# HEALTH EDUCATION ;

## A NEGLECTED ASPECT OF QUALITY PAEDIATRIC NURSING CARE.

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# HEALTH EDUCATION: A NEGLECTED ASPECT OF QUALITY PAEDIATRIC NURSING CARE AT UNIVERSITY TEACHING HOSPITAL (U. T. H.).

A RESEARCH STUDY SUBMITTED TO THE DEPARTMENT OF POST BASIC NURSING, SCHOOL OF MEDICINE, IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE DIPLOMA IN NURSING EDUCATION

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## DECLARATION

I hereby declare that the work presented in this study for the Diploma of Nursing, has not been submitted for any other diploma and is not being currently submitted for any other diploma.

Signed by: .....
Candidate

Approved by: .....
Supervising Lecturer.

## STATEMENT

I hereby certify that this study project is entirely the result of my own independent effort. The various sources to whom I am indebted are clearly indicated in the text and in the references.

Signed: .....O'Hara.....

Candidate

## DEDICATION

Dedicated to my husband, Felix B. Hara, my daughter, Shambase, and my sister Martha for being so patient.

## ABSTRACT

The study aimed at bringing to the attention of all health workers, in particular nurses, the importance of health education in paediatric units. It was observed that there were a lot of admissions, readmissions and long queues in out patient departments of paediatric units. It was also observed that most of the children brought to these institutions suffered from preventable diseases such as diarrhoea, vomiting, malnutrition, malaria and anaemia. All these conditions could be prevented with effective health education to the mothers who bring these children to the hospital.

The study was conducted in paediatric units of the University Teaching Hospital in mid-February. Fifty (50) mothers of the currently admitted children were interviewed to find out how much health education they received during their stay in the hospital. Literature revealed that effective health education would go a long way in reducing the numbers of admissions in paediatric units. Examples were cited where effective health education was given and produced desired outcomes.

The responses of the interview with the fifty (50) mothers in the study were analysed manually and tabulated. The results revealed that there was lack of health education in paediatric units and the health education given was ineffective to educate mothers. It was found that all the mothers wanted to know what was wrong with their children but not enough information on the diseases suffered by their children was given.

As a result, some mothers came back after discharge with the same children or other children suffering from the same disease conditions.

It is hoped that the findings of this study will make the health workers in paediatric units become aware of a neglected aspect of quality paediatric nursing care, health education. Effective health education will result in reduced numbers of admissions in paediatric units and thereby afford health workers and nurses ample time to render quality paediatric nursing care to the few children with other conditions.

ACKNOWLEDGEMENTS

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I wish also to express my gratitude to the Principal Nursing Officer and the Nursing Officer for Paediatric Department for granting me permission to interview mothers, who participated in the study in without whom the study could not have materialized.

Finally, I wish to thank my parents for conquering with my husband for me to come here, my sister-in-laws Arida and Regina, my cousin Selina, my sister Alice, my brother Peter and my friends Martha, Esther, Connie and Ireen for their unfailing support and my sister-in-law Godfredah for typing this study.

Patient care being delivered in U.T.H. Paediatric Unit lacks effective health education and this has contributed to the poor nursing care being given. Most patients are unable to prevent diseases and to attend to simple illness that can be managed with proper health education. This, as a result has caused congestion in the children's wards and thereby reduced the standard of care for the children in this institution.

It was in light of the above that it was decided to take up this study in order to bring to the attention of all health care providers the importance of health education in the delivery of quality paediatric nursing care. A lot will be achieved in terms of reducing the readmissions, new admissions and long queues seen in the out-patient department if the health care providers deliver effective health education to mothers during their care of the sick children in hospital. By so doing, quality patient care to the children will be provided.

OBJECTIVES

To bring to the attention of all health care providers the importance of:-

1. Health education in the delivery of quality paediatric nursing care.

2. Involving mothers of hospitalizes children in the care in order to deliver effective health education so that they

can be able to continue with the care at home once discharged from the hospital.

## OPERATIONAL DEFINITIONS OF TERMS

**CONGESTION:** Overcrowding of sick children in children's wards.

**HEALTH EDUCATION:** Teaching mothers of children specific education related to the particular disease condition.

**PAEDIATRIC NURSING:** Nursing Care rendered to children of six (6) to thirty-six (36) months.

**QUALITY PATIENT CARE:** Individualized and comprehensive nursing care which calls for the involvement of mothers and other members of the family in the care of the sich child.

**READMISSION:** Admission on more than one occasion with the same disease condition.

**MOTHER'S SHELTER:** A place where mothers with hospitalized children stay during their children's hospitalization.

**PREVENTABLE DISEASES:** Disease that can be prevented if effective health education is given e.g. Diarrhoes and its causes, malnutrition, Measles, Pneumonia, etc.

# CHAPTER 2

## STATEMENT OF THE RESEARCH PROBLEMS

Health for all by the yeer 2,000 (World Health Organisation, 1983) will only be achieved when all members of the society become aware of the importance of improving and maintaining their health through effective health education. Like most children's hospitals in Zambia, the University Teaching Hospital (U.T.H.) paediatric unit is plagned with inadequate or complete lack of health education delivery by the health care providers to the mothers of children admitted to this institution. This problem is reflected in the number of repeated admissions, increasing number of new admissions, long queues that are seen in the out-patient department and the unwareness by many mothers of their children's health problems and how to control and monitor them. Lazes (1977) revealed that such circumstances lead to poor quality care and consequently discourage patients from using the services and the health service providers feel no motivation for working in such an environment.

It is only through health education that mothers will come to better understand the illness suffered by their children and thereby learn to minimize their need for medical attention. The diseases which mostly affect the children admitted to U.T.H. paediatric unit are preventable diseases like measles, gastro-enteritis, respiratory tract infections, malaria and protein-calorie malnutrition. This is confirmed by the

Ministry of Health/WHO/UNCEF Report (1984) on Evaluation of Primary Health Care in which it was stated that these diseases are the main cause of high morbidity and mortality rates among children.

Effective health education to mothers on diseases which affect their children is likely to reduce the number of admissions, readmissions and the long queues seen in the paediatric outpatient. Dolan (1968) showed how through health education there was reduction in the number of children absent from School. Nurses visited the poor people living in crowded and unhealthy conditions. They instructed both parents and children in personal hygiene and demonstrated simple treatment that improved the patients and prevented the spread of contagious diseases. The nurses recognised the importance of heath teaching through the application of their knowledge.

