in the care given during treatment at Kenyatta National Hospital.	Yes	51	77.3
	No	15	22.7
Patient undergoing post-abortal care likes in the care given during treatment at Kenyatta National Hospital (specified).	Kindness	7	13.7
	Friendly service	23	45.1
	Timely service	7	13.7
	Comfort provision	6	11.8
	Good understanding of health workers	8	15.7
	Others	0	.0

Table no3:Comparison of attitude and perception for postabortal care clients' attended to at Kenyatta National Hospital:

		Attitude				p-value	
		Negative attitude		Positive attitude			Total
		n	%	n	%	n	%
Perception	Negative perception	8	100.0	30	51.8	38	57.6
	Positive perception	0	.0	28	48.2	28	42.4
	Total	8	100.0	58	100.0	66	100.0

(n=38;57.6%) of the patients have a negative perception about post-abortal nursing care services at Kenyatta National Hospital. Only 8 had negative attitudes (12.1%) towards nurses at KNH. This was significant. It shows that most clients never really understood what is involved in nursing care. Despite this they still held nurses with positive attitude. There could have therefore been other factors influencing their attitudes other than knowledge of expected nursing care. This needs to be explored further.

Table no 4:More on attitude and perception for postabortal care clients' attended to at Kenyatta National Hospital.

Patient category	N	%
Either attitude or perception is poor	38	57.6
Both attitude and perception are acceptable	28	42.4

(n=28;42.4%) patients undergoing postabortal care had both positive perception and positive attitude towards postabortal care.

Table no 5: Comparison and contrast between attitude and perception for postabortal care clients' attended to at Kenyatta National Hospital:

Attitude and perception for post abortal care clients on various issues		Mean	Std. Deviation	p-value
Age of patient undergoing post-abortal care (in completed years).	Either attitude or perception is poor	27.28	6.523	0.412
	Both attitude and perception are acceptable	28.74	7.497	
Number of live children of the patient undergoing post-abortal care.	Either attitude or perception is poor	1.47	1.576	0.946
	Both attitude and perception are acceptable	1.50	1.532	
Number of children that post-abortal care client has delivered in total.	Either attitude or perception is poor	1.50	1.577	0.959
	Both attitude and perception are acceptable	1.48	1.563	
Number people living in the same house with post-abortal care client.	Either attitude or perception is poor	4.03	1.599	0.411
	Both attitude and perception are acceptable	3.70	1.436	
average monthly earnings in Ksh, for post-abortal care client.	Either attitude or perception is poor	9837.50	6513.452	0.213
	Both attitude and perception are acceptable	13324.12	11088.294	
Distance in kilometers' from Kenyatta National Hospital to post-abortal care clients home (In approximate No of km).	Either attitude or perception is poor	13.33	10.301	0.207
	Both attitude and perception are acceptable	17.16	13.101	

None of the variations between poor and acceptable attitude or perception was statistically significant although attitude and perception was more associated with higher mean age, less number of children and deliveries, smaller households and higher monthly income, association with longer distance from the hospital had positive association but this could have been related to higher income and thus an easier way of reaching the hospital.

Table no 4: More on comparison and contrast between attitude and perception for postabortal care clients attended to at Kenyatta National Hospital.

Attitude and perception for post abortal care clients on various issues	Patient category					p-value
	Either attitude or perception is poor		Both attitude and perception are acceptable		p-value	
	n	%	n	%		
Highest level of education (completed level) achieved by post-abortal care client.	Primary level	8	21.1	7	25	0.250
	Secondary level	18	47.4	8	28.6	
	College/university level	11	28.9	13	46.4	
	Have no formal education	1	2.6	0	.0	
Marital status of the patient undergoing post-abortal care.	Single	17	44.7	10	35.7	0.515
	Married	18	47.4	17	60.7	
	Separated	2	5.3	0	.0	
	Widowed	1	2.6	1	3.6	
Religion of the patient undergoing post-abortal care.	Divorced	0	.0	0	.0	0.703
	Muslim	2	5.3	1	3.6	
	Christian	33	86.8	26	92.8	
	Protestant	3	7.9	1	3.6	
	Hindu	0	.0	0	.0	
Cultural beliefs practiced by patient undergoing post-abortal care.	Traditional African	0	.0	0	.0	0.734
	Others	0	.0	0	.0	
	Yes	5	13.2	2	7.1	
Taboos practiced by patient undergoing post-abortal care.	No	31	81.5	24	85.8	0.734
	Don't know	2	5.3	2	7.1	
	Yes	5	13.2	2	7.1	
Cultural practices practiced by patient undergoing post-abortal care.	No	31	81.5	24	85.8	0.734
	Don't know	2	5.3	2	7.1	
	Yes	5	13.2	2	7.1	
Traditional practices that are not in keeping with nursing practices', practiced by patient undergoing post-abortal care.	No	28	73.6	23	82.2	0.527
	Don't know	5	13.2	3	10.7	
	Yes	5	13.2	2	7.1	

Although there was no statistical significance between the variables, positive relations were noted among the married, Christian and less educated. This was also noted among those without conflicting cultural beliefs, taboos and practice. The same was also noted in those without conflicting traditional practices. All this point to the fact that cognitive values, marital status and traditional/cultural practices have special relationship to the perceptions and attitudes that people harbor with respect to concepts and situations related to them.

Post-abortal care are services that should be provided to women of reproductive age (WRA), from 15 to 49 years who are experiencing abortion. This is because abortion affects both the young and older women of reproductive age. The study also found out that abortion affects all WRA despite the level of education or even if women are single or married.

Despite the fact that post-abortal care clients obtain health advices/information from various sources such as doctors, nurses, mid-wives, friends and relatives, concerning the availability of post-abortal care services at KNH. Majority of postabortal care clients were advised by doctors, midwives and nurses.

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IV. Conclusion

The above study illustrated that there was a positive relationship between perception and attitude of postabortal care clients' perception on the quality nursing care.

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