PATIENTS PERCEPTION ON PATIENT CENTERED CARE IN ORTHOPAEDIC DEPARTMENT AT KENYATTA NATIONAL HOSPITAL

BASHIR DAHIR AHMED

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A RESEARCH DISSERTATION SUBMITTED TO THE DEPARTMENT OF SURGERY AS PARTIAL FULFILLMENT FOR THE AWARD OF MASTER OF MEDICINE IN ORTHOPAEDIC SURGERY AT THE UNIVERSITY OF NAIROBI, KENYA.

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DECLARATION

I declare that this dissertation is my original work and has not been submitted to any institution for the award of a degree or certificate.

Dr. Bashir Dahir Ahmed

H58/7737/2017

Registrar Kenyatta National Hospital

Sign ..... Date 3/8/2023

SUPERVISOR APPROVAL

This dissertation has been submitted with our approval as supervisors selected by the institution.

Dr. Tom Mogire

Orthopaedic surgeon, Lecturer, Orthopaedic Department, University of Nairobi

Sign ..... Date 3/8/23

Dr. Fred Chuma Sitati

Orthopaedic Surgeon, Senior Lecturer, Orthopaedic Department, University of Nairobi

Sign ..... Date 3/8/23

DEPARTMENTAL APPROVAL

This is to certify that this thesis is the original work of Dr. Bashir Dahir Ahmed and has been presented in a departmental meeting 20th August 2022. It was subsequently approved by the Kenyatta National Hospital/University of Nairobi (KNH-UoN) Ethical Review Committee (ERC) No: P718/09/2022. The dissertation is hereby submitted with approval of;

Dr. Vincent Muoki Mutiso

Thematic Head, Orthopedic and Trauma Surgery,

Faculty of Health sciences

University of Nairobi

Signature ..... Date 10/8/23

DR. Julius Kiboi

Chairman, Department of Surgery

Faculty of Health sciences

University of Nairobi

Signature ..... Date 15-8-2023

DEPARTMENT OF SURGERY
FACULTY OF HEALTH SCIENCES
P O Box 19676 - 00202, KNH
NAIROBI
Tel: 020 4915043

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ABSTRACT

Background: Care delivery is multifaceted, and there is a need to integrate different processes to achieve high-quality care. Patient-centered care emphasizes communication, physical and emotional comfort, cultural responsiveness, and care coordination. However, the delivery of patient-centered care in orthopedic wards has not been effectively investigated, which presents the need to understand the needs and wellbeing of admitted orthopedic patients.

Purpose of the study: To investigate the patient perception of patient-centered care in the orthopedic department at Kenyatta National Hospital

Methods: This was a cross-sectional study utilizing both qualitative and quantitative techniques. A consecutive sampling technique was used to sample 426 orthopedic patients. Quantitative data include demographic characteristics, communication approach, physical wellbeing, cultural responsiveness, and care coordination. These components of patient-centered care were measured using a three-point Likert scale. A purposive sampling technique was used to recruit seven patients into two focus group discussions (FGDs). Descriptive analysis was used to document quantitative data, while content analysis was used to analyze qualitative data.

Results: Out of 426 participants, 68%(290) were male, 53.3% (227) of the patients were aged between 25 to 40 years, and 52.3% (223) of the patients in orthopedic wards had a secondary level of education. It was established that most patients reported effective perceived communication, although there were challenges in communicating test findings to patients. There was a mixed perception of the physical wellbeing of patients, with many patients perceiving nurses as highly non-responsive compared to doctors. In assessing emotional wellbeing, 70.9% of the patients did not have access to professional counselors to help them cope with their condition and stay in the ward. Most participants illustrated the need for change regarding their emotional wellbeing in the orthopedic department, which was more evident in those who had stayed in the wards for four weeks or more. The principle of cultural responsiveness was well respected among most care providers, while few healthcare providers did not consult patients on anything, especially nurses. Coordination of care, especially in dispensing drugs and providing test results, were not well documented.

Conclusion and recommendations: The hospital has made major efforts in providing patient-centered care, although there are still challenges in all of the principles of patient centered care. Therefore, providing efficient guidelines for well-coordinated patient care in the orthopedic department is essential.

CHAPTER ONE: INTRODUCTION

1.1.Background

According to the Institute of Medicine (IOM), patient-centered care is defined based on five major sub-categories: communication, physical wellbeing, emotional wellbeing, cultural responsiveness, and coordination of care [1]. These components are derived from the eight tenets of patient centered care. Implementing patient-centered care has also decreased the average length of stay, improved patient satisfaction, and efficient and effective treatments, leading to lower care costs. From a provider's perspective, via high-quality patient-centered care, institutions can create a brand name that keeps its old consumers and draws in new ones [2]. Thus, the patient-centered care model is increasingly recognized as important for delivering high-quality care.

In his patient-centered model, Stewart illustrates five key components that define patient engagement within a clinical context. These components include exploring patients' main reason or concerns being addressed, integrated understanding of their whole person, emotional needs, and life issues, developing a solution to patient issues and concerns, and enhancing prevention and health promotions as well as continuity [3]. Similarly, according to Agency for Research and Health Quality (ARHQ), shared decision-making can achieve patient-centered care. Shared decision-making includes varied approaches to care, which define an interactive environment where the needs of patients are considered and a healthy decision is made [4]. The Triple Aim approach has also integrated varied aspects which have emphasized improving the individual experience of care, improving the health of populations, and reducing the per capita costs of care for populations. Achieving these concepts is evaluated based on the interaction between patients and care providers [5].

The WHO Health Systems Framework consists of quality and safety as necessary intermediaries for the required health outcomes [6]. The outcomes include improved health,

efficiency, and social and financial risk protection. The perception of quality care refers to the personal view of services received, while expectations encompass aspects that someone anticipates will be associated with the service. Consumers of services are pivotal for any business's success, including the healthcare industry. To have a competitive edge, it is key to ensure the quality of service that the customer perceives and meets or better exceeds their expectations [7].

Attaining patient-centered care requires a broader understanding of different aspects within the healthcare context. Communication forms a fundamental basis to care because it links patients and health service providers. Poor communication is more likely to create a difficult operational environment [8].

Effective communication strategies convey underlying feelings and commitment to improved quality of care. Patients must feel that their needs are being diligently addressed more compassionately. Even though patients are obligated to receive quality care, creating a positive rapport is essential in ensuring a strong commitment to change [9]. Perception of patients on care is defined by diverse components which play an instrumental role in creating a highly diversified system for change. Focus on positive communication, emotional and physical wellbeing, and cultural values present a strong context where it is easier to attain the needed level of change to improve the quality of care.

Healthcare providers working in the orthopedic department are expected to focus on attaining patient-centered care by understanding positive processes that improve patient success and efficacy [6]. However, in the local context, there has been less focus on patient centered care which limits the overall delivery of patient centered care.

1.2.Problem statement

Patient satisfaction is a fundamental aspect of care delivery. The recent focus on improving the quality of care has been dependent on the need to adopt the changing measures in healthcare settings. The World Health Organization has identified the need to provide patient-centered care as a means to the provision of quality healthcare. Patient-centered care requires close interaction and understanding between healthcare providers and patients [6]. In a healthcare setting, there is a need to create a more consistent environment where patients understand the need for care and help shape relationships within the workplace. Patients' experiences form a fundamental basis for improved performance and change context. Patients have high expectations, especially in the delivery of care. Thus, ensuring that the underlying expectation is met briefly [10].

There is limited information regarding orthopedic patients' perception of the level of care provided in the orthopedic department. Patients' experiences in orthopedic wards have not been fully investigated, creating a gap in assessing the quality of care delivery [11]. Patient's expectations and perception of quality of care present a dynamic view of today's healthcare practice and provision. A balance of the two is required to keep abreast of the competition. Despite the perceived lower quality of care in the public compared with private health care, there have been minimal studies on this [12]. With the increased efforts on quality improvement in the public sector, there is a need to evaluate whether the efforts are in tandem with the customers' expectations and perception of care. This would assist in the enhancement of health care delivery.

CHAPTER TWO: LITERATURE REVIEW

2.1.Patient-centered care

Patient-centered care involves diverse aspects, presenting a fundamental basis for improved care delivery. The Institute of Medicine (IOM) identified that patient-centered care is a key aspect of delivering care in modern settings. The IOM and the Agency for Healthcare Research and Quality (AHRQ) have asserted that patient-centered care is necessary with a key consideration that patients, family members, and care providers must work in tandem to achieve the intended care outcomes [13].

Patient-centered care is developed based on several key principles, which include coordination, empathy, communication, and cultural responsiveness (3). The healthcare context is highly diverse and presents a broader basis for better processes to improve efficiency and change processes. Patient-centered care has been adopted by many organizations, including IOM, AHRQ, the Institute for Healthcare Improvement (IHI), the Institute for Patient- and Family-Centered Care (IPFCC), the Picker Institute, and the Quality and Safety Education for Nurses (QSEN) Institute [1].

Four basic inter-professional abilities exist communication, teamwork, process reflection, and roles and responsibilities [14]. However, the skills be further broken into particular co-competency statements, which include the following: Ethical practice- recognizing that other health professionals' perspectives are equally legitimate and significant while also recognizing that the perspectives held by oneself and others may be stereotyped [15]. Teamwork is the capacity to contribute as a team member and leader while also being aware of the impediments to teamwork. Relationships and an awareness of the patient's needs entail jointly working on a patient-centered care model by increasing patient involvement in

their healthcare management. Knowledge of one's roles, obligations, and skills, as well as those of diverse health care professionals; Communication which encompasses successfully communicating one's views and perspective to coworkers as well as listening to coworkers; Learning and critical reflection, which is a focus on methods for transferring inter-professional learning to the clinical context, as well as a critical examination of team member interactions [16]. These constructs are required to ensure a closer interactive and cohesive environment.

Healthcare providers are expected to remain committed to delivering quality healthcare while ensuring patient needs are met. The emphasis on care in this context presents a broader focus on specific aspects that define care quality. Nurse quality indicators are evidence-based indicators that determine the quality of care while also illustrating different challenges in delivering care that must be fully assessed and promote improved care delivery (14).

2.2.Perception of communication in healthcare

Communication is a key component of patient centered care. Healthcare providers are expected to ensure that they use language and adopt communication systems that can be fully embraced to achieve the intended quality of care. According to Kwame et al.(2021), effective communication between patients and healthcare providers forms a strong basis for providing patient-centered care. Patient-centered communication is vital in ensuring optimal health outcomes with a strong commitment to nursing values. Healthcare workers are expected to recognize the underlying barriers in care to improve efficiency and change. This is fundamental in helping create a highly advanced basis for change and improved well-being [17]. Further, a qualitative review conducted by Newell et al. (2015) identified that

communication is a reciprocal process that provides advanced care in the healthcare setting and builds a highly effective system that improves change and efficiency [18].

A review conducted by Naughton (2018) affirmed that patient-centered communication presents a highly integrated system that focuses on building a strong and elaborate system for the attainment of improved service delivery. Different patients have different needs despite suffering from the same condition. Cultural beliefs fundamentally shape how they wish to be treated in the care environment. Communication offers a strong basis for improved engagement [19].

Communication within the workplace plays a fundamental role in defining teamwork and the level of interaction. The ability to express individual views is important in patient care involving multi-disciplinary teams. Another study done in Bangladesh established that poor listening and communication can lead to disruptive behaviors, which can negatively impact the care process. Disruptive behavior manifests in many ways, such as verbal abuse, including yelling that can potentially impact the working relationship between colleagues [20].

Kwame et al. (2020) investigated the underlying nurse-patient relationship. It was found that communication is fundamental in helping create a favorable environment where all other factors can be successfully evaluated. Without communication, it is difficult to achieve any positive interaction within the healthcare context [21].

