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Family Care Givers' Views on Facilities of Hospital, Kathmandu, Nepal

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Abstract:

A descriptive cross-sectional research design was used to conduct this study among family care givers in a private hospital of central part of Nepal. The main objective of this study was to find out family caregivers' perspective on facilities of private hospital at Kathmandu, the capital of Nepal. Non-probability sampling technique was used; total sample size was 100. Semi-structured interview schedule was used for data collection. Result of the study illustrate that, on physical facilities of hospital, most of (82%) the respondent's source of food while staying in the hospital was canteen. About two third respondents were satisfied from the services of canteen. Some 18 percent had some problems, among them, majority (64.3%) respondent pointed on lack of sanitation in canteen. Likewise, half of the respondents responded lack of sanitation in toilet and bath room. 58.3percent respondents were satisfied with parking facilities. Regarding the hospital laboratory service, (38%) of the respondent responded delay in reporting, and 50 percent respondent responded cost of medicine was high in hospital pharmacy. 92 percent respondents were satisfied from behavior of staffs. Only 8 percent were not, among them some had problem in communication. Likewise, majority (66%) of the respondent stated doctors offering limited time to the patient. Data shows that (84%) of the respondents were satisfied with the behavior of nurses, almost (92%) of the respondents were satisfied with nursing care.

In conclusion, most of the family caregivers were satisfied with hospital parking facility, behavior of hospital staffs and nursing care given by the nurses. Most of the respondents were not satisfactory of hospital cleanliness, laboratory services and pharmacy facilities of the hospital.

Keywords: Private hospital, family caregivers, hospital policy, caregivers' views (perspective)

1. Introduction

Family has a significant role in hospital treatment of patients; it can provide effective psychological and emotional support to patients undergoing treatment to hospital. The term family caregiver refers to an unpaid family member, friend, or neighbor who provides care to an individual who has an acute or chronic condition and needs assistance to manage a variety of tasks, from bathing, dressing, taking medications etc. (Next step in care 2008). As a health care professional, we assess and care patients all the time. But generally do not care a patient's family caregiver, that person as a "resource" or "support" all the time to health professional team, when developing a discharge plan, financial responsibility and legal responsibility etc. The family caregiver, who is not a client or a beneficiary and not an official part of the health care team, is typically outside the professional responsibility. Increasingly professionals "hand off" chronic ill or disabled patients are depending on family caregivers after a hospital stay, continued health and well-being depends on a family caregiver (Next step in care, 2008).

Family caregivers may provide or manage all the care of the dependent patient. They are unrecognized member of the health care team. Patients' improvement and outcomes depends upon the family caregivers. Family has a significant role in hospital treatment of patients. It can provide psychological and emotional support to patients undergoing treatment.

The most pressing need of family members of patient in hospital is to receive clear, understandable and honest information about the patient' condition (Kong-Wong & Kit-Fong Sarah, 2010). Relatives overall critical care unit is the most daunting unit in the hospital. Families of critical care patient's experience high level of emotional distress access to information about patient's conditions and quality care (Auerback et al., 2005). The families of patient in the hospital have variety of need and stressors related to the hospital experience. That needs include as pyramid order that are safety, clinical accuracy, visibility, efficiency, communication, privacy, ease to use and comfort (David, 1999). More important things are to identify that specific needs, goals and motivations of caregivers that determine how they work. It was realized that it is impossible to isolate problems and solutions within a complex hospital environment to a single group of people, a single process or a single location.

The main objective of the study was to find out the caregivers' view on facilities of private hospital, in Kathmandu. Furthermore, to identify the family caregivers' perspective on physical facility, Communication and behavior of the staffs, healthcare services of the hospital also.

2. Methodology

Descriptive cross-sectional research design was used. The setting of the study was in Medical, Surgical, cabin and gynae ward of Sahid Memorial Hospital, in Kathmandu (Capital of Nepal). Non-probability purposive sampling technique was used. The sample size was 100. Family caregivers, who were stay minimum 24 hours with patient, age above 16 years. Semi-structured interview schedule was used to collect the data. Data was collected after the administrative approval obtained from the hospital administration. Written informed consent was obtained from all the subjects, collected data were analysis by using SPSS (Statistical Package for Social Sciences) version 20.