WHO (1983) states that education for health requires both motivation and communication. Communication should not only provide insight into what is needed to remain healthy and what should be done when health begins to fail but it should also heighten or motivate individuals towards better health.

The research question for the study is, "How much health education is delivered to mothers of children admitted

to U.T.H. paediatric unit?" It is hoped that the results of the study will increase the nurses' awareness of their responsibility in the delivery of effective health education. This will mean incorperating mothers in the care given to their children and during the course, health education taught to them. Teaching about health to the mothers will ensure continuity of care at home. Preventable diseases will be prevented and minor conditions will be controlled and managed at home. Thus, the long queues in the out-patient department, the number of new admissions and readmissions will be greatly reduced. The health care providers will in turn be motivated in working in such environments and render the best quality care they can to the few children who may be admitted with non-preventable diseases.

The hypotheses for the study are:

1. Lack of health teaching to mothers at U.T.H. paediatric unit has hindered progress in the delivery of individualized quality patient care.

2. Mothers are not given adequate health education because they are excluded from the care of their hospitalized children.

3. Readmissions of many children due to preventable diseases are a result of lack of or ineffective health education.

# CHAPTER 3

## LITERATURE REVIEW

A lot of research studies have been done to try and improve quality of care but no research has been done to find out the effect of health education in the delivery of quality paediatric nursing care. Little has been done as yet to provide health education in hospitals and the few services that are offered tend to concentrate on patients without involving their families. Yet, patients' families are particularily stimulated to health education by virtue of their relatives being in hospital.

Health education has been a neglected aspect of quality paediatric nursing care at the University Teaching Hospital (U.T.H.) as reflected in the increasing numbers of admissions, readmissions and long queues in the out-patient department. Most of the children brought to this institution suffer from preventable diseases which can be easily prevented if effective health education is given to the mothers of these hospitalized children. John (1976) states that health education helps patients to better understand their illness and learn to minimize their need for medical attention. Mothers as stated by Simwanza (1984) play an important role in reducing the morbidity and mortality rates of preventable conditions. Therefore, mothers of hospitalized children

should be the major target for health education where preventable diseases are concerned because they will take this knowledge with them to the community and ensure continuity of care at home. Patients' families are particularly receptive to health education and they will take the knowledge they acquire back with them to the community, where it is most needed (Elder et al, 1984).

The health care providers in most cases do not look at mothers as being useful or helpful in the care of their children. To them, mothers are intruders. But quality patient care requires involvement of the patient's relatives. It is when mothers are involved in the care of their children that health education can be disseminated to them and thereby enhancing the quality of care to the sich children.

Bradley (1974) showed how mothers can be capable of looking after their children at home when proper instructions are given to them. He observed two children who had tetanus. The first child of three and half (3½) years weighing nineteen (19) pounds was referred to the subdivisional hospital, fifteen (15) miles away, where she died. The second infant, a sixteen (16) days old infant who also was asked to go to the subdivisional hospital, the mother refused and with sedation and antibiotics only, the infant survived.

This mother had shown that she was capable of following instructions and looking after her own child. This study reveals that even in paediatric hospitals mothers can be educated on the nature of diseases, mode of transmission, their treatment and how best they can avoid these diseases by the use of preventive measures. If mothers could be able to control or prevent communicable disease in children, they would be doing a lot of justice to the quality of care rendered in the hospital. Their knowledge will enable them to handle minor illnesses suffered by their children. Quality patient care will improve because only serious cases will be admitted to hospital and the health care providers will be afforded a lot of time to nurse these children.

The care that is being delivered at the moment in U.T.H. paediatric unit is that of quantity rather than quality because of large numbers of admissions. Health workers in this setting find it difficult to spend a lot of time with mothers because they are pressed with the demands of so many admitted children which they try to meet. As a result, they are seen to be involved only in daily ward routine work such as giving medications, dressing wounds and following doctors orders without questioning their actions. The parents are ignored and this makes them feel inadequate and unworthy. (Janice et al, 1975).

Goodall (1972) describes how health education programmes in rural community centres demonstrated quite clearly the great effectiveness of such efforts in reducing child morbidity and mortality rates. He recommended that the programmes be extended to hospital setting so that preventive and curative services may go hand in hand. Reduction in morbidity and mortality rates means improved quality care. Mahler (1984) states that health systems are not just baskets to accommodate consumers' demands. Consumers need to assume certain responsibilities. Gone are the days when health used to be a prerogative of all-knowing individuals. It is the duty of all those who possess health knowledge to share it with others (WHO, 1983). Health care providers at U.T.H. paediatric unit have not recognised this and as such their care is impersonal and disease-oriented. The mothers' role in preventing the recurrence of diseases which are preventable is neglected and this has lead to unnecessary admissions that lower the quality of care and not only cause financial problems on the family but also on the institution and national budgets.

It was declared at the Alma-Ata conference in 1978 that the people have a right and duty to participate individually and collectively in planning and implementing their care so as to enhance quality patient care. It is only a proper

sense of priority given to prevention that will reduce the soaring demands put upon society for the treatment of the sick. Prevention of disease through effective health education will also fulfill the expectations of the public for a long health life (Thomson, 1982). Health education must therefore be viewed as an important component of quality paediatric nursing and not neglected if the increasing numbers of admissions, readmissions are to be reduced and thus lowering the high morbidity and mortality rates due to preventable diseases mostly found in U.T.H. paediatric unit.

# CHAPTER 4

## METHODOLOGY

### 1. RESEARCH DESIGN

The purpose of this study was to bring to the attention of all health care providers the importance of health education in the delivery of quality patient care in the U.T.H. Paediatric Unit. It is hoped that the integration of effective health education in the delivery of health care will go a long way in reducing the numbers of admissions, readmissions and long queues seen in the paediatric outpatient department and thereby improving the standard of nursing care.

Thus, the type of health education being given at the moment was described to find out if it is effective enough to reduce the number of admissions and queues in the out-patients seen in this institution. Because of this, a descriptive research design was used. Treece and Treece (1982) defines the descriptive research design as one that does not require experiments to answer the questions but aims at describing specific phenomena. Polit and Hungler (1983) states that descriptive studies are not concerned with relationships among variables but their purpose is to observe and document aspects of a situation. In descriptive studies, the researcher describes, compares, classifies and conceptualises new knowledge from what have been unorganised

or unrelated facts or data (seaman and verhonick 1982). Descriptive design is also closely oriented to observation. This design affords the researcher a chance to observe in order to know the 'what' and 'why' of a phenomena.