Newnham et al (2017) analyzed hospital discharge communication patterns to define the favorite patterns of patients and healthcare providers, increased patient and provider satisfaction, and enhanced patient comprehension of their medical situation. By evaluating 3489 online databases and 30 which met the inclusion criterion, the study emphasized that the use of technology to offer discharge information was desired by healthcare professionals and

patients and increased patient awareness of their medical status and guidance for discharge [22].

Fascinatingly, cultural differences were mentioned as barricades to the use of standards and protocols guiding work interactions [23]. Challenges faced in implementation were due to differences in clinical practice and an attitude of resisting change[24]. Kurgat (2020) maintained that people tend to work harder in a team and develop better-coping measures which attain an improved level of support [25]. Inadequate support from colleagues can result in high levels of stress among professionals (Yatasa and Cherie, (2019) Wune, (2018). Supervisor/Manager support was associated with enhanced performance at work and individual achievement that encouraged more cohesiveness among the teams Cheung et al., (2018).

2.3.Patient perception of physical wellbeing

Physical comfort is a fundamental principle component of patient-centered care in healthcare delivery, however, they are not given much importance. Many studies have proven that the physical environment of hospitals can have an impact on the patient’s health and comfort (staff, patients, and visitors). With an aging population and a growing percentage of individuals suffering from chronic diseases driving up healthcare demand, it's more important than ever to understand the comfort and health implications of the physical environment in hospitals [29]. Stressors in the wards include noise and overcrowding, which might harm the quality of care as perceived by patients [25].

A study conducted in Oman found that patients' perceptions of care quality were generally positive, with professionalism ranked highest and physical needs and human resources rated lowest. Patients' impressions of hospitals and subscales of interdisciplinary teamwork and outcome variables differed significantly between planned- and emergency-admitted patients.

The results of the linear regression analysis revealed a link between gender and overall quality of care, with male patients reporting higher satisfaction than female patients. This research suggests that physical demands (food quality and environmental sanitation) and human resources (staff-to-patient ratio) should be better understood, as well as specific patient needs, particularly for emergency-admitted patients [31].

A cross-sectional study in Italy revealed that patient experiences are dependent on their overall well-being within the healthcare setting. Poor engagement negatively influences patient experiences, offering a more advanced understanding of the care and wellbeing of patients [32].

2.4.Perception of emotional wellbeing

Researchers have found that a lack of social and emotional support can contribute to overall health difficulties and illnesses such as heart disease, stress, and depression, as well as a longer stay in the hospital for those affected by these conditions. Neuroscientists believe that the amygdala, located in the brain's limbic system, is the origin of our earliest emotions, including anxiety, aggression, fear conditioning, and social cognition. In addition, the cingulate gyrus, which is also located in the limbic system, is responsible for regulating heart rate and blood pressure, as well as the processing of cognitive and emotional information. For example, empathy is a sensation that encompasses many different aspects. True empathy requires more than simply being aware that other people have the same emotions as you; it also requires awareness that these people care about you, even if they do not share your feelings [33].

Williams et al. conducted a study investigating the patient emotional comfort experienced in a care setting. A total of 374 patients were included in the survey. The findings revealed that more male respondents were found to have positive emotions compared to female patients

based on care delivery within a hospital setting. The concept of 'person-centeredness,' in which care is tailored to the individual and holistically, has been advocated. However, unfavourable working conditions hinder the staff's ability to deliver this level of care to all patients. This creates a difficult situation for nurses. Psychosocial care deficiencies may jeopardize the patient's general sense of well-being and comfort and their ability to recuperate and participate in health-promoting activities [30].

According to a study conducted by Zineldin et al. (2020) investigating the influence of emotional and social support among patients, it was found that the largest significant influence on total patient safety was Ambient Environmental, followed by Supportive gestures. As a result of the research has determined that paying more attention to the emotional support components of patient care will lead to a better understanding of the Mind/Body connection, improved medical and healthcare implications, and a faster recovery from sickness [34].

Bhoomadevi et al. (2021) stated that assistance with everyday activities and 'emotional support' impact healthcare providers' confidence and trust. Furthermore, the findings provided significant evidence that patients require drug explanations in their own language, environmental comfort and emotional support [35].

2.5.Patient perception of cultural responsiveness

The focus on patients' needs and well-being presents a strong focus on their culture and respect for personal values. Problems related to language and cultural issues are recognized as a threat to patients' safety in hospitals. Cultural competence has gained attention as a strategy to provide equal and quality healthcare services for culturally diverse patient groups [29]. Cultural competence is a multifaceted concept that refers to a person's cultural sensitivity or attitudes, cultural awareness, and cultural knowledge and skills. Cultural

competency is defined in the healthcare setting as understanding how social and cultural elements influence patients' health beliefs and behaviors and how these factors are considered at various levels of the healthcare delivery system to ensure excellent care [36].

According to Kaihlanen et al (2019), the findings revealed that the inability to respect the cultural values of patients has a negative influence on the perception that patients have in relation to the quality of care provided. Training healthcare workers on the need to embrace cultural values is fundamental in patient-centered care. General, personal, and patient utility were the three main training perceptions. The cross-cultural care training's general approach, ability to create a discourse, and potential to improve present approaches are all valuable. Personal utility is the ability to recognize one's cultural traits, change one's thinking, obtain a fresh perspective on one's communication ways, and justify certain workable procedures. It encourages improved awareness and acceptance of patients' unique cultural features and respect in healthcare services [37].

In recent years, cultural competency and patient-centered care have received a lot of attention as potential strategies to enhance the delivery of healthcare. However, as their notoriety and popularity have increased, there has been a great deal of misunderstanding over their meaning and how they should be applied in a variety of contexts. While advocates of patient-centered care may downplay the significance of cultural competence by claiming that it is merely one component of patient-centered care, advocates of cultural competence typically argue the exact opposite [38].

Ohana et al. (2015), in investigating physicians' and patients' perceptions of cultural competency and medication compliance, revealed a significant negative correlation between the physicians' perceptions of their cultural competence and the patient's perception of physician competence. Patients who believe their doctor is culturally competent are more

likely to follow their medical advice. Furthermore, the data suggest that ethnicity has a considerable impact on patients' perceptions of physicians' cultural competence and happiness with the medical care they receive [39]. Almutairi et al. (2017) identified that patients considered healthcare workers as being inefficient in maintaining their values and cultural focus. Nurses' knowledge of cultural awareness is vital in helping understand the need to provide quality care[40].

2.6.Perception of coordination of care among healthcare workers

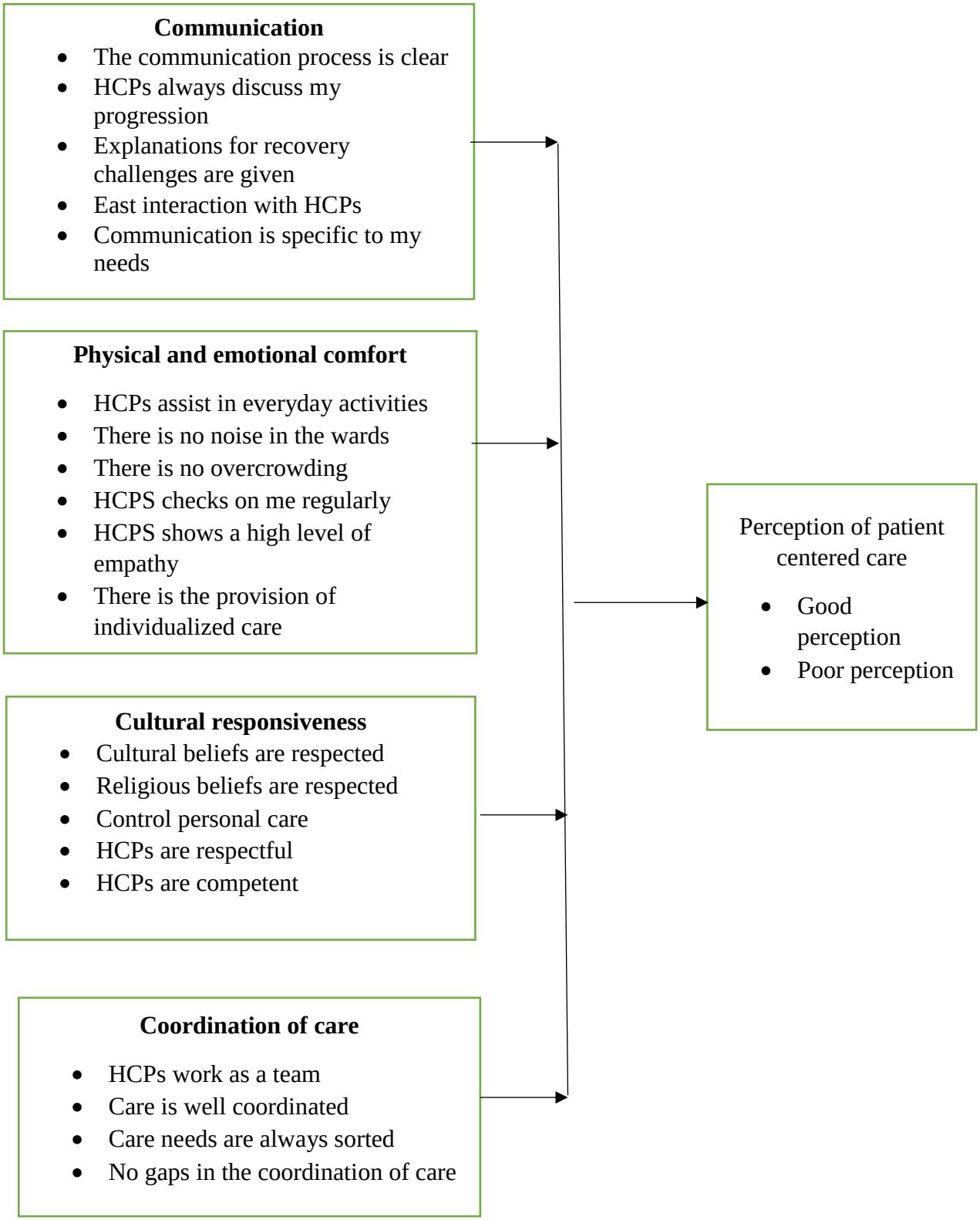
Coordination of care is a fundamental component that builds a well-defined understanding of patient needs as well as the available structures and processes within the healthcare system. In today's healthcare context, it's critical to comprehend the dimensions along which healthcare customers make decisions regarding the quality of care they receive. Beaudin et al. (1999) investigated the patient perception and observations about care coordination in the healthcare context. The findings revealed that patients are interactors in their hospital experiences, even as lay spectators and their impressions of care coordination are influenced by communication patterns among healthcare staff. [41].

Another mixed methods study conducted by Mason et al. (2013) found that there was a lack of care coordination during emergency admissions and releases. At care transitions, patients, relatives, and professionals noted a number of issues related to a lack of knowledge, communication, and collaboration. Wherever possible, family carers or expert nurses served as the primary care coordinators [42].

A cross-sectional survey conducted by Mohr et al. (2019) examined measures of organizational coordination and their relationship with patient experiences of care coordination. According to the findings, patient ratings of specialist knowledge management and integration were worse when primary care clinicians either did not employ feedback

coordination or evaluated it lower. In addition, the management of specialized knowledge, the integration of knowledge, and the fragmentation of knowledge were all connected to working in teams. Relational coordination was connected to the coordination that took place between the mental health practitioner, the diabetes specialist, and the primary care physician. Patient care coordination experiences may be improved if practices are implemented to increase provider coordination within primary care and across primary care and specialist care providers. The efficiency and effectiveness of patient care may be improved if these areas are improved [43].

2.7.Conceptual framework



2.8.Justification of the study

Patient-centered care is a key component of quality care. Quality of care encompasses other factors such as healthcare providers' efficiency, effectiveness, equity, timeliness, safety, and patient-centeredness approach to service delivery. The patient-centered approach involves adequate collaboration with the patient and other providers, ensuring physical and emotional patients' needs are catered for adequately, patients' preferences and cultural values are factored in service provision, and ensuring optimal communication with the patient. Interaction with patients plays a major role in building a highly robust understanding of specific measures which need to be considered to attain the needed level of performance. Healthcare providers across different departments need patient feedback to understand whether their commitment to patient-centered care is successful.