3. Result

3.1. Family Caregiver Views on Physical Facilities

Responses	Percent
Source of food while staying in the hospital	
Canteen	82.0
House	18
Services of hospital canteen facilities (n=82)	
Good	65.9 (54)
Had some problem	43.1 (28)
If problems (n=28)	
Lack of sanitation	64.3 (18)
Expensive food	14.3(4)
Lack of tasty food	14.3(4)
Not available service in time	7.1(2)
On drinking water facility**	
Lack proper management in the place of drinking water	48.0
Limited number of tap	42.0
Poor sanitation	40.0
On toilet and bathing facilities**	
Lack of sanitation	50.0
Limited number of washroom	40.0
Lack of water in the washroom	32.0
Slippery washroom	12.0
Others	2.0
keeping goods**	
No locker	50.0
Lack of space	48.0
Damage locker	12.0
About waiting space	
Lack of sleeping place	100.
Light in the ward	
Adequate	78.0
Not adequate	22.0
Bed sheet, pillow and linen**	
Bed sheet and pillow case are not changed in time	72.0
Dirty linen and pillow case	34.0
Scarcity of linen and pillow case	16.0
Tearing of linen	2.0

Table 1: Family Caregivers' views on the Physical Facilities (n=100)
(** More than one response)

Above table show that, canteen was the source of food while staying in the hospital (82%), and 65.9percent replied good facilities in canteen and 43.1 percent had some problems, among them (64.3%)responds lack of sanitation. Regarding the drinking water facility, (48%) of the respondents responded lack of proper management in the place of drinking water, 42 percent respond limit number of tap and 40percent respond poor sanitation. Likewise, 50percent of the respondents replied lack of sanitation in toilet and bathroom. Regarding keeping goods, 50percent of the respondents respond no locker for keeping goods. Regarding the waiting space, all respondent told lack of sleeping place at night. Regarding the light in the ward, 78percent of the respondents respond had adequacy of lighting in the ward. Regarding the bed sheet, pillow and linen, 72percent of the respondents respond bed sheet and pillow case were not changed in time.

Response	Percent
In pharmacy service**	
Medicine is costly	50.0
Some prescribed medicine is n't available	38.0
Have to queue for a long time while purchasing Drug	24.0
Others	2.0
On laboratory service**	
Delay in reporting	38.0
Refer other hospital for some investigation	32.0
High cost	18.0
Repeated investigation	14.0
On radiology service**	
Delay in reporting	56.0
Technicians/equipment are not available in time	36.0
Machineries are not in working condition	8.0
Others	2.0
On hospital policy**	
Only one visitor staying with a patient	62.0
Limit visiting hour	20.0
Visiting time is not suitable	20.0
On payment system**	
Not proper counseling about payment system	84.0
Long waiting for bill payment	36.0

Table 2: Family caregiver's views on hospital Services (n=100) (** More than one responses)

Table 2 represent that, 50percent of the respondents' responded medicines cost was high in hospital pharmacy. Regarding laboratory services, 38percent respondents' respond delay in reporting. Regarding the problem with radiology service, 56percent of the respondents responded delay in reporting. Regarding hospital visiting policy, 62percent of the respondents responded only one visitor staying with a patient. Regarding payment system, 84percent respondents responded for not clear and complete counseling on payment.

Responses	Percent
Satisfaction of staffs' behaviors	
No	92.0
Yes	8.0
Communication with health personnel**	
Staff is not available while communicating	52.0
Became angry when asking about the patient	36.0
Information is not given clearly	28.0
About medical service**	
Doctor' Offering limited time to patient	70.2
Delay in diagnosis	14.9
Became angry while telling the problem of patient	12.8
Prescribe unnecessary investigation	12.8
Satisfaction of nurses' behavior	
Yes	84.0
No	16.0
Reasons for not satisfaction** (n=16)	
Limited communication with patient	75.0(12)
Ignore the caregivers' problem	25.0 (4)
Busy in their own work	25.0 (4)
Became angry with patient	12.5 (2)
Satisfied with the care of nurses	
Yes	92.0
No	8.0
If no (n=8)	
Delay in treating patient	50.0(4)
Angry	25.0 (2)
Give medicine in incorrect time	25.0 (2)