## II RESEARCH SETTING

The study was conducted in UTH Paediatric Unit. UTH is the largest health institution in the country and is situated in Lusaka, the Capital City of Zambia. The bed capacity is one thousand five hundred (1,500) distributed among six speciality departments, namely paediatric, obstetrics and Gynaecology, medical, neonatal, surgical departments and the admission wards. It offers training programmes for doctors, registered nurses and midwives, theatre technicians, tutors, public health nurses, degree nurses, radiotherapists and physiotherapists.

The hospital is headed by the Executive Director of Board of Management. The nursing service is headed by the Principal Nursing Officer.

The interviews were conducted in the Paediatric Department which caters for children up to fourteen (14) years. It has five (5) wards, namely A02, A04, A05, A06, and A07. It has its own out-patient department, laboratory, pharmacy and X-ray departments. The Unit is headed by one nursing officer and each ward is under the Management of a Ward Sister.

## III PILOT STUDY

"A Pilot study is a small preliminary investigation of the same general character as the major study. It is designed to acquaint the researcher with the problems to be corrected in preparation for the large research project. It also provides the research with an opportunity to try out the procedures for collecting data. During the pilot study the instrument is going through a pretest, although the instrument content is expected to be in final form by this stage".[1]

It was not feasible to carry out a pilot study because of the limited time in which the study was to be conducted and pressure of academic work. The study was taken as a pilot study in itself. However, the structured interview schedule was checked by the supervising lecturer and it was hoped the interview schedule was measuring what was intended.

## IV SAMPLE, SELECTION AND APPROACH

The target population for this study was fifty (50) mothers from the mother's shelter, ten (10) from each of the five (5) wards in the paediatric Department. The sample was selected by random sampling which is a process by which a researcher obtains the sample without aiming for specific individuals, objects or condition (Treece and Treece 1982).

1 Treece, Eleanor Walters and Treece, Jr. James William Elements of Research in Nursing (St Louis : The C.V. Mosby Company, 1982) P.176

The sample did not represent the whole population because it was very small. The sample was deliberately small due to limited time in which the study had to be completed coupled with pressure of academic work. Drawing mothers from all the five (5) wards ensured that views of all mothers of hospitalized children in all the five (5) wards were obtained. Mothers chosen were those with children between six (6) to thirty-six (36) months because this is the period when most children suffer from preventable diseases and other childhood illness. Data was collected when the mothers were seeing their children in the wards because it made work easy in that the mothers were in their respective areas. It would have been difficult going to ask them from the mothers' shelter.

Permission to collect data was obtained in writing from the Principal Nursing Officer of the hospital and copies were sent to the Executive Director of Board of Management, the Nursing Officer - Paediatric Department, and the sisters-incharge of the five (5) wards (Appendix 1). In the letter, it was stated that only forty (40) mothers were to be interviewed but this figure could have posed problems in calculating percentages in the analysis. The co-operation of the mothers was also sought for. Permission to use the department was granted in writing (Appendix 2).

## V. INSTRUMENT FOR DATA COLLECTION

The structured interview schedule was used to collect data since the respondents were not all literate. Interviews are advantageous in that the depth of responses can be assured since the researcher can pursue any question of special interest and information can be obtained from both literate and illiterate mothers (Treece and Treece, 1982). No language problems were faced during the interview. The other reasons for choosing the structured interview schedule were that a higher proportion of responses can be obtained from respondents, no items are overlooked as the investigator is available to clarify the questions, it is time saving since the interviewees do not return instruments like in questionnaries and lastly it provides uniformity in questions asked because they are written before the interviews are conducted. It was intended that an opportunity would be afforded to observe in general the facial expressions put up by the mothers as they interacted with the investigator during the interview.

The disadvantages of the interview schedule are:

1. It is costly
2. It is time consuming
3. Data collected can be unreliable because the respondents at times have to recall some past events.

4 4. Some respondents reserve some of their true reactions to questions especially those who ge get suspicious or worried to see their responses written down.

5. Personal and sensitive questions may not be given the correct responses because of the face to face interaction (Polit and Hungler, 1983).

The disadvantages were minimized by:

1. Reducing the sample to 50 respondents
2. Interviewing between 21.00 hours to 24.00 hours
3. Questioning in simple language
4. Checking and correcting the instrument by course supervisor before it was administered.
5. Assuring the respondent of confidentiality by informing them that their names would not appear on the interview schedule.

## VI DESIGN OF THE STRUCTURED INTERVIEW SCHEDULE

The instrument, a structured interview schedule, consisted of both open - ended and close - ended questions.

The close ended questions required the subject to give only one possible answer and the open-ended ones gave them the opportunity to express their views. Questions 1-5 requested demographic data of the respondents such as age,

residential area, educational level, marital status and number of children. Questions 6-10 inquired about the past admissions of any of children in exception of the one who was presently admitted. They asked for the reasons of admissions, if any health education in relation to the disease was given and the type of health education given. Questions 11-23 were concerned with the admissions at that time. The questions aimed at seeking to know whether the mothers were included in the care of their children and what information was given to them concerning the children's conditions. The other questions sought their feeling about the delivery of care-whether they should be informed of all the procedures and treatment the children were receiving. The investigator also wanted to find out if nurses played a part in educating or informing the mothers about the children's condition during their stay in hospital.

The last question requested respondents to suggest some ways of how the health personnel in the hospital could help them look after their children better at home.

## VII DATA COLLECTION

Before the collection of data, the respondents were informed that the information they gave was not going to be published indiscreetly and that no individual names were required. The subjects' permission to use their responses for the study was sought and they were informed of the intended

use of the data collected.

Data was collected in six (6) days, from 14th February to 19th February, to allow the investigator and respondents more time in which to discuss the questions throughly. The respondents were interviewed for about twenty-five (25) minutes each from 21.00 hours to 24.00 hours because this is the time the investigator had found more convenient and the respondents were at the bedsides of their children. The interviews were conducted at the bedside and the investigator ensured that privacy was provided. To minimize disturbances, the interviews were done after the mothers had fed their children and put them to sleep. Appointments for the interviews were made on the previous day with the sisters-in-charge.

