THERAPEUTIC COMMUNICATION IN ACTION

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Communication is essential for any human interaction. It is even more critical in the health care industry where there are many healthcare professionals and healthcare providers. Conflict can arise when one or more of the stakeholders get it wrong in terms of communicating necessary idea, message or information at the right time, to the right person and in the right channel. Healing and recovery can be delayed and even truncated if effective communication is inhibited in one form or the other. The human need for relatedness binds people together and communication serves as the exchange medium in these relationships. The verbal and non-verbal messages exchanged in human relationships determine, to a large extent, the structure and function of feelings in people. Verbal communication can be manipulated in different ways to serve different functions. For effective verbal communication, the nurse must identify the aim of the treatment, the goal of relating and talking to the client and find out what is the immediate and past symptoms as explained or given by the client. Thus, there must be purposeful conversation. Our body language, the way we touch the client and smile convey different messages to the client. The latter set of activities constitutes the non-verbal behaviours. All these must be packaged to achieve therapeutic communication.

Therapeutic communication is desirable in healthcare industry wherein the nurse, doctor or any care provider relates well with the final consumer of the service—the client/patient where his or her right is not trampled upon and where what is done conveys the appropriate and correct message to the client that his interest is protected and cherished, where the environment is conducive for quick recovery and undue nosocomial infection avoided. The nurse listens with rapt attention to the cues from the clients and deciphers both the gestures and spoken languages. In effective listening, the nurse stops talking when the client begins to express himself, gets rid of distraction, looks at the client when speaking, makes him comfortable, searches for the main point, evaluates what is said and what message was given without verbalizing, assesses what is avoided, among others. The Nurse has to avoid communication strategies that are hurtful to the clients. Such behaviours include being judgemental, putting the nurse’s values, beliefs and perceptions above that of the client. What is not said but given out in form of cues, body languages, gestures and signals can be misinterpreted if not given at the right time or given by the right person or there is dissonance with what the healthcare provider is doing and what he/she intends to pass across. There is no gainsaying that effective communication is desirable in healthcare industry.

Dr. F. A. Badru
Editor-in-Chief
Abstract

The study examined the incidence of surgical site infections and identified the pattern or causative organisms cum the risk factors. Relevant information was collected from 96 adult surgical patients at Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife. The patients were monitored from admission to discharge and for 30 days post-surgery, using the Centre for Disease Prevention and Control (CDC) World Health Organization (WHO) criteria for determining SSIs. Data collection lasted for 4 months (December 2007 to March 2008). Data was analyzed using descriptive and inferential statistics. Twenty one percent of the 96 patients that had surgeries of various kinds, had SSIs, with Klebsiella spp being the most commonly isolated causative microorganism in 60% or cases. The study also showed that incidence or surgical site infections were surgically associated with pre-operative hospitalization, wound class, National Nosocomial Surveillance System (NNIS) risk index, antibiotics prophylaxis and post-operative hospitalization statistics. Conclusion: The study concluded that the incidence of Surgical Site Infections in this centre is slightly higher compared with studies from other developing countries.

Key-words: Surveillance, Surgical site infection, Operated patients
Socio-Cultural Factors affecting utilization of Health Services by Women of reproductive age in Agbowa Ikosi,Epe LGA Lagos State.

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ABSTRACT

In view of the fact that socio-cultural factors are known to have great influence on the utilization of health facilities this study was carried out to investigate the socio-cultural variables that influence the utilization of health facilities in Agbowa for ANC and deliveries. Three hundred and forty women in the reproductive age group were selected using duster and systematic sampling technique. Data were collected using interviewer administered questionnaires. About 26.5% of the respondents utilized the health facility during their last pregnancy. Lack of funds, poor attitudes of workers and long waiting times were notable reasons for non utilization. Religious affiliation and the level of the women’s education did not affect the pattern of utilization. Although majority of the respondents were aware of the common causes of obstetric complications in women, some of them attributed them to cultural factors like witches, curses, inherited problems, falsely sworn oaths and women’s adultery. In order to improve the utilization of the health facility, there is need to change the attitudes of the health workers; reduce cost of service and ensure a shorter waiting time. The need for female education cannot be over emphasized.

Key words: Socio-cultural factors, perception, women.
ABSTRACT

This study was carried out to assess the nursing staff strength in private hospitals and clinics in Zaria, Northern Nigeria, with a view to determining the degree of quackery in nursing. A cross-sectional approach was used to study twenty randomly selected private hospitals. Two sets of questionnaires were used to collect data from hospital directors and nursing staff. Many of the hospitals would not participate in the study, and some staff of the consenting hospitals also declined participation. Findings revealed that only 46.3% nurses work in private hospitals in Zaria; majority (53.7%) of those working in private hospitals as nurses are quacks, commonly called auxiliaries. These quacks are trained in different parts of Nigeria by medical doctors and registered nurses, who are not necessarily their employers. They hawk their expertise; many of them are employed in private hospitals in Zaria to work as nurses after being 'trained' elsewhere. They perform almost all procedures, including invasive and high-risk ones, on unsuspecting clients in these hospitals. Only a few private hospitals insist on using only registered nurses (RNs), while some have no RNs at all in their employment. While it is suggested that further studies be conducted to pool sufficient data together on the state of quackery in nursing across Nigeria and the West African sub-region, relevant authorities need to apply professional and legal instruments of control, appropriately, on the trainers and employers of these quacks, and on the quacks themselves, to assure health care services consumers of deserved safety, and quality delivery.

Key words: nursing services nursing staff strength, quackery, quality of care, private hospitals.
Education Papers

QUALITY ASSURANCE: AN APPROACH TO IMPROVING THE QUALITY OF NURSE EDUCATION IN PAKISTAN

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Abstract

The literature suggests the importance of quality assurance as an effective method of continuous quality improvement in education. Hitherto, there is no evidence to support the existence of a comprehensive system that ensures the quality of the basic nurse education programme in Pakistan. This study aimed to develop understanding of the current inspection process of the Pakistan Nursing Council (PNC) in relation to the quality assurance and make suggestions for its improvement. This qualitative case study was undertaken as part of a PhD study programme at the University of Bradford, UK. A triangulation strategy involving multiple methods and sources of data were utilized. The participants (n=71) of the study include the executive members of the PNC and the provincial controllers of the examination boards amongst the nursing educational policy makers. From the policy implementations’ level, the sample of principals, senior teachers and students was drawn from eight schools of nursing. The study revealed the desire for having a concentrated quality assurance system that ensures continuous quality improvement in the nurse education programme. The findings reflected a widespread commonly raised quality related issues including inaccurate preparation of nurses, lack of nurses’ empowerment and lack of political and bureaucratic commitment to nurse education.

Keywords: Quality assurance, nurse education, Pakistan Nursing Council, inspection system
ETHICAL ISSUES CONCERNING HEALTH CONSUMERS’ RIGHT AND WITHHOLDING HEALTH INFORMATION FROM CLIENTS

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Abstract

Consumers of health care need information that they would consider significant in making decisions on their health status. They need information about the risks, benefits, side effects, costs, and alternatives. But there are legal and ethical limitations and exceptions in disclosing information to clients. As clients demand for their rights to health information, health professionals sometimes face the challenges of whether or not to disclose, how much of such information should be disclosed, to whom and the implications of their decision. This is because they would be accountable for their actions and the consequences on them and the health institution where they work. This study employed descriptive survey method to seek the opinion of doctors and nurses on issues relating to the legal and ethical implications of either disclosing or withholding health information. Sixty nurses and fourteen doctors participated in the study. Results showed that as much as clients have the right to information concerning their condition, doctors and nurses still hold the view that they could apply some protective measures in the best interest of clients and to protect their professional integrity and that of the health institution. It was concluded that there is need for doctors and nurses to understand the relationship and limitations between ethical and legal issues as they relate to professional practice to avoid ethico-legal conflict.
ATTITUDE OF NURSES AND MIDWIVES TOWARD ‘REFORMED’ NATIONAL PENSION SCHEME

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Abstract

Pension Scheme is to provide the employees or an organization with a means of securing on retirement a standard of living consistent with that enjoyed while in the service. However, the constantly increasing cost of living and the need to meet the basic necessities of life after retirement have generated keen interest in viable pension schemes more than hitherto. This study examined the attitude of the nurses and midwives of University of Ilorin Teaching Hospital, Ilorin, Nigeria toward the newly introduced contributory National Pension Scheme in the Federal Civil Service in Nigeria. Self-reported questionnaire was used to elicit the needed information from 100 nurses/midwives as participants, data was analyzed, chi-square used for testing three research hypotheses and the results showed that the nurses and midwives were favourably disposed to the newly introduced Contributory National Pension Scheme although, some participants expressed significant fear to the success of the scheme as a result of failures of the schemes previously introduced. But the public sector pension scheme has undergone several review, especially now that both employers and employees are contributors to the scheme. It is, therefore, recommended that there is an urgent need for more fundamental review and constantly that will ensure that pensions are paid promptly and as at when due in order to restore confidence and trust in the new scheme.

Key words: Attitudes, National Pension Scheme, Nurses, Midwives.
Abstract

Effective communication is no doubt the foundation of nurse-patient relationships. The use of nonverbal communicative skills enables nursing professionals to recognize the patients’ real feelings. Much is known about the necessity of communication in nursing. However, in most instances, the focus is on verbal communication. Meanwhile literature suggests that nonverbal communication is of greater percentage in all interactions. It is against this background that the researcher developed interest in exploring the perception of registered nurses on the use of nonverbal communicative skills in nursing. The study was conducted in Agogo Presbyterian Hospital with a sample size of 40 registered nurses. A researcher-designed questionnaire was used. A descriptive cross-sectional approach was used and the data collected were analyzed as frequencies and percentages. Even though majority (90%) of subjects identified the definition of nonverbal communication and 85% made out common nonverbal gestures, only 20% demonstrated that nonverbal messages are more expressed during interactions. Only 22% perceived that between 55% and 85% of the entire communication spectrum was communication skills as an integral component of the nurse-patient relationship. However, only about half were acquainted with interpretation of common nonverbal actions.

Key words: Non-verbal Communication, Body Language, Nursing, Non-verbal Behaviour, Gesture.
Abstract

As most health care systems around the world are undergoing major restructuring, nurses in Nigeria are moving at a slow pace. However, a giant stride was taken and history was made when the first set of nurse consultants were appointed in University College Hospital, Nigeria. The establishment of this ground breaking post will help develop our health services and provide dear development opportunities for nurses at a time when the success of modernization of our services and implementation of new ways of working relies so heavily on nursing staff. This paper provides an overview of the consultant nurse specialist in clinical practice. Recommendations for successful implementation in Nigeria were provided.

Keywords: Consultant Nursing Specialist, Clinical Practice, Nigeria.
ABSTRACT

The Out-Patient Department is the very prime point or contact in any health facility where patients report upon entry into the hospital. Patients judge the quality of the health facility by the care they receive at this department. Over the world many institutions have the prime aim of providing good-quality services to the satisfaction of their customers due to the keen competition in this technological world. This study was conducted at the OPD of St. Michael's Hospital, Pramso to assess the level of client satisfaction with out-patient care. A sample size of 100 respondents between the ages 18-65 years constituted the target population. A questionnaire was used as the tool or instrument for data collection in a form or an exit interview. The research used a descriptive study to assess the clients' satisfaction and the results were presented quantitatively. It was evident from the study that the indicators used that is staff attitude, explanation or condition, physical examination, waiting time, drug availability, hospital environment and health care affordability all contributed to the determination of client satisfaction and dissatisfaction. In summary, St. Michael's Hospital has (89%) overall level of client satisfaction and a client dissatisfaction level of (9%) in terms of out-patient care.

Key words: Client Satisfaction, out-patient care, Client expectation
Knowledge, Health Beliefs and Use of Personal Protective Equipment against Tuberculosis among Gambian Nursing Students

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Abstract
The purpose of this study was to investigate knowledge, health beliefs and use of Personal Protective Equipment (PPE) against TB among nursing students in the Gambia, West Africa. Method: A sample of 140 randomly selected participants was recruited from two different nursing schools in the Gambia. A correlational study design was used, and survey responses were self-reported using the Health Belief Measurement Scale by Champion, Self-reported Use of Personal Protective Indicators by Bove and TB Knowledge Measurement Questionnaire from National Tuberculosis Curriculum Consortium. Results: The findings of this study indicated low level of general knowledge on TB and low use of personal protective equipment (PPE) among the participants. Health beliefs accounted for 57% of the variance in wearing PPE. Demographic variables specifically level of knowledge on TB and gender accounted for 41% of the variance. Participants had misunderstanding regarding the mode of TB transmission and low perceptions regarding susceptibility and seriousness of TB. Conclusion: Nursing schools must address the subject of TB prevention in-depth and incorporate multifaceted strategies for different students.

Keywords
Personal Protective Equipment, Health Beliefs, Tuberculosis Knowledge, Nursing Students, Tuberculosis Exposure, Risk Factor, Self Protection
SELF-CARE SELF-EFFICACY, GLYCEMIC CONTROL AND QUALITY OF LIFE AMONG TYPE II DIABETES MELLITUS PATIENTS IN THE GAMBIA

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Abstract
This study was a descriptive, correlational design, aimed to explore and determine the relationship between self-care self-efficacy, glycemic control and Quality Of Life (QOL) among diabetes type II patients in The Gambia. Bandura’s self-efficacy theory served as the study framework. Moreover, a convenient sampling method was used to recruit 130 participants from RVTH’s Medical clinic from August-September 2009. This sample size was determined by G-power Version 3.10, with an alpha level set at 0.05, power at 0.80, and an effect size of 0.11. The instruments identified for the study were the Diabetes Self-Efficacy Scale, the Perceived Therapeutic Efficacy Scale and the Medical Outcomes Study Short-From 36 Version 2. Data was analyzed using SPSS Software version 17.0. Results indicated a high efficacy and outcome expectations, and glycemic control was found to be poor. No significant relationship was found between glycemic control and efficacy expectation, outcome expectation and QOL (p>0.05). Additionally, outcome expectation, age and glycemic control were significant predictors of PCS. While, outcome expectation was a predictive independent variable for MCS. The study results serve as evidence based nursing and CDU be used by health care providers to improve patient’s glycemic control and QOL among diabetics in the Gambia.

Key words: Self-Efficacy, Glycemic Control, SF-36, Diabetes Type II, Gambia.
Self-care Self-efficacy, Glycemic Control and Quality of Life Among Type II Diabetes Mellitus Patients in The Gambia—Jainaba Sey-Sawo et al