Patient perception plays an instrumental role considering that a strong structure seeks to create a highly diversified emphasis on quality of care. The orthopedic department deals with sensitive and serious issues where the majority of patients are dependent during their hospitalization. Thus, healthcare providers are tasked with providing care and ensuring that it is provided to the desired limits. However, there has been less focus on patients' perception regarding the service delivery within the department, which form the basis of this study. This study seeks to know the patients' perception of patient centered care among orthopedic patients in the Kenyatta national hospital. This will provide relevant information so as to improve the quality of care for the patients treated in our hospital.

2.9.Research question

What is the patient perception of patient centered care in the orthopedic department at Kenyatta National Hospital?

2.10. Objectives

2.10.1. Broad Objective

To investigate the patient perception of patient centered care in the orthopedic department at Kenyatta National Hospital

2.10.2. Specific objectives

a) To determine the perception of communication between healthcare providers and patients in orthopedic wards at Kenyatta National Hospital.
b) To establish patients' perception of their physical well-being in orthopedic wards at Kenyatta National Hospital.
c) To determine the patient's perception of emotional wellbeing in orthopedic wards at Kenyatta National Hospital.
d) To determine the patient's perception of cultural competency in orthopedic wards at Kenyatta National Hospital.
e) To determine the patient's perception of coordination of care in orthopedic wards at Kenyatta National Hospital.

CHAPTER THREE: METHODOLOGY

3.1.Research design

This was a cross sectional study utilizing both qualitative and quantitative techniques. Cross sectional studies provide a major focus on exposure and outcome variables at one point in time. Cross-sectional design is most appropriate in this content because it allows the research to identify the outcome [44]. This design provides data for quantitative analysis. The benefit of the cross-sectional study is that it is a one-time data collection. It does not involve a long duration and hence is quick and more financially feasible. The study sought to investigate the perception of patients discharged from orthopaedic department on specific components including communication, physical, emotional, culturally competency and coordination of care within the orthopedic department.

3.2.Study setting

The study was conducted in orthopaedic department inpatient wards at Kenyatta National Hospital. Kenyatta National hospital is the largest referral hospital in Kenya with a bed capacity of 1,800 and approximately 6,000 staff. The hospital is located in Nairobi County in the upper hill region in Kenya. The orthopaedic department clinic attends to 40 patients in each of the three weekly sessions. Based on information from the health information department there are approximately 143 admissions in a month and 426 in three months.

3.3.Target Population

The study included patients discharged from Orthopaedic wards at Kenyatta National Hospital.

3.3.1. Inclusion criteria

- All patients with discharge sheet from orthopaedic wards
- Patients who consented to participate in the study.

3.3.2. Exclusion criteria

- Patients who were severely ill
- Patients who were unable to express themselves fully.

3.4.Sample size and sampling

3.4.1. Sample size

The orthopedic inpatient admits around 143 patients per month. Between May and July 2022, there were 426 admissions into the orthopaedic wards. Thus, the study included a sample size of 426 patients.

3.4.2. Sample size for qualitative data

The study included two focus group discussions. Each of the focus group included approximately 6 -8 participants (36). The focus groups sought to understand whether there was any difference in perception to patient centered care for those who have stayed in the orthopaedic wards for less than four weeks (FGDA) and those who were in the wards for more than four weeks (FGDB).

3.5.Sampling technique

A consecutive sampling technique was used to recruit study participants. The respondents were consecutively sampled within the study period.

Purposive sampling was used to select individuals who participated in the focus group discussions. Purposive sampling technique was used in the recruitment of patients into the focus group discussion. Patients who were recruited into the focus group discussion were based on the length of stay. Patients who have stayed in the hospital were grouped into two groups where one of the groups included patients who have stayed in the hospital for more than four weeks while the other group included patients who have been in the hospital for less

than four weeks. The focus on length of stay sought to focus on whether there was any significant difference in the perception of patients based on the patient centered care.

3.6.Recruitment strategy

For Quantitative data, the researcher approached the orthopedic wards after approval from KNH-UoN ethics and permission from KNH administration. The researcher then assessed patients who had discharge sheets within the wards and evaluated them using the inclusion and exclusion criteria. All those who met the inclusion criteria were consecutively recruited into the study throughout the study period.

For qualitative data, the researcher approached the orthopedic wards and identified patients who met the inclusion and grouped them based on a specific characteristic which was length of stay in the hospital of four weeks. The period of four weeks has been considered because it showed a trend in care.

3.7.Data collection tool

A structured questionnaire was used to help understand the patient centered care. The questions included in the study were based on the IOM endorsed patient centered dimension [45] and from Tzelepis et al. (12) and Negi et al. (28).

A focus group discussion guide was used to probe focus group participants to help understand the extent of patients centered care and their perception. These tools included questions that had been adopted in past similar studies assessing patient centered care.

3.8.Data collection procedure

3.8.1. Quantitative data collection

The data collection processes began after approval from KNH-UoN ERC and KNH. The researcher with the help of two research assistants engaged the target population which included orthopedic patients admitted in orthopedic wards. The actual participants included

patients who having discharge sheets in the wards. This was aimed to ensure that they provide accurate information. The researcher with the help of research assistants assessed the patients to identify those who were eligible to participate. Only those who met the inclusion criteria were eligible to participate in the study. The researcher introduced themselves and the purpose of the study and administer consent for patients who wanted to participate in the study. The researcher then administered the questionnaire. The questionnaire was researcher administered to ensure internal consistency. Data collection was done consecutively for three months period.

3.8.2. Collection of qualitative data

Qualitative data collection entailed two focus group discussions which focused on ensuring a deeper understanding on the perception of care among these patients relating to quality of care delivered. Each of the focus group discussion included seven participants. A consent was sought from the respondents with a purposive sampling technique utilized with key characteristic being length of stay in the ward. The consent also requested for the discussion to be recorded to aid in data analysis. However, anonymity of the patients was maintained. Once consent had been obtained, the researcher approached each of the respondent's individuals to conduct the interview. The interview was recorded and later transcribed verbatim. The qualitative data results were analyzed thematically where the transcripts obtained were critically reviewed to identify major themes. These findings were integrated with the quantitative data to provide a more cohesive understanding on patient centered care.

3.9.Pretest, validity and Reliability

To check the efficacy and reliability of the data collection tool, a pilot test was done at KNH prior to the start of the actual data collection. This helped in familiarization of the study setting, the data collection process as well as test the research tool. This was essential in maintaining high level of reliability of the data questionnaire in attaining the needed

outcomes. The questionnaire was critically reviewed by an expert in the field of study to ensure it is consistent and able to give required feedback. A Cronbach alpha value was calculated to investigate the reliability of the data collection tool. A Cronbach alpha value of 0.7 was considered more reliable and able to answer the study objectives.

3.10. Data quality control

To avoid duplicate findings, the questionnaires were assigned serial numbers. Following collection, the data was reviewed on a weekly basis to ensure completeness. Continuous data entry was made into a password-protected Epi data database.

3.11. Data management

3.11.1. Data entry and cleaning

After the data was collected using a structured questionnaire, it was correctly entered based on a pre-developed data tool using Epi data 3.2. Data entry was carried out by a data entry clerk. Each of the questionnaire was serialized to ensure that it is accurately entered and can be traced as well. Upon completion, the data was verified by a qualified Statistician to check for errors and any missing information. Corrections were done in relation to the original questionnaire to allow for easy analysis based on the identified objectives.

3.11.2. Data storage

Filled questionnaires was stored in a lockable cabinet only accessible to the Principal Investigator. Back up of soft data was done in a google drive and protected under passwords. The Data was stored for a period of five years after which the hardcopy papers was shredded into pieces, and the soft copy data was stored in the repository.

3.11.3. Data analysis

Data was analysed using both qualitative and quantitative analysis approaches. Descriptive data was analysed using frequencies and percentages. Combined scores for each of the component were calculated as total raw scores and then averages were obtained. The

averages were converted into percentages to provide a clear visual understanding on the each of the components. For qualitative data, the transcribed recordings into word document was reviewed by a statistician to derive themes. Thematic analysis was used to analyse data. Data analysis was done using Microsoft excel where themes and sub-themes was coded.

3.12. Ethical consideration

Approval to conduct study

The study sought approval to carry the study from the department of surgery and KNH-UoN Ethics and Review Committee (P718/09/2022) which evaluated feasibility and all underlying ethical issues in the study prior to data collection.

Privacy and confidentiality

Privacy and confidentiality formed a fundamental part of this study. The questionnaires were self-administered to maintain high level of privacy and confidentiality. The study did not capture any unique patient identifiers. The information collected during the study was only used for research purpose and was not be shared with any third party. The filled questionnaires and consents documented in different box files and stored in a lockable cabinet. Data entered into excel spreadsheet was stored in cloud database for enhanced security, privacy and confidentiality. The focus group discussions recording only captured the discussion and no personal identifiers will be used. The participants were referred to using numbers.

Risks in the study

The existing risks in the study included exposure of private and confidential patient information.

Minimization of risks

No personal data was captured during the study data collection process. Only the principal investigator accessed the patient files after obtaining letter of authority from KNH administration to screen and identify patients with heart failure. The participants were given a small private area in the rest room during data collection to ensure that privacy and confidentiality is maintained.

Voluntariness

Participating in this study was purely on voluntary basis and thus there were no coercion or use of force for any patient to participate in the study against their will.

CHAPTER FOUR: RESULTS

4.1.Introduction

The study investigated patient perception on patient centered care in orthopaedic department at Kenyatta National Hospital. The study included both qualitative and quantitative approaches. A total of 441 patients were approached, 10 patients did not meet the eligibility criteria while five patients declined to participate in the study. Thus, 426 patients were included in the study representing 100% response rate. In the focus group discussions, each group included seven participants where focus group discussion A (FGDA) included patients who have stayed at the hospital for less than four weeks while focus group discussion B (FGDB) included patients who have stayed at the facility for four weeks or more.

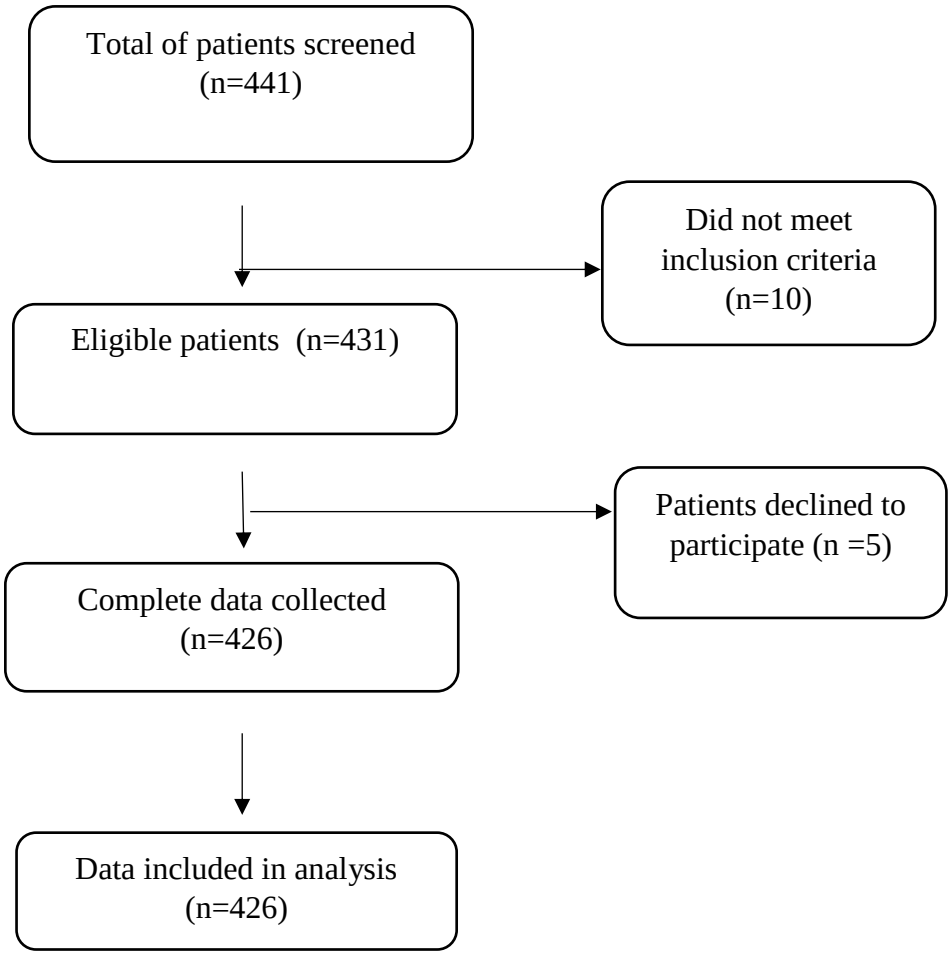


Figure 1:Study flowchart

4.2.Demographic characteristics of patients admitted at Orthopaedic department

4.2.1. Age of the study participants

Two hundred and twenty-seven (53.3%) of the patients in orthopaedic ward were aged between 25 to 40 years, 28.4%(n =121) were aged between 41 and 60 years while 18.3%(n =78) were aged 24 years or below as shown in Figure 2.

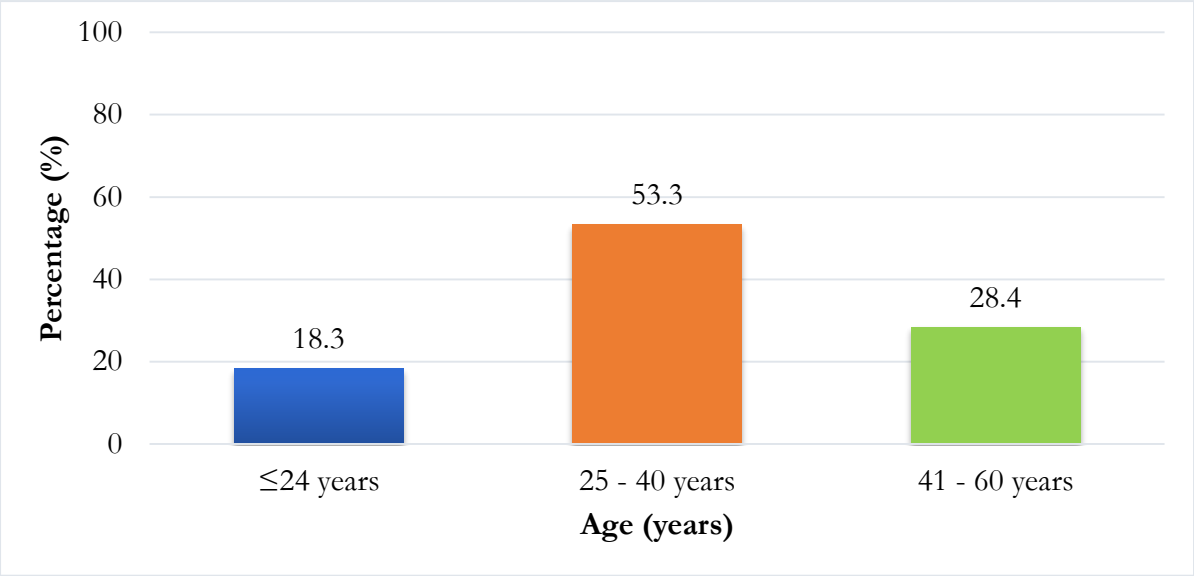


Figure 2: Age of the study participants

4.2.2. Gender of the study participants

The findings established that 68%(n =290) of the patients were male as shown in Figure 3.

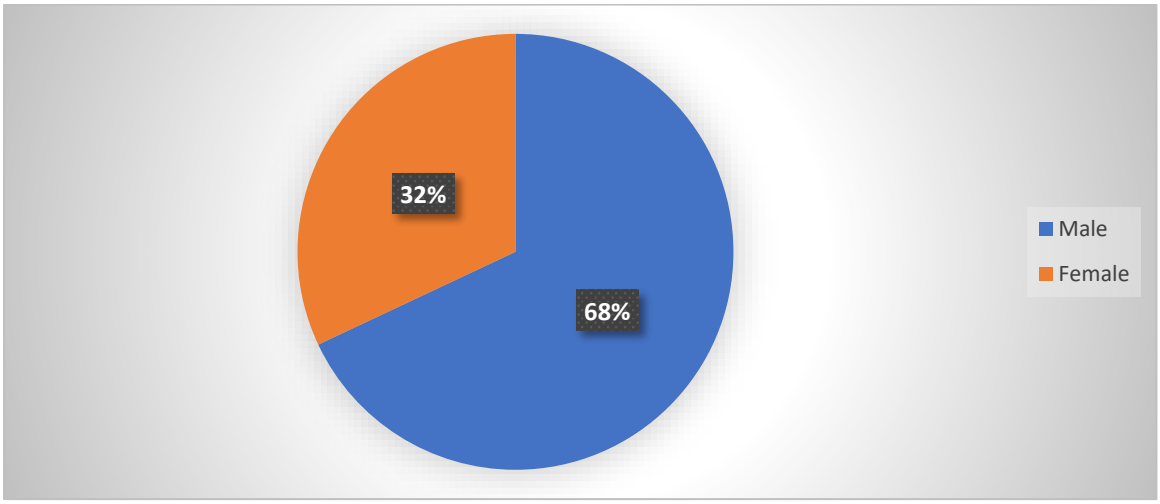


Figure 3: Gender of study participants

4.2.3. Level of education of the study participants

More than half, 52.3%(n =223) of the patients in orthopaedic wards had secondary level education while 15.5%(n =66) had primary level education as shown in Figure 4.

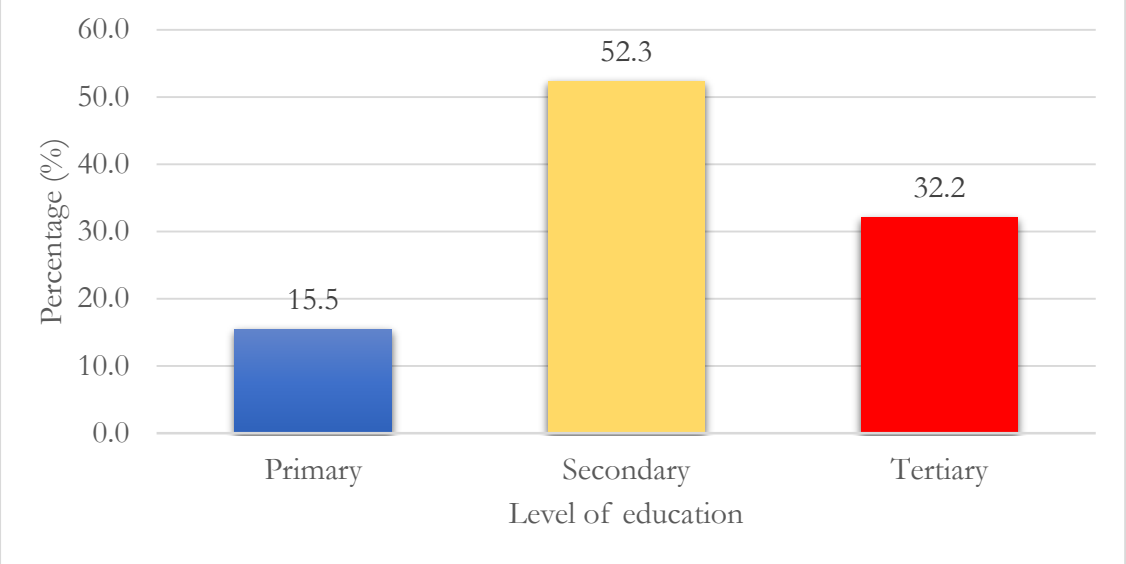


Figure 4:Level of education

4.2.4. Religion among participants

In investigating religious affiliation, majority, 96.7%(n =412) were Christians while 3.3%(14) were Muslims as shown in Figure 5.

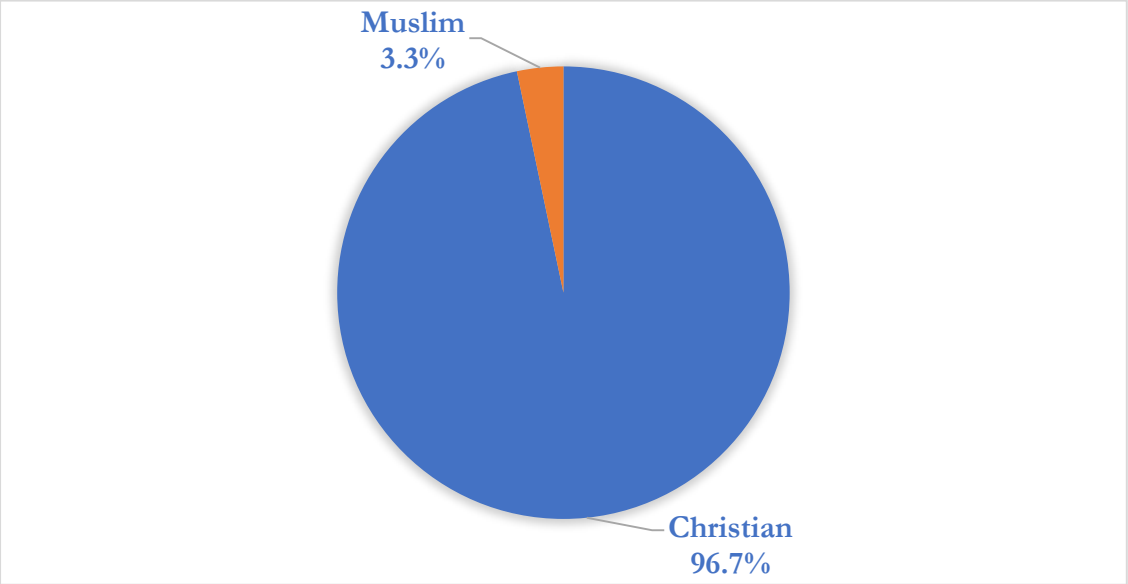


Figure 5: Religious affiliation

4.2.5. Admission to KNH orthopaedic ward before the current admission

Most of the patients, 92%(n =393) had not been admitted to the orthopaedic department before the current admission as shown in Figure 4.

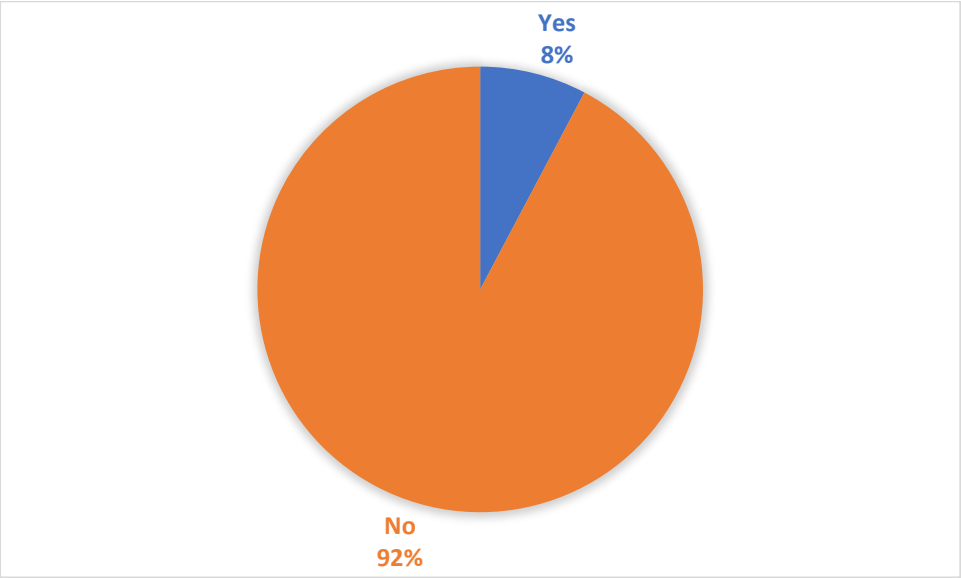


Figure 6: Previous admission to the ward

4.3.Patient perception on communication in orthopaedic department at Kenyatta National Hospital.

Perception on communication in orthopaedic department was assessed using a three-point Likert scale where 1 =Disagree, 2 = Neutral and 3 = Agree. Most of the patients, 92.5%(n =394) agreed that both nurses and doctors work together, 87.8%(n =374) agreed that healthcare providers are easy to interact with. Further, 82.4%(n =351) agreed that the communication process is clear as shown in Table 1.

Table 1: Patient perception on communication in orthopaedic department at Kenyatta National Hospital.

Communication factors	Disagree n(%)	Neutral n(%)	Agree n(%)
The communication process is clear	63(14.8)	12(2.8)	351(82.4)
Healthcare providers discuss my progress	54(12.7)	13(3.1)	359(84.3)
Physicians and nurses explain any challenges regarding my recovery	38(8.9)	16(3.8)	372(87.3)
Healthcare providers are easy to interact with	37(8.7)	15(3.5)	374(87.8)
The communication approach is specific to my needs	44(10.3)	12(2.8)	370(86.9)
Both nurses and doctors work together	21(4.9)	11(2.6)	394(92.5)
There is no breakdown in communication	45(10.6)	15(3.5)	366(85.9)
Healthcare providers are always open to discuss any issues regarding appropriate communication channel	46(10.8)	16(3.8)	364(85.4)

4.3.1. Qualitative analysis on physical wellbeing in the wards among participants

Majority of the participants in the focus group discussions agreed that communication was highly effective in the wards although there were gaps in delivery of care and presentation of the findings especially those that required imaging. One of the participants stated that, "the communication process is clear and the information agreed upon among healthcare providers is shared with me" (**FGDA participant 4**). Another noted that, " I must accept that the quality of communication in the department has been something that it did not initially fathom considering that this is a public hospital, it has been amazing." (**FGDA participant 6**). Further, "Yeah.. I agree quality of communication has been good" (**FGDB participant 5**).

However, some of the participants were not overly happy with the communication process. One noted that, "Sometimes you are taken to the x-ray area without being told that you are

going to have a scan, a porter just comes in, call your name and escort you to the x-ray department" (**FGDB participant 3**).

Another asserted that, "I have done two imaging scans and none of the reports were filed in the file, this has been a major inconvenience for me considering that treatment is dependent on these scans." (**FGDA participant 4**). In addition, additional patient maintained that, "I have stayed here for long and it is not my liking or I am getting worse but there is no clear knowledge on my part what I need to do, the doctors just tells me I am getting better and nothing more" (**FGDB participant 7**).

4.4.Patient perception on physical wellbeing in orthopaedic department

Perception on physical wellbeing in orthopaedic department was assessed using a three-point Likert scale where 1 =Disagree, 2 = Neutral and 3 = Agree. The findings showed that majority of the patients, 85%(n =362) agreed that healthcare providers assist with everyday activities', 84%(n =361) of them also agreed that healthcare providers give medication on time. However, 93.4%(n =398) of the patients disagreed with the statement that there was high level of noise in the ward as well as overcrowding in the wards 91.1%(n =388) as shown in Table 2.

Table 2:Patient perception on physical wellbeing in orthopaedic department

Physical wellbeing	**Disagree n(%)**	**Neutral n(%)**	**Agree n(%)**
Healthcare providers assist with everyday activities'	53(12.4)	11(2.6)	362(85.0)
There is high level of noise	398(93.4)	8(1.9)	20(4.7)
There is overcrowding in the wards	388(91.1)	10(2.3)	28(6.6)
Healthcare providers give medication on time	62(14.6)	3(0.7)	361(84.7(
Healthcare providers always check on me	51(12.0)	23(5.4)	352(82.6)

4.4.1. Qualitative analysis on physical wellbeing in the wards among participants

Focus group discussions were also conducted where mixed perception on patient physical wellbeing. This was grouped into responsive and unresponsive sub-themes.

Responsive care

Majority of the participants in the focus groups affirmed that the healthcare providers were providing effective care to their needs and wellbeing. One of them stated that, "since I was admitted in this ward, all healthcare providers have been active in ensuring that I am okay." (**FGDA participant 1**). Another one added that, "when I am in pain, there is always a nursing officer who is around to check on me." (**FGDA participant 4**). In addition, another participant noted that, "the wards are always neat and organized ever since I have been here, I must say that services have really improved a lot" (**FGDB participant 2**).

Unresponsive care

Some of the participants highlighted that there were gaps in care especially between nurses and doctors. Doctors tended to be more interactive and willing to help unlike some nurses who have been difficult to deal with despite their responsibility of provision of care. one of the participants stated that, "Doctors are okay, but some of the nurses, they are always in bad mood and unable to offer any good help" (**FGDA participant 5**). Another one noted, "Several times I have been in pain especially at night, no one comes close to check on me I am left with a lot of pain for many hours" (**FGDB participant 6**). Another stated that, "Sometimes I have so much pain with no medication and when I tell a nurse on session, sometimes I am told that my name is not on the list for patients to be given medication" (**FGDA participant 3**).

4.5.Patient perception on emotional wellbeing in orthopaedic department at Kenyatta National hospital

Perception on emotional wellbeing in orthopaedic department was assessed using a three-point Likert scale where 1 =Disagree, 2 = Neutral and 3 = Agree. Majority of the participants, 82.6%(n =352) agreed that healthcare providers provide both medical assistance and emotional support, 85%(n =362) agreed that physicians and nurses' maintain high level of empathy. Although, 70.9% (n =302) of the patients disagreed that they talk to a counsellor regularly who helps them to cope as shown in Table 3.

Table 3: Patient perception on emotional wellbeing in orthopaedic department at Kenyatta National hospital

Emotional wellbeing	**Disagree n(%)**	**Neutral n(%)**	**Agree n(%)**
Healthcare providers provide both medical assistance and emotional support	53(12.4)	21(4.9)	352(82.6)
Physicians and nurses' maintain high level of empathy	49(11.5)	15(3.5)	362(85.0)
Healthcare providers provide individualized emotional care	59(13.8)	19(4.5)	348(81.7)
Healthcare providers are always attentive to my concerns	80(18.8)	19(4.5)	327(76.8)
I always get better when they talk to me	42(9.9)	36(8.5)	348(81.7)
I talk to a counsellor regularly who helps be cope	302(70.9)	33(7.7)	91(21.4)

4.5.1. Qualitative analysis on emotional wellbeing in the wards among participants

The findings revealed that majority of the participants illustrated need for change with regards to their emotional wellbeing in the orthopaedic department which was more evident in those who had stayed in the wards for four weeks or more. One of the participants stated that, “some of the healthcare providers especially nurses use very demeaning language like it is our doing to be here, I did not choose to be in an acceded and break my legs” (**FGDB participant 2**). Another participant noted that, “Sometimes I have lot on mind especially having been away from my family for so long I cannot even see my kids and do not always

have someone to talk to professionally apart from my fellow patients" (**FGDB participant 6**).

However, some of those who had stayed in the hospital less than four weeks showed positive interaction with healthcare providers highlighting that their emotional needs were being engaged especially when they were being admitted. One of them stated that, "when I came in the ward, I received good help from nurses who were on duty, they told me to relax so that I recover quickly" (**FGDA participant 4**). Another one affirmed that, "I always have a good interaction with doctors during the round, they always ask how am doing and give me words of encouragement" (**FGDA participant 7**).

4.6.Patient perception on cultural responsiveness in orthopaedic department at Kenyatta National

The study participants were also asked questions regarding whether healthcare providers were responsive to their cultural values and principles. This was evaluated using a three-point Likert scale, where 1 =Disagree, 2 = Neutral and 3 = Agree. Most of the participants agreed that their cultural values and principles were being respected while in the wards as shown in Table 5.

Table 4: Patient perception on cultural responsiveness in orthopaedic department at Kenyatta National

Cultural responsiveness	**Disagree n(%)**	**Neutral n(%)**	**Agree n(%)**
My cultural beliefs are respected	4(0.9)	11(2.6)	411(96.5)
I am always in control of my care	16(3.8)	12(2.8)	398(93.4)
My religious believes are respected	4(0.9)	11(2.6)	411(96.5)
I am always asked of my feeling before care is administered	17(4.0)	5(1.2)	404(94.8)
The care given is respectful	6(1.4)	12(2.8)	408(95.8)

Caregivers are culturally competent	4(0.9)	16(3.8)	406(95.3)

4.6.1. Qualitative analysis on cultural responsiveness in the wards among participants

The participants affirmed that their cultural values and principles were being respected by healthcare providers. In situations, where there were challenges regarding care, healthcare providers always explained their decisions to reach a consensus. One of the participants stated that, "Healthcare providers in the ward have been very helpful to me and always sort to understand everything pertaining my beliefs and values to ensure that I am comfortable" (**FGD A participant 1**). Another one also noted that, " all the healthcare providers that I have interacted with always seek to understand how I am feeling before they make a decision on medication or a procedure to undertake. This has been very helpful to me and ensured that I am more relaxed" (**FGDB participant 2**).

However, some of the participants stated that their cultural values and beliefs were not considered in the care process. One of the participants stated that, " Healthcare providers never consult me on anything, they just come, say hi to me and continue with their things" (**FGDB participant 6**). Another one added that, "Some of the care providers especially some nurses have very bad attitude and when you ask them about what they are doing they always answer rudely" (**FGDA participant 3**).

4.7.Patient perception on coordination of care in orthopaedic department at Kenyatta National Hospital

The patient perception on coordination of care in orthopaedic department was assessed using a Likert scale which was measured on a three-point scale which included 1 = Disagree, 2 =Neutral and 3= Agree as showed in Table 6. The findings revealed that 93.7%(n =399)of the patients agreed that the level of care is well coordinated, 93.2%(n =397) agreed that doctors and nurses work as a team while 88.7%(n =378) of the patients agreed that the care provided is up to their standard.

Table 5: Patient perception on coordination of care in orthopaedic department at Kenyatta National Hospital

Coordination of care	Disagree n(%)	Neutral n(%)	Agree n(%)
Doctors and nurses work as a team	21(4.9)	8(1.9)	397(93.2)
The level of care is well coordinated	19(4.5)	8(1.9)	399(93.7)
There is well interaction between patients and care providers	29(6.8)	8(1.9)	389(91.3)
I like how my care needs are sorted in the hospital.	34(8.0)	12(2.8)	380(89.2)
The hospital is well organized in care delivery	28(6.6)	6(1.4)	392(92.0)
The care given is up to my standard	34(8.0)	14(3.3)	378(88.7)
There are no gaps in coordination of care	33(7.7)	6(1.4)	387(90.8)

4.7.1. Qualitative analysis on coordination of care in the orthopaedic wards among participants

From the qualitative analysis conducted, there was mixed feeling regarding coordination of care in the orthopaedic wards. Some of the participants felt that the coordination of care was good enough and they did not have any major challenges within the system. One of the participants stated that, “I really like the level of care in the hospital, everyone is working together to ensure that we receive required level of care” (**FGDB participant 5**).

Another one noted that, “The care is good and everything is done for me, I am not expected to do some things beyond my physical ability like going to pick test results from the laboratories” (**FGDA participant 1**).

However, others asserted that the coordination of care needs to be improved to ensure that patient centred care can be achieved. A participated stated that, “I think the coordination of care can be improved to ensure that there are no tests that get lost” (**FGDB participant 7**).

Some of the scans and tests that we do are not documented in the file which negatively impacts the quality of care since care is based on these tests. Another one insisted that, “I like the engagement and interaction, but I think there is a disconnect between this unit and other key units such as laboratory, some tests we do take longer to be included in the file, like I did an x-ray and it took a whole week to find the results” (**FGDA participant 3**).

4.8.Patients perception of communication, physical wellbeing, emotional wellbeing, cultural competency and coordination of care as provided by healthcare providers in orthopedic wards at Kenyatta National Hospital.

A combined score of the components was assessed and presented as a percentage. The findings showed that there was high perception on cultural responsiveness (97.8%), coordination of care (94.9%) and communication (92.1%) as shown in Figure 7.

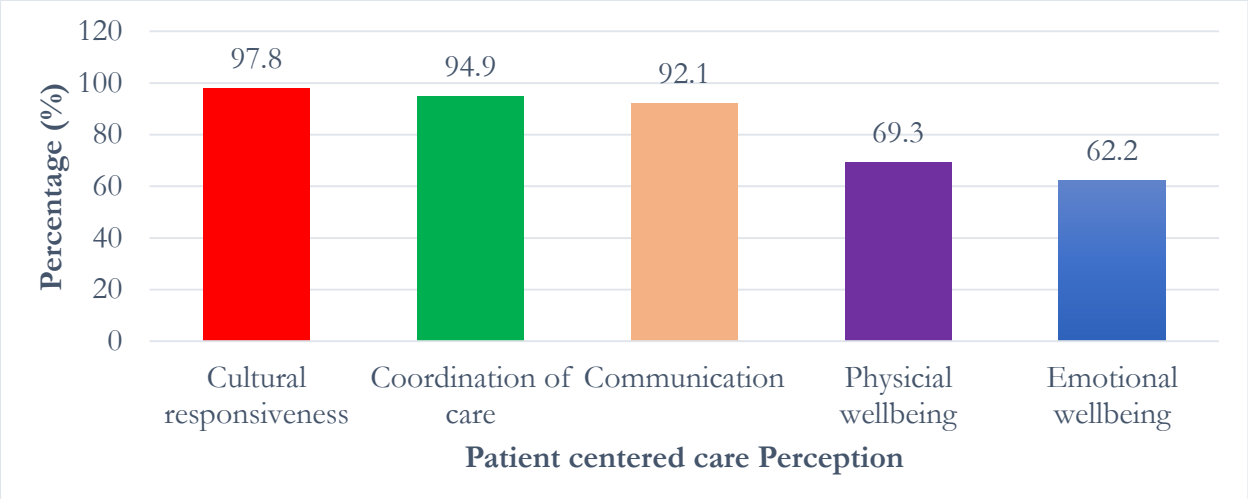


Figure 7: Patients perception of communication, physical wellbeing, emotional wellbeing, cultural competency and coordination of care

CHAPTER FIVE: DISCUSSION

5.1.Perception on communication

The findings from the present study revealed that patients had a good perception of communication within the orthopedic wards. The communication process was elaborate, and healthcare providers explained patients' challenges regarding their recovery. Communication is vital in a caring environment, prompting the need to ensure that patients understand their care process. These findings are comparable to a study by Kwame et al. which affirmed that effective communication provides a more robust integration of patient needs while promoting nursing values [17]. Similarly, another study by Newell et al. (2015) revealed that communication is a reciprocal process allowing quality healthcare delivery [18].

The findings also established that some participants found a disconnect in the communication process, especially in relaying essential information to the patient, such as delayed retrieving diagnosis test results. These findings are comparable to those from Mehta et al. who investigated communication of surgery cancellation among orthopedic and trauma patients. Their study revealed that 48% of patients were dissatisfied with the explanation provided for cancellations, of which nurses notified 69% of them. Most of those doctors notified were satisfied with the explanation given for cancellation [46]. Another study in Sweden by Aronsson et al. revealed that patients considered more time for discussion with healthcare providers in wards as essential in improving the quality of care. A recurring point of view was the desire to be listened to. Another common desire among patients was for individual visits by clinicians to avoid the presence of too many people at the same time, while others wanted a larger group of professionals for the ward round [47]. These findings have shown that in orthopedic wards, effective communication and delivery of patient-centered care are essential for achieving positive health outcomes.

5.2.Perception of physical wellbeing

The current study established that patients had mixed perceptions of their physical wellbeing in the orthopedic wards. Some participants cited that healthcare providers were responsive to the needs of patients, while others were non-responsive. These findings are consistent with those from a study in Sweden by Aronsson et al., which revealed that healthcare providers did not listen to the needs of patients as they would have loved [47]. Similar findings were found by a study in Oman which revealed that patients' impressions of hospitals and subscales of interdisciplinary teamwork and outcome variables differed significantly between planned- and emergency-admitted patients [31]. A study in Italy also revealed that the physical wellbeing of patients in the wards depends on their overall wellbeing within the healthcare setting. Poor engagement negatively influences patient experiences, offering a more advanced understanding of the care and wellbeing of patients [32].

5.3.Perception of emotional wellbeing

The findings revealed that although there was a high perception of the emotional wellbeing of orthopedic wellbeing in the wards, there were significant gaps regarding the extent and nature of emotional engagement. Few patients reported interacting with professional counselors to help them navigate the difficult admission period. Healthcare providers were found to be less attentive to the needs of patients, and individualized care was only provided during ward rounds. These findings align with those from a study in Ethiopia which revealed that limited access to family support increased emotional pressure among orthopedic patients [48]. Similarly, another study conducted by Zineldin et al. revealed that emotional wellbeing had been majorly ignored among patients in wards. The emotional wellbeing of patients in hospital wards is a crucial issue that healthcare providers need to address. Patients who are hospitalized may experience a wide range of emotions, such as anxiety, fear, loneliness, depression, and frustration, which can affect their overall wellbeing and recovery. Sometimes, patients may feel embarrassed or ashamed or simply prefer to keep their

emotions to themselves. This can make it difficult for healthcare providers to identify emotionally struggling patients and provide appropriate support [49]. Bhoomadevi et al. (2021) stated that there is evidence that patients require drug explanations in their language, as well as environmental comfort and emotional support [35].

5.4.Perception of cultural responsiveness

Cultural responsiveness entails social, cultural, and religious principles. The findings from the current study established that healthcare providers were highly committed to the cultural needs of patients. Healthcare providers should be respectful of patient's cultural beliefs and practices. They should not judge patients based on their cultural beliefs and should instead seek to understand and appreciate their perspectives. In addition, there is a need to tailor care to patients' cultural needs: Healthcare providers should tailor care to meet the cultural needs of patients. The findings from the present study revealed are also comparable to a study by Kaihlanen et al. in 2019 which established that the inability to respect the cultural values of patients has a negative influence on the perception that patients have in relation to the quality of care provided. According to research by Almutairi et al. (2017), patients perceive that the healthcare staff is ineffective in upholding their values and keeping their cultural orientation in mind. Nurses need cultural awareness to better comprehend the requirements of providing excellent care [40]. Ohana et al. (2015) also obtained comparable findings that investigated the perceptions of cultural competency and medical compliance among physicians and patients. The researchers found a significant inverse correlation between the physicians' perception of their cultural competence and the patient's perception of physician competence. Patients are more likely to comply with their doctor's recommendations if they perceive their physician possesses cultural competence [39]. The broad approach, the ability to develop a conversation, and the opportunity to improve current ways are all valuable aspects of the cross-cultural caregiving program. The ability to understand one's cultural characteristics,

change one's way of thinking, acquire a fresh perspective on one's communication methods, and justify specific workable processes is what we mean when we talk about personal utility.

5.5.Perception of coordination of care

The findings from the present study revealed mixed feelings regarding understanding the coordination of care within the ward. The main challenge identified was coordination with another department, especially in relaying test results and imaging reports for filing in patient files. This challenge has been identified in other studies investigating care delivery in inpatient wards [50] [51]. Watling et al. revealed three main workflow barriers: long travel time, heavy documentation, and suboptimal communication across different units within healthcare settings. Similarly, Mason et al.'s findings established inconsistent delivery of care caused by a lack of clear communication and weak care transition [42]. Another study by Mohr et al. revealed that patient ratings of specialist perception on their care was lower when there was no feedback coordination [43]. If practices are implemented to increase provider coordination within primary care and between primary care and specialist care providers, then patient care coordination experiences may be improved. This could be the case if primary care and specialist care providers work together more closely. If these areas are improved, there is a possibility that the efficacy and efficiency of patient treatment may be increased [48].

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1.Conclusion

The findings established that there was effective communication most times, although there were challenges in communicating test findings to patients.

Perception of physical wellbeing was mixed, considering that participants considered some healthcare providers non-responsive to their wellbeing while others were responsive and remained committed to care needs.

In assessing emotional wellbeing, 70.9% of the patients did not have access to a professional counselor to help them cope with their condition and stay in the ward. Most participants illustrated the need for change regarding their emotional wellbeing in the orthopedic department, which was more evident in those who had remained in the wards for four weeks or more.

The principle of cultural responsiveness was well respected among most care providers, while few healthcare providers did not consult patients on anything, especially nurses.

There was mixed assertion regarding the coordination of care among patients in orthopedic wards. Coordination of care, especially from dispensing drugs and providing test results.

6.2.Recommendations

Develop a clear communication structure for healthcare providers and patients in the orthopedic department.

Train healthcare providers on providing quality patient-centered care that is responsive to the needs and wellbeing of the patients.

Enhance the provision of counseling services among orthopedic patients admitted to improve their perception of care.

Identify the cultural needs of patients during admission to enhance communication and interaction relating to the delivery of quality care.

Develop solid and efficient guidelines for providing well-coordinated patient care in the orthopedic department.

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APPENDICES

Appendix I: Informed Consent Form

Introduction

Greetings, I am Bashir Dahir Ahmed a student at University of Nairobi. I am carrying out a study on **PATIENT PERCEPTION ON PATIENT CENTERED CARE IN ORTHOPEDIC DEPARTMENT AT KENYATTA NATIONAL HOSPITAL**

Purpose

The purpose of this study is to investigate patient perception on patient centered care in Orthopedic department at Kenyatta National Hospital

Procedure

You have been approached to participate in this study because you meet the requirements. Participating in this study is simple and I will only take around 20minutes of your time. Participating in this study is voluntary and information you give will only be used for the purpose of this research only. Research assistant will administer the questionnaire to you which will include information on your general stay in the ward with specific focus on your interaction with healthcare providers. The information that will be sought include your demographic characteristics, your physical wellbeing in the ward, emotional wellbeing, responsiveness of healthcare providers to your cultural and religious needs, communication in the wards and coordination of care in the wards. All information obtained shall be treated with highest level of confidentiality.

Risks

Participating in this study does not subject you to major risks since this study only focuses on understanding on your perception of care that you received in the ward. The major risk in this study is data exposure. However, we have put in place measures to ensure that information that you provide will not be exposed and will be handled with utmost confidentiality. Data collection will be conducted in a private room where you will be comfortable.

Benefits

Your participation in this study will help in policy development to create a favorable environment where patient centered care can be attained effectively.

Confidentiality

Any information you provide during the study will be kept strictly confidential. Your name will not appear on any study document and instead, a unique number shall be assigned to your questionnaire that will match both questionnaires.

Voluntariness

Your participation in this study, which will be in the form of a self-reported interview. You are free to choose whether to participate in this study. You are also free to withdraw from the study at any time you wish to do so.

Contact Information

In case of any questions or concerns about this study, please feel free to contact any of the following persons:

Principal investigator Bashir Maqtal on 0707964828 or email at Bashirmaqtal@gmail.com or my supervisor Dr. Tom Mogire on +254 722 854 139, or email at tmogire@yahoo.com or the secretary – KNH/ERC (Kenyatta National Hospital/Ethics & Review Committee)

TEL: 020-2726300/0722829500/0733606400/EXT 44102. P.O. Box 20723, Nairobi

Declaration

I have read and understood the study information. I have been given the opportunity to ask questions about the study. I understand that my taking part is voluntary; I can withdraw from the study at any time, and I will not be asked questions about why I no longer want to take part. I understand my personal details will be kept private. I hereby consent to participate in the said study as has been explained and as I have understood.

Participants' name: .....

Participants' signature: .....

Date: .....

Name of the Investigator: Bashir Maqtal

Signature of the Investigator: .....

Date: .....

Kiambatisho II: Fomu ya Ridhaa ya Habari

Utangulizi

Salamu, Mimi ni Bashir Dahir Ahmed mwanafunzi katika Chuo Kikuu cha Nairobi. Ninafanya utafiti kuhusu MTAZAMO WA MGONJWA KUHUSU HUDUMA YA MGONJWA KATIKA IDARA YA MIFUPA KATIKA HOSPITALI YA KITAIFA YA KENYATTA **Lengo la utafiti huu**

Madhumuni ya utafiti huu ni kuchunguza mtazamo wa mgonjwa kuhusu huduma inayozingatia mgonjwa katika idara ya mifupa katika Hospitali ya Kitaifa ya Kenyatta.

Utaratibu

Umefuatwa kushiriki katika utafiti huu kwa sababu unakidhi mahitaji. Kushiriki katika utafiti huu ni rahisi na nitachukua tu karibu 20minutes ya wakati wako. Kushiriki katika utafiti huu ni hiari na taarifa unayotoa itatumika tu kwa madhumuni ya utafiti huu tu. Msaidizi wa utafiti atasimamia dodoso kwako ambalo litajumuisha taarifa juu ya kukaa kwako kwa ujumla katika kata kwa kuzingatia mwingiliano wako na watoa huduma za afya. Taarifa zitakazotafutwa ni pamoja na sifa zako za kidemografia, ustawi wako wa kimwili katika kata, ustawi wa kihisia, usikivu wa watoa huduma za afya kwa mahitaji yako ya kitamaduni na kidini, mawasiliano katika kata na uratibu wa huduma katika kata. Taarifa zote zitakazopatikana zitachukuliwa kwa kiwango cha juu cha usiri.

Faida

Ushiriki wako katika utafiti huu utasaidia katika maendeleo ya sera ili kujenga mazingira mazuri ambapo huduma ya msingi ya mgonjwa inaweza kupatikana kwa ufanisi.

Hatari

Kushiriki katika utafiti huu hakukusababishi hatari kubwa kwani utafiti huu unazingatia tu uelewa juu ya mtazamo wako wa huduma uliyopokea katika kata. Hatari kubwa katika utafiti huu ni mfiduo wa data. Hata hivyo, tumeweka mikakati ya kuhakikisha kuwa taarifa unazotoa hazitawekwa wazi na zitashughulikiwa kwa usiri mkubwa. Ukusanyaji wa data utafanyika katika chumba cha faragha ambapo utakuwa vizuri.

Usiri

Taarifa yoyote unayotoa wakati wa utafiti itahifadhiwa siri kubwa. Jina lako halitaonekana kwenye hati yoyote ya utafiti na badala yake, nambari ya kipekee itapewa dodoso lako ambalo litafanana na dodoso zote mbili.

Hiari ya kushiriki

Ushiriki wenu katika utafiti huu, ambao utakuwa katika mfumo wa mahojiano ya kujitegemea. Uko huru kuchagua ikiwa utashiriki katika utafiti huu. Pia uko huru kujiondoa kwenye utafiti wakati wowote unataka kufanya hivyo.

Maelezo ya mawasiliano

Ikiwa kuna maswali yoyote au wasiwasi kuhusu utafiti huu, tafadhali jisikie huru kuwasiliana na yeyote kati ya watu wafuatao: Mchunguzi mkuu Bashir Maqtal juu ya 0707964828 au barua pepe kwa Bashirmaqtal@gmail.com au msimamizi wangu Dkt Tom Mogire kwa +254 722 854 139, au barua pepe kwa tmogire@yahoo.com au katibu - KNH / ERC (Hospitali ya Kitaifa ya Kenyatta / Kamati ya Maadili na Ukaguzi) TEL: 020-2726300/0722829500/0733606400/EXT 44102. P.O. Box 20723, Nairobi

Tamko la kipekee

Nimesoma na kuelewa taarifa za utafiti. Nimepewa nafasi ya kuuliza maswali kuhusu utafiti huu. Naelewa kuwa kushiriki kwangu ni hiari; Ninaweza kujiondoa kwenye utafiti wakati wowote, na sitaulizwa maswali juu ya kwa nini sitaki tena kushiriki. Naelewa maelezo yangu binafsi yatawekwa faragha

Jina la mshiriki .....

Saini ya mshiriki: .....

Tarehe: .....

Jina la mpelelezi: Bashir Maqtal

Saini ya mpelelezi: .....

Tarehe: .....

Appendix III: Questionnaire
Please answer the questions appropriately to the best of your knowledge

Section A: Demographic characteristics

What is your gender?

Male [ ] Female

What is your age?.....

What is your level of education?

No formal education [ ] Primary [ ] Secondary [ ] Tertiary [ ]

What is your religion?

Christian [ ] Muslim [ ] Hindu [ ] Non-religious [ ]

Have you been admitted in this ward before?

Yes [ ] No

What is your current diagnosis?.....

Section B: Patient perception on physical wellbeing in orthopaedic department

Please rate the following statements where 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree

Statement	1	2	3	4	5
1. Healthcare providers assist with everyday activities'					
2. There is high level of noise					
3. There is overcrowding in the wards					
4. Healthcare providers give medication on time					
5. Healthcare providers always check on me					

Section C: Patient perception on emotional wellbeing in orthopaedic department

Statement	1	2	3	4	5
1. Healthcare providers provide both medical assistance and emotional support					
2. Physicians and nurses' maintain high level of empathy					
3. Healthcare providers provide individualized emotional care					
4. Healthcare providers are always attentive to my concerns					
5. I always get better when they talk to me					
6. I talk to a counsellor regularly who helps be cope					

Section D: Patient perception on communication in orthopaedic department at Kenyatta National Hospital.

Please rate the following statements where 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree

Statement	1	2	3	4	5
1. The communication process is clear					
2. Healthcare providers discuss my progress					
3. Physicians and nurses' explain any challenges regarding my recovery					
4. Healthcare providers are easy to interact with					
5. The					

communication approach is specific to my needs					
6. Both nurses and doctors work together					
7. There is no breakdown in communication					
8. Healthcare providers are always open to discuss any issues regarding appropriate communication channel					

Section E: Patient perception on cultural responsiveness in orthopaedic department at Kenyatta National.

Please rate the following statements where 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree

Statement	1	2	3	4	5
1. My cultural beliefs are respected					
2. I am always in control of my care					
3. My religious believes are respected					
4. I am always asked of my feeling before care is administered					
5. The care given is respectful					
6. Care givers are culturally competent					

Section F: Patient perception on coordination of care in orthopaedic department at Kenyatta National Hospital.

Please rate the following statements where 1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree and 5 = Strongly Agree

Statement	1	2	3	4	5
1. Doctors and nurses work as a team					
2. The level of care is well coordinated					
3. There is well interaction between patients and care providers					
4. I like how my care needs are sorted in the hospital.					
5. The hospital is well organized in care delivery					
6. The care given is up to my standard					
7. There are no gaps in coordination of care					

Kiambatisho IV: Dodoso
Tafadhali jibu maswali ipasavyo kwa kadri ya ufahamu wako

Sehemu A: Maelekezo ya mhusika

1. Jinsia yako ni nini? Mwanaume [ ] Mwanamke
2. Una umri gani?.....
3. Kiwango chako cha elimu ni kipi? Hakuna elimu rasmi [ ] Msingi [ ] Sekondari [ ] Elimu ya juu [ ]
4. Dini yako ni nini? Mkristo [ ] Muislamu [ ] Hindu [ ] Wasio na dini [ ]
5. Umewahi kulazwa katika kata hii hapo awali? Ndiyo [ ] Hapana
6. Utambuzi wako wa sasa ni upi?.....

Sehemu B: Mtazamo wa mgonjwa juu ya ustawi wa kimwili katika idara ya mifupa

Tafadhali pima taarifa zifuatazo ambapo 1 = Kutokubaliana sana, 2 = Kutokubaliana, 3 = wastani, 4 = Kukubaliana na 5 = Kukubaliana sana

Kauli	1	2	3	4	5
7. Watoa huduma za afya wasaidia katika shughuli za kila siku'					
8. Kuna kiwango kikubwa cha kelele					
9. Kuna msongamano katika wadi					
10. Watoa huduma za afya watoa dawa kwa wakati					
11. Watoa huduma za afya daima huniangalia					

Sehemu C: Mtazamo wa mgonjwa juu ya ustawi wa kihisia katika idara ya mifupa

Tafadhali pima taarifa zifuatazo ambapo 1 = Kutokubaliana sana, 2 = Kutokubaliana, 3 = wastani, 4 = Kukubaliana na 5 = Kukubaliana sana

Kauli	1	2	3	4	5
12. Watoa huduma za afya hutoa msaada wa matibabu na msaada wa kihisia					
13. Madaktari na wauguzi kudumisha kiwango cha juu cha huruma					
14. Watoa huduma za afya hutoa huduma ya kihisia ya					

kibinafsi					
15. Watoa huduma za afya daima huwa makini na wasiwasi wangu					
16. Huwa napata nafuu wanapozungumza na mimi					
17. Ninazungumza na mshauri mara kwa mara ambaye husaidia kuendelea vizuri					

Sehemu ya D: Mtazamo wa mgonjwa kuhusu mawasiliano katika idara ya mifupa katika Hospitali ya Kitaifa ya Kenyatta.

Tafadhali pima taarifa zifuatazo ambapo 1 = Kutokubaliana sana, 2 = Kutokubaliana, 3 = wastani, 4 = Kukubaliana na 5 = Kukubaliana sana

Statement	1	2	3	4	5
18. Utaratibu wa mawasiliano uko wazi					
19. Watoa huduma za afya wajadili maendeleo yangu					
20. Madaktari na wauguzi waeleza changamoto zozote kuhusu kupona kwangu					
21. Watoa huduma za afya ni rahisi kuongea nao					
22. Njia ya mawasiliano ni maalum kwa mahitaji yangu					
23. Wauguzi na madaktari wote hufanya kazi pamoja					
24. Hakuna kuvunjika kwa mawasiliano					
25. Watoa huduma za afya daima wako wazi kujadili masuala yoyote kuhusu njia sahihi ya mawasiliano					

Sehemu E: Mtazamo wa mgonjwa juu ya mwitikio wa kitamaduni katika idara ya mifupa katika Kitaifa ya Kenyatta.

Tafadhali pima taarifa zifuatazo ambapo 1 = Kutokubaliana sana, 2 = Kutokubaliana, 3 = wastani, 4 = Kukubaliana na 5 = Kukubaliana sana

Kauli	1	2	3	4	5
26. Imani yangu ya kitamaduni inaheshimiwa					
27. Daima nina udhibiti wa utunzaji wangu					
28. Imani yangu ya kidini inaheshimiwa					
29. Ninaulizwa kila wakati hisia zangu kabla ya huduma kusimamiwa					
30. Huduma inayotolewa ni ya heshima					
31. Watoaji huduma wana uwezo wa kitamaduni					

Sehemu F: Mtazamo wa mgonjwa kuhusu uratibu wa huduma katika idara ya mifupa katika Hospitali ya Kitaifa ya Kenyatta.

Sehemu F: Mtazamo wa mgonjwa kuhusu uratibu wa huduma katika idara ya mifupa katika Hospitali ya Kitaifa ya Kenyatta.

Kauli	1	2	3	4	5
32. Madaktari na wauguzi wafanya kazi kama timu					
33. Kiwango cha utunzaji kinaratibiwa vizuri					

34. Kuna mwingiliano mzuri kati ya wagonjwa na watoa huduma					
35. Napenda jinsi mahitaji yangu ya huduma yanavyopangwa hospitalini					
36. . Hospitali imejipanga vizuri katika utoaji wa huduma					
37. Huduma niliyopewa ni ya kiwango changu					
38. Hakuna mapungufu katika uratibu wa huduma					

Appendix V: Informed consent for Focus group discussion participants

Introduction

Greetings, I am Bashir Dahir Ahmed a student at University of Nairobi. I am carrying out a study on **PATIENT PERCEPTION ON PATIENT CENTERED CARE IN ORTHOPEDIC DEPARTMENT AT KENYATTA NATIONAL HOSPITAL**

Purpose

The purpose of this study is to investigate patient perception on patient centered care in Orthopedic department at Kenyatta National Hospital

Procedure

You have been approached to participate in this study because you meet the requirements. Participating in this study is simple and I will only take around 30 minutes of your time. Participating in this study is voluntary and information you give will only be used for the purpose of this research only. You are requested to participate in a focus group discussion where your will be required to provide your views relating to your stay at the hospital and care that you were given. The discussion will be recorded for further analysis purposes. However, I will allocate you a unique number which will be used as your identification. As a result, you are not required to provide any personal information. The information that will be sought include your demographic characteristics, your physical wellbeing in the ward, emotional wellbeing, responsiveness of healthcare providers to your cultural and religious needs, communication in the wards and coordination of care in the wards. All information obtained shall be treated with highest level of confidentiality.

Risks

Participating in this study does not subject you to major risks since this study only focuses on understanding on your perception of care that you received in the ward. The major risk in this study is data exposure. However, we have put in place measures to ensure that information that you provide will not be exposed and will be handled with utmost confidentiality. Data collection will be conducted in a private room where you will be comfortable.

Benefits

Your participation in this study will help in policy development to create a favorable environment where patient centered care can be attained effectively.

Confidentiality

Any information you provide during the study will be kept strictly confidential. Your name will not appear on any study document and instead, a unique number shall be assigned to your questionnaire that will match both questionnaires.

Voluntariness

Your participation in this study, which will be in the form of a self-reported interview. You are free to choose whether to participate in this study. You are also free to withdraw from the study at any time you wish to do so.

Contact Information

In case of any questions or concerns about this study, please feel free to contact any of the following persons:

Principal investigator Bashir Maqtal on 0707964828 or email at Bashirmaqtal@gmail.com or my supervisor Dr. Tom Mogire on +254 722 854 139, or email at tmogire@yahoo.com or the secretary – KNH/ERC (Kenyatta National Hospital/Ethics & Review Committee)

TEL: 020-2726300/0722829500/0733606400/EXT 44102. P.O. Box 20723, Nairobi

Declaration

I have read and understood the study information. I have been given the opportunity to ask questions about the study. I understand that my taking part is voluntary; I can withdraw from the study at any time, and I will not be asked questions about why I no longer want to take part. I understand my personal details will be kept private. I hereby consent to participate in the said study as has been explained and as I have understood.

Participants' name: .....

Participants' signature: .....

Date: .....

Name of the Investigator: Bashir Maqtal

Signature of the Investigator: .....

Date: .....

Kiambatisho VI: Idhini ya habari kwa washiriki wa majadiliano ya kikundi
Utangulizi

Salamu, Mimi ni Bashir Dahir Ahmed mwanafunzi katika Chuo Kikuu cha Nairobi. Ninafanya utafiti kuhusu MTAZAMO WA MGONJWA KUHUSU HUDUMA YA MGONJWA KATIKA IDARA YA MIFUPA KATIKA HOSPITALI YA KITAIFA YA KENYATTA **Lengo la utafiti huu**

Madhumuni ya utafiti huu ni kuchunguza mtazamo wa mgonjwa kuhusu huduma inayozingatia mgonjwa katika idara ya mifupa katika Hospitali ya Kitaifa ya Kenyatta.

Utaratibu

Umefuatwa kushiriki katika utafiti huu kwa sababu unakidhi mahitaji. Kushiriki katika utafiti huu ni rahisi na nitachukua karibu dakika 30 tu za wakati wako. Kushiriki katika utafiti huu ni hiari na taarifa unayotoa itatumika tu kwa madhumuni ya utafiti huu tu. Unaombwa kushiriki katika majadiliano ya kikundi cha kuzingatia ambapo utahitajika kutoa maoni yako kuhusiana na kukaa kwako hospitalini na huduma uliyopewa. Majadiliano yatarekodiwa kwa madhumuni zaidi ya uchambuzi. Hata hivyo, nitakutengea namba ya kipekee ambayo itatumika kama kitambulisho chako. Matokeo yake, hutakiwi kutoa maelezo yoyote ya kibinafsi. Taarifa zitakazotafutwa ni pamoja na sifa zako za kidemografia, ustawi wako wa kimwili katika kata, ustawi wa kihisia, usikivu wa watoa huduma za afya kwa mahitaji yako ya kitamaduni na kidini, mawasiliano katika kata na uratibu wa huduma katika kata. Taarifa zote zitakazopatikana zitachukuliwa kwa kiwango cha juu cha usiri.

Faida

Ushiriki wako katika utafiti huu utasaidia katika maendeleo ya sera ili kujenga mazingira mazuri ambapo huduma ya msingi ya mgonjwa inaweza kupatikana kwa ufanisi.

Hatari

Kushiriki katika utafiti huu hakukusababishi hatari kubwa kwani utafiti huu unazingatia tu uelewa juu ya mtazamo wako wa huduma uliyopokea katika kata. Hatari kubwa katika utafiti huu ni mfiduo wa data. Hata hivyo, tumeweka mikakati ya kuhakikisha kuwa taarifa unazotoa hazitawekwa wazi na zitashughulikiwa kwa usiri mkubwa. Ukusanyaji wa data utafanyika katika chumba cha faragha ambapo utakuwa vizuri.

Usiri

Taarifa yoyote unayotoa wakati wa utafiti itahifadhiwa siri kubwa. Jina lako halitaonekana kwenye hati yoyote ya utafiti na badala yake, nambari ya kipekee itapewa dodoso lako ambalo litafanana na dodoso zote mbili.

Hiari ya kushiriki

Ushiriki wenu katika utafiti huu, ambao utakuwa katika mfumo wa mahojiano ya kujitegemea. Uko huru kuchagua ikiwa utashiriki katika utafiti huu. Pia uko huru kujiondoa kwenye utafiti wakati wowote unataka kufanya hivyo.

Maelezo ya mawasiliano

Ikiwa kuna maswali yoyote au wasiwasi kuhusu utafiti huu, tafadhali jisikie huru kuwasiliana na yeyote kati ya watu wafuatao: Mchunguzi mkuu Bashir Maqtal juu ya 0707964828 au barua pepe kwa Bashirmaqtal@gmail.com au msimamizi wangu Dkt Tom Mogire kwa +254 722 854 139, au barua pepe kwa tmogire@yahoo.com au katibu - KNH / ERC (Hospitali ya Kitaifa ya Kenyatta / Kamati ya Maadili na Ukaguzi) TEL: 020-2726300/0722829500/0733606400/EXT 44102. P.O. Box 20723, Nairobi.

Tamko

Nimesoma na kuelewa taarifa za utafiti. Nimepewa nafasi ya kuuliza maswali kuhusu utafiti huu. Naelewa kuwa kushiriki kwangu ni hiari; Ninaweza kujiondoa kwenye utafiti wakati wowote, na sitaulizwa maswali juu ya kwa nini sitaki tena kushiriki. Naelewa maelezo yangu binafsi yatawekwa faragha

Jina la mshiriki .....

Saini ya mshiriki: .....

Tarehe: .....

Jina la mpelelezi: Bashir Maqtal

Saini ya mpelelezi: .....

Tarehe: .....

Appendix VII: Interview Guide

1. What is your experience on care delivery within the ward?
2. What are aspects that you have liked in relation to care delivery within the ward?
3. What are aspects that you have not liked in relation to care delivery within the ward?
4. What is your perception regarding the following in delivery of care in the ward
    i. Communication
    ii. Physical and emotional comfort
    iii. Cultural responsiveness
    iv. Coordination of care.

Kiambatisho VIII: Mwongozo wa Mahojiano

1. Ni yapi maoni yako kuhusu utoaji wa huduma katika wadi?
2. Ni mambo gani ambayo umeyapenda kuhusiana na utoaji wa huduma ndani ya wadi?
3. Ni mambo gani ambayo hujayapenda kuhusiana na utoaji wa huduma ndani ya wadi?
4. Nini mtazamo wako kuhusu yafuatayo katika utoaji wa huduma katika wadi
    i. Mawasiliano
    ii. Faraja ya kimwili na kihisia
    iii. Mwitikio wa kitamaduni
    iv. Uratibu wa huduma.

Appendix IX: Similarity Report

Appendix IX: Similarity Report

PATIENTS PERCEPTION ON PATIENT CENTERED CARE IN ORTHOPAEDIC DEPARTMENT AT KENYATTA NATIONAL HOSPITAL

ORIGINALITY REPORT

12%	10%	2%	6%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Central Queensland University Student Paper	1%
2	ugspace.ug.edu.gh Internet Source	1%
3	www.ncbi.nlm.nih.gov Internet Source	1%
4	dc.etsu.edu Internet Source	1%
5	Submitted to Kenyatta University Student Paper	1%
6	bmcnurs.biomedcentral.com Internet Source	1%
7	ir.jkuat.ac.ke Internet Source	1%
8	Submitted to Muhimbili University of Health and Allied Sciences Student Paper	<1%

15/8/2023

DEPARTMENT OF SURGE
FACULTY OF HEALTH SCIENCE
P. O. Box 19676 - 00202. KN
NAI: Osl
0704915043

66

10/8/23

Appendix X: ERC Approval

UNIVERSITY OF NAIROBI
FACULTY OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
Tel:(254-020) 2726300 Ext 44355

KNH-UON ERC
Email: uonknh_erc@uonbi.ac.ke
Website: http://www.erc.uonbi.ac.ke
Facebook: https://www.facebook.com/uonknh.erc
Twitter: @UONKNH_ERC https://twitter.com/UONKNH_ERC

KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

Ref: KNH-ERC/A/525

19th December, 2022

KENYATTA NATIONAL HOSPITAL APPROVED 19 DEC 2022 KNH/UoN-ERC P.O. Box 20723 - 00202 NAIROBI

Dr. Bashir Dahir Ahmed
Reg. No H58/7737/2017
Dept. of Orthopaedic Surgery
Faculty of Health Sciences
University of Nairobi

Dear Dr. Ahmed,

RESEARCH PROPOSAL: PATIENTS PERCEPTION ON PATIENT CENTERED CARE IN ORTHOPAEDIC DEPARTMENT AND KENYATTA NATIONAL HOSPITAL (P718/09/2022)

This is to inform you that KNH-UoN ERC has reviewed and approved your above research proposal. Your application approval number is **P718/09/2022.** The approval period is 19th December 2022 – 18th December 2023.

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by KNH-UoN ERC.
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KNH-UoN ERC 72 hours of notification.
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH-UoN ERC within 72 hours.
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to KNH-UoN ERC.

Protect to discover

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,

DR. BEATRICE K.M. AMUGUNE
SECRETARY, KNH-UoN ERC

c.c. The Dean, Faculty of Health Sciences, UoN
The Senior Director, CS, KNH
The Assistant Director, Health Information Dept., KNH
The Chairperson, KNH- UoN ERC
The Chair, Dept. of Orthopaedic Surgery, UoN
Supervisors: Dr. Tom Mogire, Dept. of Orthopaedic Surgery, UoN
Dr. Fred Chuma Sitati, Dept. of Orthopaedic Surgery, UoN