At the beginning of each interview, the investigator introduced herself and thereafter a brief introduction of the topic of study was done and the importance of the interview explained. This was done to establish rapport and to put the patient at ease before the actual questions were asked. General questions about the respondent's well being were posed first to gain confidence and co-operation. Then the questions on the structured interview schedule were asked following the order of questions on the peper. Data collecting through interviews was found to be very interesting, especially when some respondents expressed their feelings and problems freely.

## VIII DATA ANALYSIS

Data collected are not useful unless arranged in a meaningful manner so that it is possible to derive patterns of relationships (Polit and Hungler, 1983). Data was analysed manually. It was classified into common categories and percentage of each kind of division was calculated. It was later presented in tablets. Tabulation of data facilitates easy organization of descriptive data into a logical scheme. Abdellah and Levine (1979) state that the process of tabulation enables the researcher to assess the relationship between variables studied. Tables conserve space by presenting data in such a way that the narrative may be reduced (Seaman and Verhonick, 1982). They add that tabulation facilitates easy understanding and remembering.

Manual analysis - Data was tallied in four vertical bars and slash for the fifth observation, for example 4444 4444 4444 4444. Talling makes counting of variables easier and brings together in one place data collected on all study subjects.

# CHAPTER 5

## PRESENTATION OF FINDINGS

This chapter presents the data collected from respondents in the study. The responses for particular questions are listed in table form and the tables follow the order of questions as presented in the structure interview schedule (Appendix 3). Sweeney and Oliverieri (1981) state that tables summarize meaningful results enabling the reader to understand the investigator's intention in the study.

Some responses to open-ended questions are more than the respondents (fifty, 50) because more than one response was given to the questions. In some tables again, the respondents are less than fifty (50), sample size, because some respondents did not answer some questions. The questions were not applicable to them.

TABLE 1: AGE DISTRIBUTION OF THE SUBJECTS

| AGE RANGE IN YEARS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| 15 - 20 | 6 | 12 |
| 21 - 25 | 13 | 26 |
| 26 - 30 | 9 | 18 |
| 30 - 35 | 11 | 22 |
| Over 35 | 11 | 22 |
| TOTAL | 50 | 100 |

TABLE 2: RESIDENTIAL AREA OF THE SUBJECTS

| AREA | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| High Density | 36 | 72 |
| Medium Density | 12 | 24 |
| Low Density | 2 | 4 |
| TOTAL | 50 | 100 |

TABLE 3: EDUCATION LEVEL ATTAINED BY THE SUBJECTS

| EDUCATIONAL LEVEL | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| No formal Education | 20 | 40 |
| Grades 1-7 | 19 | 38 |
| " 8-10 | 8 | 16 |
| " 11-12 | 2 | 4 |
| College/ University | 1 | 2 |
| TOTAL | 50 | 100 |

TABLE 4: MARITAL STATUS OF THE SUBJECTS

| MARRIED | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| YES | 45 | 90 |
| NO | 5 | 10 |
| TOTAL | 50 | 100 |

TABLE 5: NUMBER OF CHILDREN RESPONDENTS HAVE

| NUMBER OF CHILDREN | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| 1 - 3 | 25 | 50 |
| 4 - 6 | 15 | 30 |
| 7 - 9 | 7 | 14 |
| More than 9 | 3 | 6 |
| TOTAL | 50 | 100 |

TABLE 6: NUMBER OF TIMES RESPONDENTS HAD BEEN IN HOSPITAL WITH OTHER CHILDREN

| NUMBER OF STAY IN HOSPITAL | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| None | 23 | 46 |
| Once | 2 | 4 |
| Twice | 16 | 32 |
| Thrice | 1 | 2 |
| More than 3 times | 8 | 16 |
| TOTAL | 50 | 100 |

TABLE 7: NUMBER OF RESPONDENTS AWARE OF REASONS FOR ADMISSION

| AWARE OF REASONS FOR ADMISSIONS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 25 | 92 |
| No | 2 | 7 |
| TOTAL | 27 | 100 |

TABLE 11: REASONS OF PREVIOUS ADMISSIONS FOR PRESENT CHILD

| REASON | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Diarrhoa | 7 | 28 |
| Vomitting | 3 | 12 |
| Malaria | 2 | 8 |
| Anaemia | 2 | 88 |
| Coughing | 2 | 8 |
| Loss of weight | 2 | 8 |
| Kwashiokor | 1 | 4 |
| Measles | 1 | 4 |
| Tuberclosis | 1 | 4 |
| Sickle Cell | 1 | 4 |
| Abscess | 1 | 4 |
| Burns | 1 | 4 |
| Choking with porridge | 1 | 4 |
| TOTAL | 25 | 100 |

TABLE 12: INFORMATION OF REASONS FOR ADMISSIONS

| INFORMANT | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Nurse | 14 | 28 |
| Doctor | 36 | 72 |
| TOTAL | 50 | 100 |

TABLE 13: NUMBER OF DAYS CHILD HAS BEEN IN HOSPITAL

| DAYS IN HOSPITAL | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| 2 - 3 | 22 | 44 |
| 4 - 5 | 8 | 16 |
| 6 - 7 | 4 | 8 |
| More than 8 | 16 | 32 |
| TOTAL | 50 | 100 |

TABLE 14: EXPLANATION OF REASONS FOR ADMISSION

| REASONS EXPLAINED | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 33 | 66 |
| No | 17 | 34 |
| TOTAL | 50 | 100 |

TABLE 15 NUMBER OF RESPONDENTS WHO FELT HAD THE RIGHT TO KNOW WHAT WAS WRONG WITH THE CHILD

| FELT HAD THE RIGHT | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 49 | 98 |
| No | 1 | 2 |
| TOTAL | 50 | 100 |

TABLE 16: NUMBER OF RESPONDENTS WHO HAD BEEN ASKED TO HELP IN THE CARE

| ASKED TO HELP | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 26 | 52 |
| No | 24 | 48 |
| TOTAL | 50 | 100 |

TABLE 17: NUMBER OF RESPONDENTS INFORMED OF THE REASONS FOR HELPING

| INFORMED OF THE REASONS FOR HELPING | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 4 | 15 |
| No | 22 | 85 |
| TOTAL | 26 | 100 |

TABLE 18: RESPONDENTS WHO THOUGHT IF INCLUDED IN THE CARE OF CHILDREN WOULD LEARN SOMETHING WHICH WOULD BE USEFUL LATER ON AT HOME

| THOUGHT AS THE TITLE OF TABLE READS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 50 | 100 |
| No | 0 | p0 |
| TOTAL | 50 | 100 |

TABLE 19: NURSES SPARING TIME TO TALK TO RESPONDENTS ON THEIR CHILDREN'S CONDITION

| NURSES SPARED AS TABLE READS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 9 | 18 |
| No | 41 | 82 |
| TOTAL | 50 | 100 |

TABLE 20: VIEWS OF RESPONDENTS ON WHY NURSES ARE UNABLE TO EDUCATE THEM ON THEIR CHILDREN'S CONDITION

| VIEWS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| No interest in Teaching | 1 | 2 |
| Do not know | 33 | 66 |
| Nurses busy | 9 | 18 |
| Understaffed | 2 | 4 |
| Nurses do not want to teach | 2 | 4 |
| Child very sick-Nurse no time to talk to mothers | 1 | 2 |
| Was given explanation so did not have answer to the question | 1 | 2 |
| TOTAL | 50 | 100 |

TABLE 21: RESPONDENTS WHO FELT SHOULD BE TOLD OF PROCEDURES BEING PERFORMED ON THE CHILDREN

| FELT SHOULD BE INFORMED OF PROCEDURES | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Yes | 50 | 100 |
| No | 0 | 0 |
| TOTAL | 50 | 100 |

TABLE 22: REASONS WHY RESPONDENTS SHOULD BE INFORMED OF ALL PROCEDURES DONE ON THE CHILD

| REASONS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Because he is my child | 21 | 42 |
| To know progress of child | 13 | 36 |
| To know cause of condition | 9 | 18 |
| To know proper way of looking after child | 4 | 8 |
| Want to learn prevention | 2 | 4 |
| Explain to relative when come to visit them | 1 | 2 |
| TOTAL | 50 | 100 |

TABLE 23: RESPONDENTS' SUGGESTIONS ON HOW HEALTH PERSONNEL IN HOSPITAL CAN HELP THEM TO LOOK AFTER THEIR CHILDREN BETTER AT HOME

| SUGGESTIONS | NUMBER OF RESPONDENTS | PERCENTAGE |
|---|---|---|
| Explain care and prevention of disease on discharge | 26 | 41 |
| Educate us on condition of the child | 11 | 17 |
| Education on nutrition | 8 | 12 |
| Explain Medication on discharge | 6 | 9 |
| Explain proper follow up dates and progress | 4 | 6 |
| No suggestions | 3 | 5 |
| Talks to be given on review days | 1 | 2 |
| Use language mothers understand | 1 | 2 |
| Follow up at home after discharge | 1 | 2 |
| Pamphlets on care of children should be issued on discharge | 1 | 2 |
| Suffer a lot at Hospital, so education on care and prevention so that care can be given at home | 1 | 2 |
| TOTAL | 63 | 100 |

# CHAPTER 6

## INTERPRETATION AND DISCUSSION OF FINDINGS, NURSING IMPLICATIONS, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

### 1. INTERPRETATION AND DISCUSSION OF FINDINGS

Table 1 presents the age ran e of respondents which ranged from fifteen (15) to over thirty-five (35) years.

The majority of the respondents (twenty-six (26) percent) were between twenty-one (21) to twenty-five (25) years of age. Respondents in the age ranges of: thirty (30) to thirty-five (35) years represented twenty-two (22) percent, over thirty-five (35) years were also twenty-two (22) percent, twenty-six (26) to thirty (30) years were eighteen (18) percent and fifteen (15) to twenty (20) years were twelve (12) percent. All age groups were fairly presented though the fewest were fifteen (15) to twenty (20) years. The findings revealed that mothers of all ages are found in children's wards, waiting for their admitted children. This may show that there is no such a thing as the older one is, the more experience she has in child caring and disease prevention. One may be older and have only one child. Inspite of her age she may also experience the same problems as a mother of fifteen (15) years with one child.

Table 2 shows that most of the respondents came from the high density area, seventy-two (72) percent, followed by those from the medium density area, twenty-four (24) percent and the least came from the low density area four (4) percent. These figures might reveal that there are factors in the high density area which predispose children to diseases. High density areas are areas which are overcrowded and usually have poor water supply and unsanitary environmental conditions. Most of the respondents came from shanty compounds. It is a well known factor that overcrowding, poor water supply and bad sanitary habits predispose residents to most of the conditions listed in Table 8. The inhabitants of these shanty places are also poor and ignorant in most health matters. Diarrhoea usually occurs due to poor feeding practices in children and poor sanitation. Malnutrition can be attributed to poverty and ignorance on child nutrition. McInnes (1975) states that the history of infections and preventable diseases throughout the world is an endless history of high mortality and morbidity. He further states that the history has frequently been surrounded by poverty, unsanitary environmental conditions and ignorance. All the diseases listed in tables 8 and 11 are either infectious or preventable or both.

Table 3 reveals that the majority of the respondents, forty (40) percent, had no formal education. Of the respondents who had some formal education, grade 1 to VII accounted for

thirty-eight (38) percent, Grade VIII to X accounted for sixteen (16) percent, Grade XI to XII accounted for (4) four percent; those who had college or university education were only two (2) percent of the sample. Child illness can therefore also be attributed to low educational level. The more educated one is, the more knowledge about health one possesses. Therefore there is need for health workers to use every opportunity they have in educating most of the mothers found in children's hospitals especially UTH Paediatric unit. The educational level needs to be taken into consideration when educating mother on health and its problems if the health education delivered is to be effective.

Table 4 show that ninety (90) percent of the respondents were married and only ten (10) percent were single. Most sick children had mothers who were married and had some financial support from their husbands. With effective health education on general hygiene and nutrition of children, conditions like diarrhoea, vomiting and malnutrition should be prevented. From the ten (10) percent unmarried mothers, more problems could be expected especially from those who are completely dependent on their relatives. However, health education on general hygiene and nutrition can also benefit them. Some ways of earning a living can be suggested to them so that they can be able to feed their children adequately.

Table 5 presents fifty (50) percent of the mothers had one (1) to three (3) children, thirty (30) percent had four (4) to six (6) children, fourteen (14) percent had seven (7) to nine (9) children. The mothers who had the least number of children were the one who were most represented.

This could be due to the fact that these mothers tend to rush to hospital whenever their children get sick because of their inexperience in child care. The children will be admitted only if they are very sick. The fewest respondents were those with more than nine (9) children. This low number could be attributed to the experience in child care these mothers must have had; they may usually give some remedy at home before bringing the children to hospital.

Table 6 presents the number of times the respondents had been in hospital with other children. Forty-six (46) percent had never had any children admitted before. Fifty-four (54) percent had stayed in hospital before with their children. The reasons for the readmissions of the other children in most cases were the same conditions suffered in previous admissions, such as diarrhoea, vomiting or malnutrition. If these mothers had received proper or effective health education of these conditions, they would not have brought back their children to the hospital with the same conditions. Table 7 presents the number of respondents who were aware of the reasons for admissions. Ninety-three (93) percent

of the respondents were aware of the reasons for admissions but only fifty-six (56) percent of the respondents had received health education on the condition (Table 9).

Table 8 presents the reasons the respondents gave for previous admissions. These included diarrhoea, twenty-three (23) percent; vomiting seventeen (17) percent; malaria fourteen (14) percent; malnutrition nine (9) percent; measles, whooping cough and abscesses five (5) percent each and others twelve (12) percent. From the list it can be deduced that all the conditions suffered by most of the children were infections and preventable. This list corresponds with the list compiled by the Ministry of Health in the 1980 report. It was found that the major causes of death and illness were measles, pneumonia, diarrhoea, malnutrition, malaria, upper respiratory tract infections, injuries, whooping cough, tuberculosis and fever, all of which could be prevented through meesures available in Zambia. Thus since health education is more preventive than curative, it should be part and parcel of paediatric nursing care so that most of these diseases are prevented. The mothers of these readmitted children would not have frequented the hospital if effective health education had been given on previous admission. The result revealed that whatever health teaching was given to these mothers was not effective in educating them. Most of them could not remember what they were taught and continued with their old style of living and caring for the children.

Hence, hypothesis 3 which reads "readmissions of many children due to preventable diseases are a result of lack or ineffective health education" is true though the results can not be ge generalized because of the small sample size.

Forty-one (41) percent (Table 6) of the readmissions added extra work to the workload of the health workers in the hospital. If the forty-six (46) percent who were hospitalized for the first time were the only patients, adequate care would have been afforded. Hypothesis I which states "lack of health teaching has hindered progress in the delivery of individualized quality patient care" is therefore partly accepted because there are other factors which have lead to poor quality patient care. It is partly accepted in that if the mothers who had children admitted more than once had been effectively educated, they could have left enough room for individualized care to the children who were admitted for the first time.

Table 10 presents the number of times the presently sick child had been admitted to the hospital. For most of the children, seventy-six (76) percent, it was their first time. Fourteen (14) percent had been admitted twice, four (4) percent had been hospitalized for three times and six (6) percent had stayed in hospital before more than three times. The total number of readmissions added up to twenty-four (24) percent. From the responses, it was found that these children also suffered from more or less the same kinds of disease conditions

(Table 11) as those suffered by other children who had been admitted before (Table 8). In Table 11 diarrhoea accounted for twenty-eight (28) percent, vomiting twelve (12) percent, malaria eight (8) percent, anaemia eight (8) percent, coughing eight (8) percent, loss of weight eight (8) percent and other conditions twenty-eight (28) percent. In this table all the conditions with exception of sickle cell disease which is hereditary, are preventable. With effective health education in paediatric setting to the mothers, these diseases or conditions can be prevented.

Table 12 shows the person responsible for informing the respondents about the reasons for admissions. Twenty-eight (28) percent of the respondents were informed by the nurses while seventy-two (72) percent were informed by the doctors. Usually when the doctors decides to admit the patient, he informs the patient and the reason for admission is communicated to him. This information is inadequate in most cases. Ngambi (1985) in her study discovered that the time the patients spent with the doctors was not enough for the doctors to explain their conditions in detail.

Therefore it is the responsibility of the nurses to take this chance to try and inform the patient the reasons for admissions. Im most cases, the nurses are found operating on their own and just ordering the mothers to go out of wards. Usually even the time for visiting their children is not communicated to them.

The mothers are left to find out about visiting times from the other mothers. Janice et al (1975) states that parents' confidence in looking after their own children is undermined. Mothers feel inadequate and unworthy during their stay in hospital. Since nurses spend most of the times with patients, they should capitalize on these opportunities to teach the mothers as much as they can. Nurses in their recurring contacts with patients have valuable opportunities for health education and must recognise them and utilize them (Lucas, 1982)

Table 13 shows that forty-four (44) percent of the children had been in the ward for two (2) to three (3) days, sixteen (16) percent for four (4) to five (5) days, eight (8) percent for six (6) to seven (7) days and thirty-two (32) percent had been in the wards for more than eight (8) days. When the respondents were asked if the reasons for admissions had been explained sixty-six (66) percent gave a positive answer and thirty-four (34) percent gave a negative answer (Table 14). Table 15 presents the number of respondents who felt they had the right to know what was wrong with their children. It was found that ninty-eight (98) percent felt they had the right and only two (2) percent (1 respondent) said it was not necessary for her to be informed.

Comparing Table 14 and 15, it will be found that thirty-four (34) percent of the respondents to whom the reasons for admissions were not explained, were deprived of their right. They wanted to know the reasons for admissions but none of the health workers took trouble to explain. Bates (1976) found in his studies that when people are ill they have a heightened interest in medical problems and hospital conditions provide time and opportunity to give additional information to the patient concerning general health problems. Mothers who wait for their children while hospitalized are isolated from their usual occupations and escape the strains of the everyday life. For this reason they may concentrate more on the state of th of their children's health.

Hypothesis 2 which reads "mothers are not given adequate health education because they are excluded in the care of their hospitalized children" can be best explained in the responses presented in Tables 16 and 17. Fifty-two (52) percent of respondents said that they were asked to help in the care of their children but only fifteen (15) percent of these were informed of the reasons why they had to help. Eighty-five (85) percent of those asked to help did not know why they had to help. Most non-medical people including the mothers feel it is the duty of all the health workers to provide all the care needed by the patients. This is wrong. If the health consumers are going to learn how to look after their health, it is only going to be

through their participation. The days are over when action for health was the prerogative of all-knowing individuals keeping prefessional secrets to themselves and handling out doses of it to ignorant, passive patients lining up for charity (Mahler, 1983). Forty-eight (48) percent were not asked to help in the care of their children and they just palyed a role that Mahler had described. Phillips (1984) states that the children's parents are important. Nurses should suggest to parents to stay with their children and be involved in their care.

Table 18 reveals the number of respondents who thought that if they were included in the care of the children they would learn something which would be useful later at home. It was found that all the respondents, one hundred (100) percent would benefit a lot if included in the care. The respondents said that if whatever was being done to the child was explained, they would definitely learn something which would make them continue with the care at home. Elder et al (1984) state that the patients' families are particularily receptive to health education during their stay in hospital and they will take the knowledge acquired back with them to the community where it is most needed.

The responses on whether the nurses spared some time to talk to the respondents on their children's condition are reflected in Table 19. Eighty-two (82) percent ofrespondents said 'NO'

and only eighteen (18) percent said 'YES'. The reasons which the respondents who said 'NO' gave for failure of nurses to educate them on the conditions suffered by their children are listed in Table 20. Sixty-six (66) percent of the respondents said that they did not know the reasons.

This could be that the respondents took it for granted that they were not supposed to know as it has been the practice - nurses not educating the mothers. Eighteen (18) percent of the respondents said that they thought that the nurses were busy and hardly had time to talk to them. Four (4) percent said nurses were understaffed which meant there was too much to do for the few nurses available to spare sometime for educating the mothers. This also contributed to their lack of participating in teaching. Hypothesis 4 which said "pressure of work due to overcrowding in children's hospital has made nurses and other health care providers neglect health education in these settlings" can be partly true. It is very true of certain wards in Paediatric unit but if work is well organised, there should at least be room for teaching mothers. Elder and Elder (1984) in their studies found that nurses are generally not in favour of more relaxed visiting practices and sometimes even strongly oppose the trend. They further explain that nurses find it difficult to get on with their work under the critical eye of the mother and often resent having to entrust to them the more gratifying tasks such as feeding and dressing. They also revealed another study in U.S.A. in which it was recommended that given the

appropriate guidance and encouragement from nurses, mothers have been able to overcome psychological barriers and give effective help which is to the benefit of the staff as well as the patient. Other respondents in this study gave such reasons as nurses did not want to teach them, nurses had no interest in teaching and nurses had no time to talk to the mothers because their children were very sick. All these reasons were just being interpreted from the nurses' actions. Mothers with sick children are worried and anxious and need to be reassured. Whatever is happening should be explained to them so that their worries and anxieties are alleyed.

Table 21 shows that all the respondents felt they should be informed of all the procedures which were being performed on their children. The reasons for this response as shown in Table 22 were :

- forty-two (42) percent said they needed to know because the patients were their children.
- thirty-six (36) percent said they wanted to know the progress of the child.
- eighteen (18) percent wanted to know the cause of the conditions.
- eight (8) percent said they could learn something which could be of help in looking after their children properly.
- four (4) percent said they wanted to learn how to prevent the condition.
- two (2) percent said if they were informed they would also be in a position to explain better to their relatives when they come to visit them.

All the above responses are quite true and reveal the feelings of the mothers during their stay in hospital. Bates (1976) in her study found that the most common complaint presented by the health consumers was lack of information and explanation of their conditions. She states further that professionals often act as if they believe consumers do not want to know about their health or would not understand anyway. "It is true that clients are often told more than they remember so that explanation have to be repeated several times, but that is surely part of the health professional's role".[1]

Yandila (1984) in her study contended that unless the nurse realized the importance of health education and her role in teaching patients in a hospital settling there will always be misinformed and uninformed patients and consumers at large resulting in duplication of work, hospital readmissions and unnecessary overcrowding in hospitals. Therefore there is need to make the nurse aware of a neglected aspect of Paediatric Nursing i. e. health education.

The last question asked the respondents to give suggestions on how health personnel in hospital could hel them to look after their children better at home. The responses are listed in Table 23. The suggestions include:

1. Health care providers should explain the care of children at home to help prevent disease (fourty-one (41) percent).
2. They should be educated on conditions suffered by their children (seventeen (17) percent)

[1]Erica M. Bates. "Consumer participation in health". International Journal of Health Education (1976/1) P.46

3. Education in nutrition especially that of children (twelve (12) percent).

4. The hospital personnel should explain properly the way medications should be taken at home (nine (9) percent).

5. Follow up dates were not properly explained and this should be done. These respondents also wanted to be informed of the progress when they come for reviews (six (6) percent).

6. Since nurses seem busy at times in the wards, health teaching should be done on review days (two (2) percent).

7. Health personnel should use the language the consumers of health understands because they tend to use medical terms (two (2) percent).

8. Home follow-up after discharge (two (2) percent).

9. There should be pamphlets on care of children which should be issued on discharge (two (2) percent).

10. Two (2) percent expressed the suffering that is involved with hospitalization of children to the mother. For example the mothers are subjected to 3 hourly visits to the wards, have no proper place to spend the day on while waiting for the next visit, they are subjected to being chased from the wards, etc. In view of these sufferings, the mothers felt health education was a necessity so that care can be given at home.

11. Five (5) percent had no suggestions.

2. NURSING IMPLICATIONS

The findings of the study revealed that there is lack of health education in Paediatric Nursing and what is given is effective. Sofowara (1970) pointed out that health education was one of the two important weapons that could drastically reduce morbidity and mortality rates in Children. The mothers who wait for their hospitalized children and the health workers will benefit a lot from effective health education. Education is said to be effective when it makes people change their bad ways that cause disease and adopt the ways taught to them to maintain good health. Mothers are going to benefit because their children will not become sick as frequently as they do now and this will prevent them from the suffering they have to endure once the child is admitted. The health workers, especially the nurses will benefit because their wards will not be overcrowded as it is the case now and they will be able to render individualized paediatric nursing care.

There is need for the nurses working in Paediatric unit to become aware of their important role in teaching. Information on admission as revealed in the study was mostly given by the doctors. What is the nurse's role on admission of the patient? Nurses should look around and try to study the diseases usually found in their wards.

The results will not be all that different from those in the study. These diseases are preventable and with effective health education, they should be prevented. Preventable diseases occur where overcrowding coupled with poor hygiene conditions prevail. It was discovered in the study that most of the patients came from the high density areas where such conditions exist. Nurses should work tirelessly at trying to educate these mothers once in hospital. As expressed by the respondents themselves, they need to know the cause and course of disease and how they can prevent it. They also expressed need for follow ups at home. Infact this is where a nurse will be able to see the condition of the home and be able to educate the mothers on this basis.

There is also need for the nurses to recognise the importance of involving the mothers in the care given to the children and the importance of informing them about the progress and any procedures being performed on the children. The mothers expressed the fact that the persons who were sick were their child and therefore felt that they had the right to participate in the care and be informed on the progress of their children. Children are important in our family life and also in the national life. A healthy nation grows from health children (Goodall, 1972). It should therefore be the concern of all health workers and children's parents to see that diseases are prevented and if not prevented, they should be treated as promptly as possible.

## 3. CONCLUSION

The aim of the study was to bring to the attention of all health workers especially nurses the importance of health education in the delivery of quality paediatric care and to involve the mothers of hospitalized children in the care in order to deliver effective health education to them. The study was conducted in Paediatric Unit at University Teaching Hospital. Data was collected using a structured interview schedule. The results were analysed manually and presented in table forms.

In the study, it was revealed that there is lack of effective health education in Paediatric Nursing. In some cases there was complete lack of it. The research question "How much health education is delivered to mothers of children admitted to U.T.H. Paediatric Unit?" has been answered. Health Education is one of the effective means of achieving better health for the children. It should be an intergral part of paediatric nursing. All nurses and other health workers should make it their responsibility to teach mothers who are at their disposal.

It was discovered that many mothers were deprived of the necessary information they needed on the care of their children at home. Most of the disease conditions suffered by children were preventabl which could have been prevented if mothers knew how to do it.

The mothers and indeed the public at large need to be educated on the ill-effects of overcrowding, poor hygiene, poor water supply and bad sanitory habits. N'gambi in her study also found that many clients felt that they were not afforded the opportunity to verbalize their experiences to the nurses and as a result many of them went back home deprived of the necessary advice on their illnesses. The clients felt the time spent with the doctors was very short and therefore, they found it difficult to talk about any problems they faced at home. The nurses therefore being the majority of the health workers and having frequent contact with the mothers should take this opportunity to deliver effective health education in order to improve on the care given in Paediatric Unit.

## 4. RECOMMENDATIONS

1. There is need to include mothers in the care of their children so that some of the duties performed by nurses can be done by the mothers. The nurses will then create room for health education in paediatric nursing.

2. There is need for the nurses to spend more time in explaining reasons for admissions to the mothers. Nurses should create time to educate mothers on disease conditions and how they can be prevented.

3. There is need for the nurses to take into consideration the feelings of mothers and their experiences they go through as they wait for their hospitalized children. This should make them realize the importance of informing the mothers of all the procedures being done on the children and their progress.

4. The idea of issuing pamphlets on child care is very appealing and it will be worth trying.

5. A similar study on a large scale should be done so that results can be generalized. Nurses' views should also be sought on this topic and their suggestions requested.

6. Group education in the Mother's Shelter can be tried. Besides educating mothers, it will also be a way of intertaining them.

LIMITATIONS

1. The sample size was too small for the results to be generalized. This was because of the limited time in which the study was to be conducted and submitted to the school. The other reason is that a large sample could not have been managed because of the presaure of academic work.

2. Observation method was also supposed to be used in data collection to augment the results obtained by the interview method. Observation method needed a follow up at a later stage which could not have been possible because of the

limited time.

3. Carrying out a large study would not have been possible because of the little money allocated for the project.

4. Discussion of findings was rather rushed due to the short time which remained after field work in which it was done.

APPENDIX 1

The University of Zambia,
School of Medicine,
P. O. Box 50110,
LUSAKA

The Principal Nursing Officer,
University Teaching Hospital,
P. O. Box 50001,
LUSAKA.

Dear Madam,

RE: STUDY PROJECT

I would like to get permission to interview fifty (50) mothers in 'A' block to enable me to gather information required for the study during the third week of this month.

I am a student currently pursuing studies for the Diploma in Nursing Education at the University of Zambia, Post-Basic Nursing Department. In partial fulfillment of the course requirement, I am required to submit a research study in Medical - Surgical Nursing Course. I am interested in health education given in Paediatric Department.

I would be very grateful if permission would be granted.

Trusting in your kind consideration.

Yours faithfully,

HARA JANET B. (MRS)

CC. The Executive Director.

CC: The Nursing Officer 'A' Block.

CC. Sister-in-charge AD2, AD4, AD5, AD6, AD7

APPENDIX 2

University Teaching Hospital,
Principal Nursing Officer's
Office,
P. O. Box 50001,
LUSAKA

12th February, 1987

Ms. J. B. Hara,

Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA

Dear Ms. Hara,

RE: RESEARCH PROJECT

You are hereby granted permission to solicit the participation of 40 mothers, with sick children in A.Block, in your study. I would however have appreciated knowing where these interviews will take place, i.e. Wards, or Mother's Shelter. You can use this letter to introduce yourself to the Supervisors before you start interviewing the mothers.

Good luck with the study.

Yours faithfully,

O. Kopolo
PRINCIPAL NURSING OFFICER.

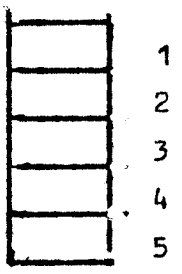
APPENDIX 3

## STRUCTURED INTERVIEWS SCHEDULE

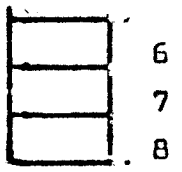
The following questions were asked to find out how health education is given to mothers who wait upon their sick children admitted in U.T.H. Paediatric Department.

FOR OFFICIAL USE ONLY

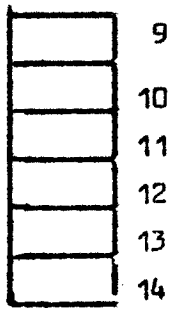
1. How old are you?




2. Where do you stay?



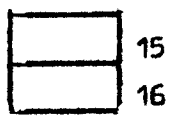

3. What is the highest level of education have you attained?



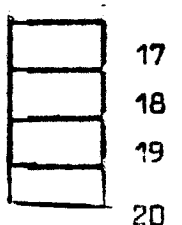

4. Are you married?

a. Yes ☐

b. No ☐




5. How many children do you have?



FOR OFFICIAL USE ONLY

6. How many times have you had to stay in hospital because of any of your other children's sickness?

a. None
b. Once
c. Twice
d. