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A STUDY ON
PERCEPTION OF NEEDS AND PROBLEMS
OF PATIENTS IN AN ORTHOPAEDIC WARD OF HOSPITAL

A.K. Bhatia*

I N T R O D U C T I O N

Every human being has certain needs, interests, desires, fears and worries. Some of these needs are basic and common to all men. Some needs become pressing at certain times and situations. Patients as human beings share the basic needs, but in addition, during illness certain needs become predominant.

The purpose of this study is to explore the perception of needs and problems of patients in indoor hospital ward and their suggestions about improving the hospital services. The present report deals with the perceived needs and problems of patients in an orthopaedic ward of Safdarjang Hospital in New Delhi.

O b j e c t i v e s

The objectives of the study are:

- i) to identify perception of needs and problem of patient in hospital ward situation;
- ii) to explore the areas where health education can be integrated; and
- iii) to know their opinion about improving the hospital services (in the orthopaedic ward only).

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METHOD

Sample:

The sample for this Study was drawn from the orthopaedic ward of the Safdarjang Hospital with a total number of 150 adult patients. A total of 20 adult patients (15 males and 5 females) were included in this sample. The patients were selected on the basis of random sampling. The sample, however, excluded one category of patients. This category was of those serious patients who were undergoing intensive therapy.

The reason why the patients were drawn from the orthopaedic ward only is because patients stay in this ward for a longer period and are, therefore, exposed more to the hospital situation. They understand the needs and problems clearly as compared with the patients in other wards where the period of stay is short.

Method of Data Collection

The data from the respondents was collected through personal interview. A thirty item semi-structured interview schedule was used for the interview. The reason for conducting interviews among patients was to probe in depth their needs and problems in the hospital ward set up and some psychological dimensions related with their stay in the hospital. Practice interviews were done prior to actual interviews were conducted with the sample.

Data from the practice interviews were not utilised for the study. At the outset, the respondents were explained about the purpose of the Study and their anonymity was assured. The major components of the Schedule were:

1. Physical needs of patients,
2. Recreational needs of patients,
3. Treatment,
4. Staff-Patient interaction,
5. Intra-patient communication, and
6. Opinion regarding improving hospital services.

The individual interviews were done at the convenience of the patients. A great care was taken to see that at the time of interview the patients are quite comfortable and free to talk. On an average, it took about 20 minutes to complete one interview.

RESULTS AND DISCUSSIONS

TABLE I

Major Areas of Satisfaction and Dissatisfaction:

(Percent of all responses)

Areas Satisfaction	Visiting hours	Treat- ment	Opportunities to talk and ask questions:			Privacy	Food	Recre- ation
			Nurses	Doctors	Social workers			
Satisfied	75	60	55	10	-	40	10	-
Not satis- fied	20	15	45	90	100	60	90	100
Undecided	5	25	-	-	-	-	-	-
TOTAL	100	100	100	100	100	100	100	100

Table I represents the degree of satisfaction and dissatisfaction of patients with relation to various areas. The details of findings have been discussed on the following pages.

I. PHYSICAL NEEDS OF PATIENTS:

(i) FOOD.

It was observed that about 90 per cent of the patients expressed their dissatisfaction with the food being served in the hospital ward. Table 2 thus indicates that large majority of patients were not satisfied with the food. Only two patients (10 per cent) expressed their satisfaction with the food.

TABLE - 2:

<u>Satisfaction with food</u>		
<u>Satisfaction</u>	<u>Number</u>	<u>Percent</u>
Satisfied	2	10
Not satisfied	18	90
TOTAL	20	100

Among the major causes of dissatisfaction given by the patients was the food not being tasty. Hospital food they felt was insipid and lacking in taste. Another cause given by them was that the food is not cooked properly. They felt that the food served to them is sometimes overcooked and at other times it is raw. Insufficient quantity was another cause of dissatisfaction. Those patients who come from rural areas were of the opinion that the quantity of food served to them is insufficient.

(ii) Visiting Hours.

In order to explore respondents satisfaction with regard to visiting hours of the hospital, majority of them expressed their satisfaction with the number of visiting hours allocated to them for meeting

their relations and friends (the hospital authorities have fixed two hours for patients to meet their relations and friends).

Table 3 indicates that 75 per cent of the patients were satisfied with the visiting hours and only 20 per cent expressed their dissatisfaction 5 per cent were undecided about this question.

TABLE 3

Satisfaction with visiting hours.

Satisfaction	Number n=20	Per cent
Satisfied	15	75
Not satisfied	4	20
Undecided	1	5
Total	20	100

Those who were not satisfied with the visiting hours felt that the number of visiting hours should be increased to enable them to have more time for being with their relatives and friends. They also felt that as they have been staying in the hospital for a long time, they need more time to converse with their family members regarding family affairs. They were also of the opinion that during the time they are with their relatives their attention gets diverted from their present illness.

II. RECREATIONAL NEEDS OF PATIENTS.

Another major concern of the patients was the lack of recreational facilities in the hospital ward. In order to explore the respondents attitude towards recreational facilities in the ward, they were asked to

state if there was any provision for recreation and if yes whether or not they are satisfied with the provision. They were further asked to state if there is no provision for recreation what type of recreation they would like to have.

TABLE - 4

Provision for Recreation in the ward

Provision for recreation.	Number n=20	Per cent
Yes..	-	-
No	20	100
Total	20	100

Table 4 indicates that all the 20 patients interviewed felt that there is no provision for recreation in the ward thus they were very much concerned about recreational facilities. They were of the opinion that the recreation can greatly help them in diverting their attention from the current illness and thus giving them some relief from pain.

When asked what type of recreation they would like to have majority of them expressed their desire for the films. They felt that the sight and sound of the film is a great reliever of pain and worries. Other type of recreation which they desired is newspapers, magazines, music and books.

Thus the data in table 4 clearly indicates that patients were not at all satisfied with the provision of recreation in the hospital ward and desired that there should be provision for it.

III. SATISFACTION WITH MEDICAL TREATMENT.

Table 5 presents the satisfaction of the patients with the medical treatment received by them in the hospital. The data indicates that there is a higher degree of satisfaction with regard to the treatment.

TABLE- 5.

Satisfaction with Medical Treatment

Satisfaction with treatment.	Number n = 20	Per cent
Satisfied	12	60
n/nor	5	25
Dissatisfied	3	15
Total	20	100

Of all respondents, 60 per cent appeared to be satisfied with the treatment received at hospital. 15 per cent who were dissatisfied with the treatment gave persistent pain and the longer duration of stay in the hospital as the causes of their dissatisfaction. Thus, it can be concluded that the patients related their satisfaction of medical treatment to their recovery.

IV.

STAFF - PATIENT - INTERACTION

Table - 6

Clarity of instructions to patients given
by nurses and doctors.

Category of Staff.	Nurses		Doctors	
	Number n = 20	Per cent	Number n = 20	Per cent
Clarity of instructions.				
Clear	18	90	14	70
Not clear	2	10	6	30
Total	20	100	20	100

(i) Clarity regarding Instructions.

Communication plays an important role in the hospital situation. In order to find out how effective was the communication, the respondents were asked to give their opinion regarding their communication with hospital staff. They were asked to state whether the instructions given to them by nurses and doctors with regard to taking medicines, food and other precautions were clear or not.

90 per cent of the respondents felt that the instructions given to them by nurses were clear whereas in case of doctors this was 70 per cent (Table-6). This table thus indicates that it was easier for the patients to follow the instructions given by the nurses as compared to doctors. Those who felt that the instructions were not clear said that sometimes they are not able to understand the language. Thus there is a language barrier which is more in case of doctors than nurses. Majority of nurses are from the Southern States while the patients are from Northern States thus it is obvious that there is certain amount of difficulty in following each other language.

(ii) Opportunities to talk and ask questions to staff.

Another area of staff-patient interaction which was explored relates with opportunities of patients to talk and ask questions to staff. The respondents were asked to state whether or not they get enough opportunities to talk and ask questions to nurses, doctors and social workers.

TABLE - 7

Opportunities to talk and ask questions to staff.

<u>Category of staff</u>	<u>Nurses</u>		<u>Doctors</u>		<u>Social workers</u>	
	<u>No.</u>	<u>Percent</u>	<u>No.</u>	<u>Percent</u>	<u>No.</u>	<u>Percent</u>
Opportunities to talk						
Enough opportunities	11	55	2	10	-	-
No opportunities	9	45	18	90	20	100
Total:	20	100	20	100	20	100

Table 7 shows the difference in the opportunities of patients to talk and ask questions to different category of staff. 55 per cent of the respondents felt that they get enough opportunities to talk and ask questions to nurses, while on the other hand a significantly lower proportion of the respondents (10 per cent) felt that they have opportunities to talk and ask questions to doctors, when asked about social workers none of them stated that they have opportunities to talk and ask questions to them.

In the overall analysis the respondents were of the opinion that there are less opportunities for interaction between patients and staff.

V. INTRA-PATIENT COMMUNICATION.

In order to find out if the sickness of other patients disturbs them, the respondents were asked to state whether or not they have enough privacy in the ward. 60 per cent of the respondents felt that they have not enough privacy. (Table-8). These respondents said that exposure to pain of other patients is quite depressing. They were of the opinion that in a big hall (there are 50 beds in one hall of

the orthopaedic ward) there is always someone crying with pain which is very disturbing.

TABLE - 8

Enough Privacy

Privacy	Number	Per cent
Enough privacy	8	40
No privacy	12	60
Total	20	100

These respondents felt that instead of keeping 50 patients in a big hall, there should be smaller rooms accommodating 4-5 patients. They further felt that there is also too much of noise in a big hall. The findings of this table thus indicate that in a bigger hall too much exposure to the pain and the noise is quite disturbing and this can be reduced if there are smaller rooms accommodating less patients.

TABLE - 9

Conversation with other patients

Conversation with other patients.	Number	Per cent
A great deal	1	5
Quite a bit	6	30
Not very much	13	65
Total	20	100

When asked about how much do they talk with their fellow patients, majority of the respondents (65 per cent)

said that they do not talk very much with thier fellow patients. Only 5 per cent said that they talk a great deal with other patients. Remaining 30 per cent said that they talk quite a bit. (Table -9)

The findings of this table thus indicate that majority of patients were less vocal. They were more preoccupied and concerned with their illness and the fears and worries related with it.

VI. HEALTH PROBLEMS

TABLE - 10

Health Problems.

Health Problems	Number n= 20	Per cent
Current sickness (relief from pain)	11	55
Precautions to be taken after discharge from the hospital (food, exercises)	5	25
Rehabilitation (support to family).	2	10
Recovery and discharge	2	10

With regard to patients information on different health problems, they were asked to state what health problems they would like to discuss with hospital staff in case they get opportunity.

Majority of respondents (55 per cent) were concerned with their current sickness and how they are going to be relieved of pain. Thus their major concern was current sickness and they wanted to discuss with hospital staff only with regard to this problem. Another 25 per cent wanted to discuss with the hospital staff regarding the precaution

they should take after being discharged from the hospital. They wanted to know what type of food and exercises they should take back at home. 10 per cent of the respondents wanted to discuss about their rehabilitation. They felt that their illness which has incapacitated them will cause an irreversible economic damage to the family. They were thus worried about rehabilitation and would like to discuss about it. Yet another 10 per cent would like to discuss about their recovery and discharge from the hospital.

The table 10 thus indicates that the patients are interested in their current illness and the problems related with it.

Table -11

Suggestions about improving hospital ward services.

Suggestions	Number 20 = 20	Per cent
The food should be improved	8	40
More provision for the entertainment.	5	25
Privacy in the ward (smaller rooms)	4	20
Cleanliness of floors	2	10
No suggestions.	10	50

The respondents in the end were asked to give their suggestions with regard to improving the hospitals ward services. It is significant to note in table 11 that their suggestions were

directly related with their dissatisfactions mentioned by them earlier in the interview. Provision for better food and recreation in the ward were the two major suggestions given by respondents with regard to improving hospital ward services. 50 per cent of the respondents who did not give suggestions felt that they had already given their suggestions earlier in the interview with regard to improving the hospital services.

IMPLICATIONS

The findings of present Study indicate that the patients have certain predominant needs in the hospital ward situation.

They expressed dissatisfaction with regard to food, entertainment, visiting hours and lack of interaction with the hospital staff. Their major concerns relate to their present illness, precautions which they should take after being discharged, recovery and rehabilitation.

It is necessary, therefore, that before organizing health education programme for patients in a hospital ward situation, the educational contents of the programme are to be made consonant with the needs of the patients. Their dissatisfactions are to be removed and concerns cashed.

The dissatisfaction of patients with regard to food may be due to their lack of knowledge about hospital feed. A particular type of food is essential for a sick patient which may not be tasty according to their standard. Thus, the patients can be educated regarding food and nutrition. Similarly, entertainment can also serve a dual purpose. This can be utilized for educating patients regarding different aspects of illness, its causes and prevention. At the same time, it can serve the purpose of entertainment.

The concerns of the patients can be cashed. Their major concern is with regard to their present sickness. The doctor and the nurse can help greatly in removing the patient's concern by way of having more interaction with them and, at the same time, giving them instructions. These instructions they are to follow while in hospital and back in their home situations after being discharged. The ill person is most receptive pupil when convinced that 'pleasure' will replace 'pain' if he follows instructions.

In conclusion, it can be said that the needs and problems of patients should be taken into consideration while organising educational programme for patients, since patients are also 'people'.

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