Table 3: Family caregiver's views on Communication and behavior of the staffs (n=100)
(** More than one responses)

Table 3 shows that, 92percent respondents had no problem with staffs' behaviors. Likewise, 52percent of the respondents answered that staffs were not available while needed and 28percent responded for information were not given clearly while communicating with the health personnel. Regarding the medical services, 66percent of the respondents responded doctors' offering limited time to patient. Eighty-four percent of the respondents were satisfied with the behavior of nurse. Among those (16%) who were not satisfied, 75percent responded limited communication with patient. Regarding nursing care, 92percent of the respondents were satisfied.

4. Discussion

The source of food while staying in hospital was canteen (82%). Among them, 65.9 percent were satisfied with the service of hospital canteen. Other 64.3 percent responded lack of sanitation. This finding was supported by Dhakal, (2007) in which 95percent pointed out problem on hospital canteen. Regarding drinking water facility, 48percent of the respondents responded lack of proper drinking water, 42percent responded limited number of tap and 40percent respond poor sanitation. It was also found that, 50 percent of the respondents answered that lack of sanitation in toilet and bathroom, 40 percent respond limit number of washroom, 32 percent respond lack of water in the washroom. This finding was contradicted with Mehata & Singh (1999) in which 91percent of the respondents were satisfied with cleanliness of the toilet and bathroom of the hospital it may be due to different types of hospital and their facilities. All respondents faced problem in sleeping place during night. This finding was supported by Mendonca & Warren (1999) which shows that the major item of dissatisfaction was the unavailability of a comfortable waiting room area at night. Result represent that 50percent of the respondents respond medicine being costly, 38percent respond some prescribed drugs were not available, 24percent respond had to queue for a long time while purchasing drug. This finding was supported by Dhakal (2007) in which 81.2 percent of the respondent complained that, cost of drug was relatively higher. Regarding the laboratory services, 38 percent respondents responded delay in reporting, 32 percent responded refer other hospital for some investigation, and 19 percent responded high cost and 14percent responded repeat investigation. Regarding medicals services, majority 66% of the respondents answered, offer limited time to patient by doctor, 14% responded delay in diagnosis and 12% from each category responded became angry while telling the problem of patient and prescribed unnecessary investigation. Regarding the behavior of nurses, 84 percent of the respondents were satisfied. Among those who were not satisfied, 75 percent responded limited communication with patient. This finding was supported by Prasanna, Bashith & Sucharitha (2005). Regarding the satisfaction with the care of nurse, almost all (92%) respondents were satisfied. This finding was supported by Mehata & Singh (1999) in which 96 percent clients were satisfied with nursing services. Among those who were not satisfied with the care of nurse, 50 percent respond delay in treating patient and 25 percent from each category responded angry and give medicine in incorrect time.

5. Conclusions

This study was carried out among 100 selected caregivers of those patients who were admitted in Medical, Surgical, Cabin and Gynaec wards of Sahid Memorial Hospital, Kathmandu. Although this was a small scale study, it is attempted to give a picture of family caregivers views on hospital facilities. Majority of caregivers were satisfied with the behavior of staffs and care of nurses. However, two third of the respondents replied that, providing limited time by the doctor. Regarding the physical facilities of hospital, most of the respondents responded lack of sleeping place for them. Half of the respondents responded that poor sanitation in the canteen, toilet and bathroom. Moreover, majority of respondents replied that, bed sheet and pillow case were not changed in time. Likewise, half of the respondents answered that pharmacy services were relatively expensive. Furthermore, majority of the respondents answered improper counseling on payment system.

6. Recommendation

On the basis of the finding following recommendation were made:

- The hospital administration should provide full, clear understandable information to the all caregivers about hospital rules, regulation, policies via their citizen charters.
- Hospital should maintain the cleanliness in their all environment like canteen, toilet and bathroom, linen etc. by involving staff, visitors also.
- Hospital administration should provide written document on price list {pay slip} of each and every services.

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