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Assessment of the Quality of Nursing Care by Patients in Alimosho General Hospital Igando Lagos State.

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CHAPTER ONE
INTRODUCTION

1.0 BACKGROUND TO THE STUDY

Quality refers to the extent to which a product or service satisfies customer requirements from its inception (International Standardization Organization, 2016). Quality management entails consistently pursuing excellence by ensuring that organizational outputs are fit for purpose, maintaining these standards, and fostering continuous improvement. Effective quality management enhances an organization's reputation, mitigates risks, boosts efficiency, increases profitability, and positions it for sustainable growth (Continuous Quality Improvement, 2016). Quality involves building and maintaining relationships by understanding and meeting both explicit and implicit needs. It is perceived by customers as the value of the supplier's output and is experienced as a momentary impression formed through interaction before rational evaluation takes over (Quality Digest, 2009). Quality of care in healthcare is defined as the extent to which services provided to individuals and populations improve desired health outcomes. To achieve this, healthcare must be safe, effective, timely, efficient, equitable, and patient-centered. Nursing care, a key component of healthcare services, significantly contributes to patient recovery. While competent physicians are essential, effective nursing care is equally critical. Patients and nurses, however, perceive quality differently. Quality of care has been defined as "the degree to which healthcare services provided to people and populations increase the likelihood of achieving desired outcomes based on current knowledge" (Raftopoulos & Theodosopoulou, 2011). The dimensions of quality include environmental safety, accessibility, appropriate care, continuity of care, efficiency, effectiveness, and timeliness. Nurses, as the primary point of contact during hospitalization, play a vital role in determining patient satisfaction.

Several studies highlight factors influencing the quality of care. Al-Azri et al. (2011) emphasized the importance of continuity of care, noting that lengthy appointment waiting times hinder early detection, evaluation, and management of new patient concerns. Johansson and Fridlund (2012) found that providing patients with clear and straightforward information improved their understanding of care, enhancing satisfaction. Similarly, Irurita (2009) reported that the quality of care is influenced by the level of information provided to patients, which reduces uncertainty and stress by helping them navigate hospital routines. Brigitte, Anneke, and Diana (2012) identified essential elements that enhance nursing care quality, including clinically competent nurses, collaborative working relationships, autonomous practice, adequate

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staffing, managerial support, and a patient-centered culture. Conversely, they highlighted inhibiting factors such as cost-effectiveness policies and transparency goals for external accountability.

Nurses have a responsibility to help patients understand their care and the role they play in it. As the frontline of healthcare, nurses are expected to meet patient needs with both competence and compassion. Inadequate care compromises the healing process, making it imperative to assess nursing care quality. Such evaluations help identify areas of low-quality care and provide opportunities for improvement, ultimately enhancing nursing services and patient outcomes.

1.1 STATEMENT OF PROBLEM.

Many nurses are reluctant to embrace the challenges of staying updated through education and developing new skills to improve nursing practice and meet patient needs. It has been noted that the care provided by nurses often does not address the biological, social, spiritual, and mental needs of patients, leading to unmet patient expectations. Additionally, nurses are sometimes observed to lack effective communication and fail to provide adequate information to patients about the care being delivered. Furthermore, there is a discrepancy in the quality of care provided in medical wards compared to surgical wards, which may not align with patient requirements. This study aims to explore how patients at Alimosho General Hospital, Igando, perceive and rate the care provided by nurses.

1.2 OBJECTIVES OF THE STATEMENT

1. To determine level of patients' perception about the quality of nursing care rendered.
2. To determine the difference in perceived quality of nursing care among patients in surgical and medical wards.
3. To determine the relationship between patients' age and their perceived quality of nursing care.
4. To determine the difference of patients perceived quality of nursing care between different levels of education.

1.3 RESEARCH QUESTIONS

The following research question will guide the study;

1. What is the level of patients' perception about the quality of nursing care rendered?
2. What is the difference in perceived quality of nursing care among patients in surgical and medical wards?
3. What is the relationship between patients' age and their perceived quality of nursing care?
4. What is the difference between the qualities of nursing care between different levels of education?

1.4 RESEARCH HYPOTHESIS

1. There is no significant difference between the qualities of care rendered at surgical wards from medical wards.
2. There is no significant relationship between the age of the patients and their perceived quality of care.
3. There is no significant difference between the qualities of nursing care between different levels of education.

1.5 SIGNIFICANCE OF THE STUDY

The significance of this study is to broaden the knowledge of nurses about the type of care patients are expecting from them;

To help the nurse and organization to identify and manage patient's needs effectively through quality nursing care.

To provide a strong base for the hospital policy maker in the improvement of quality nursing care.

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To add to the body of knowledge of nursing discipline. Finally, feedback from the patients would be the basis for improvement of nursing practice.

1.6 SCOPE OF STUDY

This research study is delimited to the patients receiving care in Alimosho General Hospital. It is equally delimited to all respondents receiving care in the hospital with age range of 20 and above irrespective of their gender, religion, ethnicity, marital status, level of education and occupation.

1.7 OPERATIONAL DEFINITIONS OF TERMS

1. **Assessment**: the action or an instance of making a judgment about something.
2. **Quality**: It is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes.
3. **Nursing care:** Health care services provided by nurses that meet patients' physical, physiological and spiritual needs.
4. **Quality nursing care:** It is the nursing care that meets patients' needs and expectations and expectations and also meets the professional standards.

CHAPTER TWO
LITERATURE REVIEW

2.1 CONCEPTUAL REVIEW

The World Health Organization (WHO, 2010) defines quality as the process of fulfilling the needs and expectations of patients and healthcare staff. Similarly, the American Medical Association (AMA, 2010) describes quality as the degree to which healthcare services influence the likelihood of achieving optimal patient outcomes. WHO (2010) highlights six dimensions that characterize quality: effectiveness, efficiency, accessibility, acceptability/patient-centeredness, equitability, and safety.

Given the significance of nursing care as a primary component of hospital healthcare services, it is essential to understand its definition. According to Virginia Henderson, nursing is a unique function of assisting individuals, whether sick or well, in performing activities that contribute to health or recovery (or a peaceful death) that they would do independently if they had the necessary strength, will, or knowledge. The aim is to support individuals in regaining independence as quickly as possible.

The American Nurses Association (ANA, 2013) defines nursing as "the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in the care of individuals, families, communities, and populations."

In essence, quality nursing care can be described as the processes or activities undertaken by nurses to protect, promote, and maintain individuals' health by addressing their physical, psychological, and spiritual needs. The National Nursing Research Unit (NNRU) (UK, 2009) defines quality nursing care as a positive patient experience based on six core elements: a holistic approach to physical, mental, and emotional needs; patient-centered and continuous care; efficiency and effectiveness combined with compassion and humanity; high-quality, evidence-based professional practice; safe, effective, and timely nursing interventions; patient empowerment, support, and advocacy; and seamless care achieved through effective collaboration with other professionals

Gunther and Alligood (2009) developed a framework to define quality of care based on nursing's distinct body of knowledge by identifying nursing actions linked to high-quality care. They argue that the concept of

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quality in nursing remains difficult to pin down because the frameworks used to define it often originate from perspectives outside the nursing profession. High-quality nursing care, they suggest, requires a thorough mastery of fundamental life sciences. Building on this foundation, nurses incorporate specialized knowledge from other healthcare disciplines relevant to their patient population.

In addition to scientific expertise, high-quality nursing care demands an understanding and application of principles from the social sciences. However, merely possessing knowledge is insufficient; nurses must apply this knowledge in the context of their patients' lives. Patients define high-quality care as being provided by nurses who are knowledgeable, well-informed, and willing to communicate effectively about health conditions and necessary care. They expect nurses to exhibit qualities such as empathy, reliability, responsiveness, and a caring attitude. Patients also value friendliness, kindness, objectivity, and a sense of humor in their interactions with nurses.

Similarly, nurses themselves view acting in the best interest of the patient as the hallmark of quality care. They emphasize that essential attributes for delivering high-quality nursing care include empathy, dedication, cheerfulness, tact, commitment, confidence, sincerity, humility, subtlety, and compassion (Gunther & Alligood, 2009).

The standards for nursing practice in Nigeria are derived from various sources, including guidelines established by the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM), the constitution of the Federal Republic of Nigeria, the National Policy on Health, other related policies, the government's agenda, and the philosophy of Nigerian nurses.

Assessing the quality of nursing care is a systematic process that involves collecting data on care provided and comparing it against established nursing practice standards. Various approaches to evaluating quality of care are documented in the literature, with the most commonly used model being Donabedian's Structure, Process, and Outcome model.

This model suggests that the quality of care can be assessed based on three components:

1. **Structure** – Refers to the context in which care is provided, including hospital buildings, financing, equipment, human resources, the policy environment, and administrative activities. These factors are observable, measurable, and provide an estimate of care quality.
2. **Process** – Involves the interactions between care providers and recipients during healthcare delivery. This includes technical and interpersonal aspects, such as diagnosis, treatment, and patient education. Donabedian (2011) notes that evaluating the process is akin to measuring the quality of care, as it reflects how care is delivered.
3. **Outcome** – Covers patient satisfaction and changes in their knowledge, behavior, and health status. This includes metrics such as length of stay, falls, injuries, compliance with discharge instructions, and mortality rates. Outcomes are often considered the most critical component because improving health status is the primary goal of healthcare.

These three elements—structure, process, and outcome—work together to provide a comprehensive framework for evaluating and improving the quality of nursing care.

It is generally assumed that structure influences process, and process, in turn, impacts outcomes. However, in practice, this relationship is not always linear. Both structure and process can independently

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affect outcomes, and factors related to the patient or their environment may also mediate the results. Nevertheless, it is widely recognized that improving the structure and process components of healthcare enhances patients' perception of care quality.

Since evaluating outcomes often takes significant time and the utilization of services is not entirely under the practitioners' control, some authors propose that the most appropriate measure of a facility's performance is its capacity to deliver services. Data for assessing care quality can be gathered from medical records, interviews with patients and healthcare providers, or through direct observation.

Nursing practice occurs in various settings, such as homes, hospitals, industries, and communities, with services aimed at fulfilling the four core responsibilities of nurses: promotive, preventive, restorative, and alleviating suffering. Given the numerous situations, activities, and procedures involved in nursing, it is practical to focus on specific scenarios when describing and improving the quality of nursing care. This involves selecting appropriate evaluation tools and methods to maintain or enhance care quality as needed. It is understandable that no single universal tool exists for assessing the quality of nursing care. However, regardless of the setting, quality nursing care should be grounded in essential principles, some of which are highlighted below.

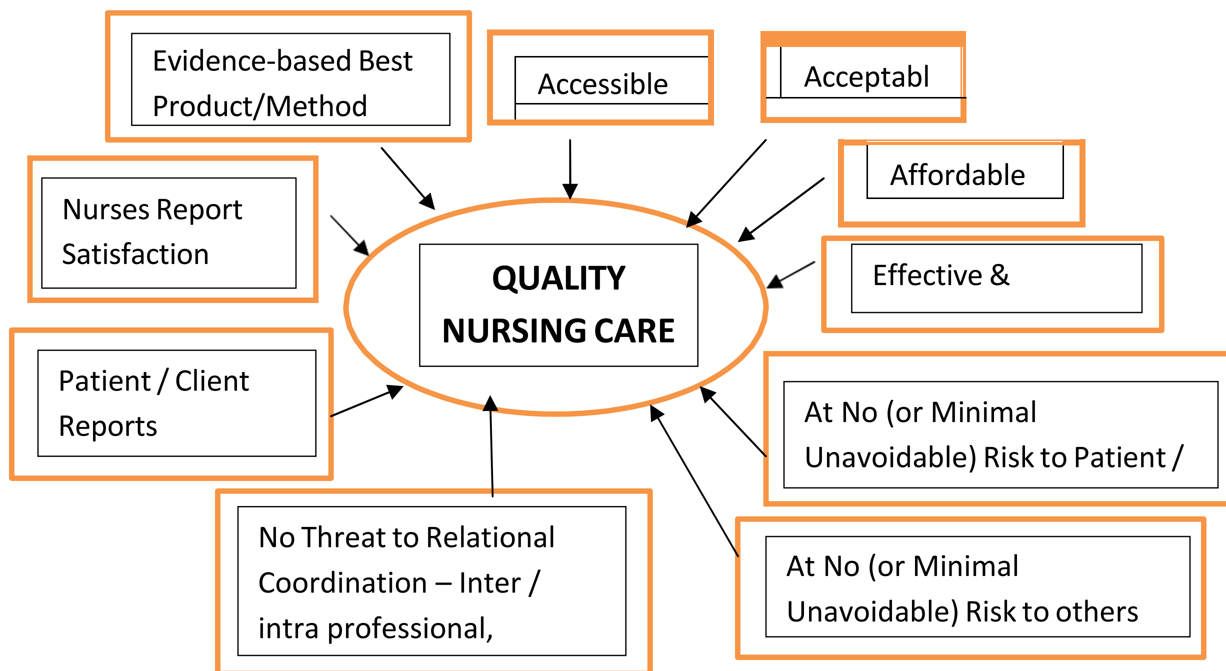

FIG 2.1: ICN MODEL OF IDEALS OF QUALITY NURSING CARE
SOURCE: ICN 2012

Some Ideals of Quality Nursing Care:

1. **Evidence-Based Best Practices**: Through continuous professional development activities such as the Nursing and Midwifery Council of Nigeria (NMCN) organized Mandatory Continuing Professional Development Programme (MCPDP), ward conferences, patient review forums, and

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ward rounds, evidence-based practices are promoted. This ensures that nursing care is consistently reviewed and the most effective methods are delivered to patients (ICN, 2012). Participation in research activities further enhances this process.

2. **Accessibility:** Best practices in nursing should be prioritized by organizations. Nurses have a responsibility to advocate for equity and social justice in resource allocation and access to optimal healthcare (ICN, 2012). It is insufficient to simply be aware of or develop the best methods; nurses must also advise management and advocate for these practices to be included in budgets and patient care plans. Critical care should not be subject to rationing (Rochefort and Clarke, 2010).
3. **Acceptability:** Nurses should provide accurate and timely information to patients, enabling them to make culturally and spiritually acceptable, well-informed decisions about their care. Patient rights must be respected, and care must be delivered in a professional, non-discriminatory manner (ICN, 2012).
4. **Affordability:** The financial costs of care should be user-friendly and non-discriminatory, with equity being a guiding principle (ICN, 2012).
5. **Effectiveness and Efficiency:** Nursing interventions should achieve their objectives promptly, sustainably, and at minimal cost. Continuity of care should be prioritized, and unnecessary repeated visits should be avoided to optimize resources.
6. **Minimal or No Risk to the Patient/Client:** Care is delivered without intentionally causing harm to the patient. Technology and scientific evidence are carefully evaluated to ensure compatibility with human safety, dignity, and rights before implementation. Ethical standards are upheld, and informed consent is consistently secured (ICN, 2012). Missed or unfinished nursing care, such as uncompleted tasks, should not compromise the patient's well-being. Preventative measures must be taken to avoid medication errors, patient falls, injuries, nosocomial infections, and hospital-acquired pressure ulcers (Padula, Mishra, Makie & Sullivan, 2011).
7. **Minimal or No Risk to Others:** Care is provided without intentionally causing harm to others, including fellow nurses, staff, or relatives. Everyone involved in the care process must be adequately informed about their roles and expected behaviors. Universal standard precautions should be observed, with additional specific precautions implemented when necessary (ICN, 2012).
8. **Preservation of Relational Coordination:** The patient remains the central focus of care. Relationships between nurses, patients, and other significant parties should remain cordial and collaborative to prioritize patient interests (ICN, 2012). Conflicts among healthcare professionals must not jeopardize patient care. Effective communication, shared knowledge, mutual respect, and clear goals between nurses and other providers are critical for achieving quality care (Havens, Vasey, Gittell & Lin, 2010).
9. **Patient/Client Satisfaction:** Ensuring patient satisfaction is paramount. Patients should feel confident in the nurse's intelligence, skills, and compassionate approach. They should describe the nurse as respectful, responsive, trustworthy, honest, and empathetic (ICN, 2012). Patients value

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experienced nurses who blend clinical expertise and technical proficiency with human touch (Kvale & Bondevik, 2010). Research has shown that a higher proportion of baccalaureate-prepared nurses positively correlates with improved patient outcomes, increased satisfaction, and higher likelihood of recommending the hospital (You, Aiken, Sloane, Liu & Heg, 2013).

10. **Nurse Satisfaction:** Nurses should maintain their overall health and well-being to ensure their ability to provide quality care is not compromised (ICN, 2012). Their mental, physical, social, and spiritual safety should be protected in the practice of nursing. The integration of technology, such as monitors, automated devices for vital signs assessment, patient-assisted lifting tools, and programmed reminders, can alleviate the workload. A supportive work environment, adequate staffing (recommended nurse-to-patient ratio of 1:5 per shift), and positive organizational culture are vital for nurse satisfaction. Poor staffing has been linked to nurse dissatisfaction, burnout, and reduced quality of care (Aiken, Clarke & Sloane, 2012; Jemilugba, 2011)

2.1.1 Reality about Nursing Care in Nigeria

In practice, the aforementioned ideals of quality nursing care are often either absent or inadequately implemented. Studies conducted in Nigeria reveal that while most patients perceive nursing care as satisfactory (Oluwadara, 2012) and consider nurses friendly (Emelumadu & Ndulue, 2012), significant challenges remain. Nursing is a dynamic profession that adapts to the needs of an ever-evolving society. The demand for nursing care is universal (ICN, 2012), and with a rapidly growing population, nurses face increased workloads both within and outside hospital settings (Akande, 2014). Advances in technology and science have introduced new diagnostic and therapeutic procedures, resulting in more patients requiring intensive nursing care (Akande, 2014).

Nursing practice in Nigeria operates within the framework of the country's healthcare system, which is characterized by several notable issues:

1. **Workplace Environment:** The quality of nursing care is hindered by unconducive and unsupportive work environments, inadequate leadership, a lack of necessary equipment and instruments (Federal Republic of Nigeria Strategic Health Development Plan, 2010), deteriorating hospital infrastructure, unhygienic conditions (Nairaland, 2010), and long patient waiting times (Emelumadu & Ndulue, 2012). The government acknowledges the severe shortage and unequal distribution of nurses across the country (Federal Republic of Nigeria Strategic Health Development Plan, 2010).

2. **Pre-Service and Continuing Professional Development (CPD) and Research:** The quality of nursing care is closely tied to the educational preparation of nurses. While the curricula for training nurses and midwives in Nigeria have been deemed adequate at both international and local levels, the human and infrastructural resources required for implementation remain grossly insufficient. Nursing schools are unable to access educational development grants because they are not integrated into the systems eligible for such funding.

The ongoing Mandatory Continuing Professional Development Programme (MCPDP) is a commendable initiative,

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particularly its linkage to license renewal, which was intended to encourage continuous professional development. However, there are reports of nurses practicing without valid registration or licenses in Nigeria. Social media discussions indicate that some nurses resist training opportunities and fail to apply the knowledge gained from such programs. Additionally, many nurses are criticized for a poor culture of professional development and resistance to change

3. **Public Opinions about Nurses:** Nurses are often misrepresented in the media as gossipers and portrayed as subordinate to doctors. However, some individuals acknowledge the challenging conditions nurses face, such as working long hours without breaks, insufficient oxygen supply for emergencies, lack of electricity at night, and disproportionate nurse-to-patient ratios (e.g., three nurses attending to fifty women in a general hospital). Public perception suggests there are both good and bad nurses, but many believe the latter are more prevalent. Good nurses are seen as compassionate, resourceful, and willing to assist impoverished patients with their own resources. In contrast, bad nurses are accused of incompetence, deriving satisfaction from patient suffering, gossiping at their stations, neglecting patients, making derogatory remarks, and lacking professionalism. Such nurses are described as unethical, unpolished, hostile, and disengaged, often sleeping on duty and ignoring emergencies or providing unhelpful responses when assistance is sought (ICN, 2012).
4. **Healthcare Consumers:** Many healthcare consumers are unaware of their rights, and those who are either do not know how to assert them or are afraid to do so. A lack of litigation by consumers contributes to the absence of accountability in healthcare (Ehlemere et al., 2011). Additionally, the health-seeking behavior of many Nigerians leads to delayed presentations for care. By the time they seek medical attention, their expectations are often unrealistic, and they may exhibit inappropriate or disruptive behavior.
5. **Nurses and Intra-Professional Relationships:** One of the most significant challenges facing nursing practice in Nigeria is the behavior of nurses themselves. Nurses are perceived as becoming less caring and less committed to addressing clients' needs (Akande, 2014). While patients and their families prioritize access, interpersonal communication, convenience, and affordability, nursing practice has shifted focus, often appearing antagonistic toward doctors. In some public hospitals, nurses reportedly delegate routine tasks to relatives or a new group of workers called "caregivers," while core nursing duties are performed poorly (Obadiya, 2011). There are also issues of indiscipline and disrespect among nurses, with senior nurses often acting as mere observers while junior nurses handle most tasks. Other concerns include improper handovers, inadequate reporting, selling drugs or supplies to patients during duty hours, and training unqualified personnel in private hospitals (ICN, 2012).

2.2 THEORETICAL REVIEW PEPLAU THEORY OF INTERPERSONAL RELATIONSHIP

George (2011), referencing Peplau, explains that nursing is an interpersonal process, as it involves interaction between two or more individuals working together to achieve a shared goal. Peplau's theory outlines the stages of the interpersonal process, the roles involved in nursing situations, and the approaches for studying nursing as an interpersonal relationship.

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PHASES OF INTERPERSONAL RELATIONSHIP

Peplau identified four sequential phases in the interpersonal relationship

1. Orientation
2. Identification
3. Exploitation
4. Resolution.

APPLICATION OF THEORY TO THE STUDY

Peplau's theory emphasizes the interpersonal process and the therapeutic relationship that develops between the nurse and the client. It highlights the need for nurses to focus on the interpersonal dynamics between themselves and the client. The interpersonal process is seen as a key force in personality development and includes elements such as the nurse-client relationship, communication patterns, integration, and the roles of the nurse. Psychodynamic nursing involves understanding one's own behavior, helping others recognize their challenges, and applying principles of human relations to address issues at all levels of experience. The theory underscores the importance of the nurse's ability to understand their own behavior to assist others in identifying and addressing their perceived difficulties.
The four phases of the nurse-patient relationship are as follows:

Orientation Phase

- During this phase, the individual recognizes a need and seeks professional help.
- The nurse assists the patient in understanding their problem and recognizing the need for assistance.
- In this phase, the nurse identifies the patient's needs to provide quality care.

Identification Phase

- The patient begins to identify with those who can provide help.
- The nurse facilitates the exploration of feelings, helping the patient view their illness as an experience that can reshape their emotions and strengthen positive traits, leading to satisfaction.
- During this phase, the nurse provides the professional assistance identified in the orientation phase, and the patient begins to feel a sense of belonging while choosing the means to meet their needs.

Exploitation Phase

- In this phase, the patient seeks to gain the full benefits from the relationship.
- The nurse helps the patient set new goals and the power shifts from the nurse to the patient as they delay gratification to achieve these goals.
- Nursing care is delivered based on the identified needs, and the quality of care influences patient satisfaction and their perception of nursing. As the patient's problems are addressed, they are able to perform daily activities independently.

Resolution Phase

- The patient gradually sets aside old goals and adopts new ones.
- In this phase, the patient begins to detach from the nurse as they progress toward independence.

The patient needs have already been met by collaborative effort of patient and the nurse, there is termination of therapeutic

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relationship as the patient is discharged and healthier emotional balance is demonstrated

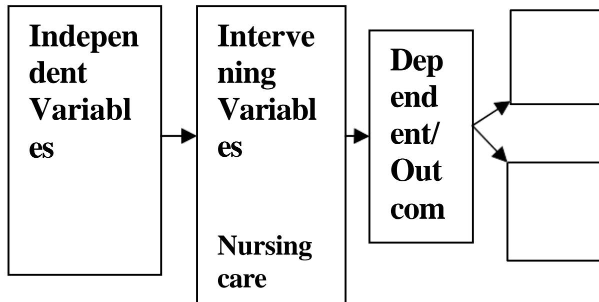

FIG 2.2 PEPLAU THEORY OF INTERPERSONAL RELATIONSHIP

SOURCE: BMC HEALTH SERVICE RESEARCH (2018)

The presented conceptual model outlines methods for measuring quality care from the perspective of patients. Factors such as age, educational level, and patients' perceived quality of nursing care based on these variables can influence their perception of care. Patients' feedback is a critical source of information, providing valuable insights that can help nursing administrators and hospital managers improve the quality of nursing care.

2.3 EMPIRICAL REVIEW

Numerous researchers have examined patients' perception of nursing care, especially the quality nursing care rendered to them.

NURSES PERCEPTIONS

Williams (2010) conducted a grounded theory study to explore nurses' perceptions of delivering quality nursing care. Ten registered nurses were purposively selected from four surgical specialty wards at an acute-care public hospital in Perth, Western Australia, and interviewed. Additionally, 12 other interview transcripts were analyzed to refine and clarify categories. The nurses identified patients' needs as either physical or psychosocial. Physical needs related to patients' lack of independence in daily activities, while psychosocial needs required nurses to take on a supportive role, including specific communication, providing information, caring, and advocating for the patient. The nurses also included the patient's family and social life in their care. While nurses emphasized meeting psychosocial needs and provided more detailed care for these, their heavy workloads restricted the time available for patient care, leading them to prioritize physical needs over psychosocial or additional care needs.

McKenna et al. (2010) conducted a study aimed at developing a tool to assess the perceptions of healthcare professionals in the UK regarding the quality of care provided to patients. Building on Cronenwett and Slattery's (2012) tool developed in the US, the study explored whether its validity could be transferred to the UK. The study involved five hospitals in Northern Ireland and four in Oxford, England, with participants including nurses, medical consultants, speech therapists, physiotherapists, and social workers. The results showed that for clinical professionals in both the UK and the US, factors such as competency, communication, confidentiality, dignity of patients, cleanliness, safety, expertise, judgment, discharge procedures, information and education, staff morale, and continuity of care were important in determining their perceptions of quality care. In the UK, additional concerns like waiting lists, resources, leadership, and infection rates were also significant, while in the US, staff attitude, accessibility, and collaboration were particularly emphasized.

PATIENTS PERCEPTION

Oermann (2014) argues that, despite the extensive research on defining and

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measuring healthcare quality, less attention has been paid to consumers' perspectives. She points out that consumers and healthcare providers often have different views on what constitutes "quality nursing care." In her study, a convenience sample of 239 consumers was interviewed about their views on quality healthcare and nursing care. The data were analyzed through content analysis. The consumers, recruited from clinic waiting rooms and neighborhoods in a large metropolitan area, defined quality nursing care as having nurses who showed concern, demonstrated caring behaviors, were competent and skilled, communicated well, and educated them about their care. They defined quality healthcare as having access to care, skilled and competent providers, proper treatment, the freedom to choose their physicians and hospitals, providers who communicate effectively, teach them about their conditions and treatments, and demonstrate caring behaviors.

Oermann et al. (2014) recognized that patients' perceptions of quality nursing care can vary, particularly between in-patients and consumers in outpatient settings. Hospitalized patients tend to describe quality care as respecting their values and needs, care coordination, communication, education, physical comfort, emotional support, family involvement, and continuity of care during their transition to home.

Thorsteinsson (2012) conducted a phenomenological study to explore how individuals with chronic illnesses perceive the quality of nursing care. Eleven Icelandic participants, aged 38-80, were interviewed, and data were analyzed using coding and categorization. The study found that "quality of nursing care" is not easily defined. Participants tended to describe their experiences by focusing on the nurses providing the care, emphasizing that they did not distinguish between the care and the nurses themselves. The nurses' attitudes and behaviors were considered central to delivering high-quality care.

Radwin (2012) conducted a grounded theory study to analyze oncology patients' perceptions of the attributes and outcomes of quality nursing care. The purposive sample included 22 oncology patients receiving treatment at an urban medical center. The patients were interviewed using a semi-structured schedule. The study identified eight attributes of quality nursing care: professional knowledge, continuity, attentiveness, coordination, partnership, individualization, rapport, and caring. Additionally, two outcomes of quality care were identified: increased fortitude and a sense of well-being, characterized by trust, optimism, and authenticity.

Lymer and Richt (2013) used a phenomenographic approach to explore patients' perceptions of quality care and the barriers to care. They interviewed 14 adult orthopaedic patients, and the analysis revealed several categories of quality care, including nice manners, mutual achievement, being involved, being cured, being cared for, and having safe care. These findings largely supported the results of other studies on quality care.

Wilde et al. (2010) conducted a grounded theory study to develop a theoretical understanding of quality of care from the patient's perspective. Thirty-five interviews were conducted with 20 adult hospitalized patients in a clinic for infectious diseases. The data, analyzed using the constant comparative method, suggested that patients' perceptions of care are shaped by their interactions with the care structure, as well as their own norms, expectations, and experiences. Quality of care, from the patients' viewpoint, was seen as a combination of interconnected dimensions,

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which together formed a holistic view of care. These dimensions included medical-technical factors, physical-technical conditions, an identity-oriented approach, and the socio-cultural atmosphere. Wilde et al. (2010) argued that these elements could be understood in relation to two core variables: the resource structure of the care organization (which includes both person-related factors and physical/administrative amenities) and the patient's preferences.

A study conducted in Turkey on patients' expectations and satisfaction with nursing care found that patients expected nursing care to involve cheerfulness, concern, understanding, courtesy, and benevolence (Ozsoy, Ozgure & Akyol, 2013).

In Iceland, a study found that patients who perceived nurses as providing high-quality care described them as kind, joyful, warm, polite, understanding, and clinically competent. In another study from Iceland, clinical competence was considered the most important aspect of nurse caring behavior, with key elements including knowing how to administer injections and IVs, knowing when to contact the doctor, and how to handle medical equipment.

In an Australian study, postoperative patients identified the most important aspects of nursing care as being the nurse's ability to engage with them as individuals, being available, having a friendly and warm personality, and offering a gentle touch. Similarly, another study found that the defining characteristics of good nursing care were related to the nurse's demeanor, including qualities like being gentle, calm, courteous, kind, attentive, available, empathetic, and reassuring.

In Thailand, Thorsteinsson (2012) studied two patients who felt they had received high-quality nursing care. These patients described the nurses as having a positive attitude, professional manner, kindness, trustworthiness, honesty, and clinical competence. They also perceived the quality of care as involving joy, warmth, tenderness, a smile, politeness, and understanding.

CHAPTER THREE

3.0
METHODOLOGY

This chapter will discuss the research methodology which comprises of research design, research settings, research population sample size, sampling techniques, instruments, psychometric, properties of the instruments, type of data collection, analysis and ethical consideration.

3.1 RESEARCH DESIGN

The study used a descriptive cross-section research design to evaluate the quality of nursing care perceived by patients and their satisfaction of care in Alimosho General Hospital, Igando, Lagos State.

3.2 RESEARCH SETTINGS

This research was conducted at Alimosho General Hospital in Alimosho Local Government Lagos State. The hospital management is headed by the Chief Medical Director. The Department of Nursing in the Hospital is directed by the Deputy Director of Nursing Services. The Hospital provides both in and out patients services including national health insurances scheme services, public / community health care services and immunization. This institution also assists in training of health personnel as well as carrying out health research and also provide referral services to higherr health facilities in Lagos State.

3.3 TARGET POPULATION

The target population are the patients admitted for care in both medical and

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surgical wards at Alimosho General Hospital Lagos State.

3.4 SAMPLING AND FORMULAR

The sample of this research is therefore calculated by using Taro Yamane. The calculation formula of Taro Yamane is presented as follows:

$n = N/ (1+N (e)^2)$

Where:

n signifies the sample size

N signifies the population under study which is 210

e signifies the margin error (it could be 0.10, 0.05, 0.01)

n = 215/1+210(0.0025)

n = 215/1+0.525

n = 215/1.525

n= 140.98

3.5 SAMPLING TECHNIQUE

Simple random sampling method was adopted in the selection of respondents in other to achieve unbias result during the research. 70 and 70 respondentswere selected from both surgical and medical units respectively of Alimosho General Hospital, Igando, Lagos State.

3.6 INSTRUMENT FOR DATA COLLECTION

The questionnaire contains two (2) sections the Socio-demographic (age, gender, religion, tribe, marital status, educational level and occupation) and patient satisfaction, influence, staff competence, caring/uncaring, integrity and organization.

3.7 VALIDITY OF THE INSTRUMENT

Validity refers to the degree to which the research instrument measures what it is intended to measure in the interest of the researcher. The questionnaire was developed by the researcher and presented to the research expert who critiqued and approved it. All corrections were adequately effected.This research instrument was subjected to content validity before administered on the respondents. This allows the researcher to evaluate the content validity.

3.8 RELIABILITY OF THE INSTRUMENT

Reliability is the ability of the instrument tool to consistently measure what is designed to measure. To ensure reliability a pretest study of the instrument was carried out, and corrections were made before administration of the instrument to the actual respondents.

Reliability can be assessed with the test-retest method, alternative form method, internal consistency method, the split halves method, and inter-rater reliability.

3.9 METHOD OF DATA COLLECTION

The data collection was by interviewer's administered questionnaire.

3.10 METHOD OF DATA ANALYSIS

Descriptive analysis was performed on the socio- demographic and clinical characteristics while inferential statistics was used to test the hypothesis.

3.11 ETHICAL CONSIDERATION

A letter of introduction from the department of nursing in Lagos State College of Nursing was taken to Alimosho General Hospital authority to seek their permission. The patients were approached and their consent was gained. The questionnaire was administered to the respondents on approval by the ethical committee. The names of the

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respondents were not used for the collection of data for confidential purposes.

CHAPTER FOUR

4.1 DATA ANALYSIS AND PRESENTATION OF RESULTS

This chapter presents the analysis and interpretation of data obtained through the use of structured questionnaire. One hundred and thirty- eight (138) questionnaires were distributed among patients in ALIMOSHO GENERAL HOSPITAL, IGANDO. Descriptive statistics was used to analyze the socio- demographic characteristics and hypothesis 1 while inferential statistics was used to test the other hypothesis from the responses from the questionnaires using SPSS Statistics version 20. Research questions were answered in line with the data collected from the survey. The result of the findings was carried out in relation with the study objectives.

4.1 PRESENTATION OF DATA USING TABLES

TABLE 1:

Variables	Frequency (N = 138)	Percentage (100%)
Age		
18-20	23	16.3
21-26	63	45.9
26 and above	52	37.8
Median age	**23.5**	
Range	**18 – 27**	
Gender		
Male	57	41.5
female	81	58.5
Religion		
Christianity	94	68.9
None	3	1.5
Islam	41	29.6
Ethnicity		
Yoruba	122	90.4
Igbo	7	4.4
Hausa	4	3.0
Edo	3	1.5
Kogi	2	0.7
Marital status		
Single	86	63.0
Married	50	36.3
Divorced	2	0.7
Occupation		
Cleric	6	3.7
Self Employed	32	23.7
Public Servant	20	14.1
Artisan	8	5.2
Unemployed	72	53.3
Highest level of education		

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Primary	3	1.5
Secondary	78	57.0
Tertiary	57	41.5
Unit of current practice		
Medical	68	49.6
Surgical	69	50.4

LEVEL OF PATIENTS' PERCEPTION ABOUT THE QUALITY OF NURSING CARE RENDERED

TABLE 2:

Levels of patients' Perception of nursing care	N = 138	Percentage (%)
Poor	59	43.0
Good	79	57.0
Total	138	100.0

4.2 Proper labeling of tables

Table 1 presents the socio-demographic characteristics of the respondents. The majority (45.9%) are between the ages of 21 and 26 years, with most being females (58.5%) and the rest (41.5%) males. The largest religious group is Christians (68.9%), while a small percentage (1.5%) do not practice any religion. A significant proportion of the respondents are of Yoruba ethnicity (90.4%), with a small number (0.7%) being Kogi. Most respondents are single (63.0%), and only a few (0.7%) are divorced. The majority are unemployed (53.3%), while a few (3.7%) are Clerics. The highest educational level of most respondents is secondary school (57.0%), and only a small percentage (1.5%) have primary education as their highest level. The questionnaire was completed by 49.6% of respondents in medical wards and 50.4% in surgical wards.

Table 2 shows that 57% of the respondents rated the nursing care they received as good, while the remaining 43% rated it as poor.

4.3 Answering Research Questions

QUESTION 1: What is the level of patients' perception about the quality of nursing care rendered?
As shown in table 4.2 above, 57% of the respondents rated the nursing care they received as good, while 43% rated it as poor.

QUESTION 2: What is the difference in perceived quality of nursing care among patients in surgical and medical wards?
Table 4.3 above indicates that the rank for patients in the medical ward (71.99) is higher than that of patients in the surgical unit (64.07). However, this difference is not statistically significant ($p = 0.239$). Therefore, the null hypothesis is accepted, concluding that patients in both the medical and surgical units are likely to perceive the same quality of nursing care provided to them.

QUESTION 3: **What is the relationship between patients' age and their perceived quality of nursing care?**

Table 4.4 above presents the correlation matrix examining the relationship between patients' age and their perceived quality of nursing care, using Spearman's correlation technique. The Spearman's rank correlation coefficient was found to be 0.204, with a significant value of 0.018, which is statistically significant ($p < 0.05$). Thus, it can be concluded that the patients' age

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significantly influenced their perception of the quality of care received.

QUESTION 4: What is the difference between the qualities of nursing care between different levels of education?

Table 4.5 above shows that patients with secondary education had the highest rank (76.71), while those with only primary education had the lowest rank (7.75). The significant value of 0.002, being less than 0.05, indicates a statistically significant result. Therefore, it can be concluded that there is a significant difference between patients' highest level of education and their perception of the quality of nursing care provided.

4.4 TESTING OF HYPOTHESIS

HYPOTHESIS 1: There is no significant difference between the qualities of care rendered at surgical wards from medical wards.

Difference in perceived quality of nursing care among patients in surgical and medical wards

The test used Mann-Whitney test

TABLE 4.4.1

Ranks

	unit of current practice	N	Mean Rank	Sum of Ranks
Quality of Nursing care	Medical	68	71.99	4823.50
	Surgical	69	64.07	4356.50
	Total	138		

Test Statistics

	Quality of Nursing care
Mann-Whitney U	2010.500
Z	-1.177
Asymp. Sig. (2-tailed)	0.239
a. Grouping Variable: unit of current practice	

Table 4.4.1 above presents the perceived quality of nursing care as the test variable and the medical and surgical units as the grouping variable. Patients in the medical ward had a higher rank (71.99) compared to those in the surgical unit (64.07). However, this difference is not statistically significant, as the significance value is 0.239. Therefore, the null hypothesis is accepted, concluding that patients in both medical and surgical units are likely to perceive the quality of nursing care similarly.

HYPOTHSIS 2: There is no significant relationship between the age of the patients and the quality of care

Relationship between patients' age and their perceived quality of nursing care

TABLE 4.4.2

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Correlations

			Age	Quality of Nursing Care
Spearman's rho	Age	Correlation Coefficient	1.000	0.204*
		Sig. (2-tailed)	.	0.018
		N	138	138
	Quality of Nursing Care	Correlation Coefficient	0.204*	1.000
		Sig. (2-tailed)	0.018	.
		N	138	138

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.4.2 above displays the correlation matrix analyzing the relationship between patients' age and their perceived quality of nursing care, using Spearman's correlation technique. The Spearman's rank correlation coefficient was found to be 0.204, with a significance value of 0.018, which is statistically significant (i.e., less than 0.05). This indicates that patients' age has a significant impact on their perception of the care received.

HYPOTHESIS 3: There is no significant difference in the quality of nursing care across different levels of education.

Difference of patients perceived quality of nursing care between different levels of education

Kruskal-Wallis Test

TABLE 4.4.3

Ranks

	Highest level of education completed	N	Mean Rank
Quality of Nursing Care	Primary	3	7.75
	Secondary	78	76.71
	Tertiary	57	58.18
	Total	138	

Test Statistics[a,b]

	Quality of Nursing Care
Chi-Square	12.095
Df	2
Asymp. Sig.	0.002

a. Kruskal Wallis Test

b. Grouping Variable: Highest level of education completed

Table 4.4.3 above highlights the analysis of the relationship between patients' educational levels and their perception of nursing care quality using the Kruskal–Wallis test. Patients with secondary education had the highest rank (76.71), while those with only primary education had the lowest rank (7.75). The significance

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value of 0.002, being less than 0.05, indicates a statistically significant result. Thus, it can be concluded that patients' highest level of education significantly influences their perception of the quality of nursing care provided.

CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY AND CONCLUSION

5.0 INTRODUCTION

This chapter presents the discussion of findings of the study as analyzed in chapter four of this research project. This chapter also presents summary, implication for nursing, conclusion, recommendations and suggestions. The researcher distributed 138 questionnaires and same were retrieved and analyzed.

5.1 IDENTIFY KEY FINDINGS

This study focused on the Assessment of quality of nursing care by patients in Alimosho General Hospital, Igando, Lagos State.

THE STUDY REVEALED THAT

- Majority of the respondents were young adults between ages 21- 26 (45.9%);
- Single (63.0%)
- Married (36.3%)
- Female gender (58.5%).
- Male gender (41.5%).
- Furthermore, more of them practice Christianity (68.9%);
- Unemployed (53.3%)
- Those that have completed secondary education (57.0%).

5.2 LITERATION SUPPORT AND FINDINGS

The National Nursing Research Unit (2009) defined Quality of Nursing Care as providing patients with a positive experience characterized by six core elements: a holistic approach addressing physical, mental, and emotional needs; patient-centered and continuous care; a balance of efficiency and effectiveness with compassion and humanity; professional, high-quality, evidence-based practice; safe, effective, and timely nursing interactions; patient empowerment, support, and advocacy; and seamless care through effective collaboration with other professionals.The study revealed that a significant number of patients rated the nursing care they received as good. This finding aligns with Shawa's (2012) research, which showed that patients generally perceived the quality of care as positive. This is attributed to the notion that meeting patients' expectations increases their satisfaction, leading to a favorable perception of nursing care.

Additionally, the study indicated that patients in medical and surgical units did not perceive the quality of nursing care provided to them as significantly different. While no prior data explicitly compared the quality-of-care ratings between these units, Grandahl, Muurinen, and Katajisto (2019) found that care in surgical wards was rated highly. Their study suggested that surgical patients often receive more care due to their exposure to surgery. However, the present study demonstrated that nurses provided equal care in both medical and surgical wards, ensuring that all patients received the necessary care for full recovery.

The study also showed that patients' age significantly influenced their perception of care quality (r = 0.204, sig = 0.018). Older patients were more likely to perceive the nursing care as good. This finding is supported by research conducted by Kvist, Voutilainen, Mäntynen, and Vehviläinen

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(2014), which found that older patients were generally more satisfied with health services than younger patients. This disparity may be due to younger patients having higher expectations, whereas older patients tend to be more content with the care provided

The study also highlighted that patients' highest level of education significantly influenced their perception of the quality of nursing care provided (chi-square = 12.095; df = 2; sig = 0.002). This finding aligns with the study by Karaca and Durna (2019), which revealed that patients tend to have higher expectations from nurses as their level of education increases. This is attributed to the fact that individuals with higher educational backgrounds are more informed about treatment options and therefore anticipate a higher standard of care.

5.3 IMPLICATION OF FINDINGS TO NURSING PROFESSION

While the quality of care provided by nurses was highly rated and patients' needs were consistently met, it is essential for nurses to ensure that care is delivered uniformly across all age groups. This approach will contribute to enhancing the quality of care for patients of different age categories.

5.4 LIMITATION OF THE STUDY

The researcher experienced hoarding of information partly to quality of care due to the cordial relationship with the Nurses. This was overcome by proper explanation of confidentiality and anonymity.

5.5 SUMMARY OF THE STUDY

This study focused on evaluating the quality of nursing care as perceived by patients at Alimosho General Hospital in Lagos State. A self-administered questionnaire was distributed to 138 patients. A review of relevant literature was conducted through journals and online sources. Hypothesis testing was performed, and the findings were analyzed and discussed. The results indicated that more than half of the patients rated the nursing care as good, with age and educational status having a significant impact on their perceptions. However, there was no significant difference in the quality of care provided by nurses in the medical and surgical units.

5.6 CONCLUSION

The objectives of this study were to assess patients' perceptions of the quality of nursing care they received, examine differences in perceived nursing care quality between patients in surgical and medical wards, explore the relationship between patients' age and their perceived quality of nursing care, and evaluate how patients' education levels influence their perception of nursing care quality. A descriptive cross-sectional research design was employed at Alimosho General Hospital, Lagos State, using a structured questionnaire with 138 closed-ended questions for data collection. Simple random sampling was applied to ensure an unbiased selection of participants. Ethical approval was obtained from the Lagos State Health Service Commission. The study found that more than half of the patients rated the quality of nursing care as good, with age and education level significantly influencing their perceptions. However, there was no significant difference in the quality of care perceived by patients in the medical and surgical units.

5.7 RECOMMENDATION

The study presents the following recommendations:

1. Hospitals should regularly gather feedback on the quality-of-care patients receive. Additionally, nurses should receive customer care training through

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seminars and workshops organized by hospital management.

2. Nurses should put in more effort to enhance the care provided to patients. It is important for nurses to build a strong rapport with patients to foster trust, which will help prevent patients from perceiving nurses as rude and create a more comfortable environment for them.

5.8 SUGGESTION FOR FURTHER STUDIES

The study was confined to a single hospital in Igando. To obtain more comprehensive results, it should be expanded to include other hospitals, not only within Lagos State but across the entire federation. This would provide a broader assessment of the quality of care provided by nurses in various hospitals, ultimately helping to enhance the care delivered to patients.

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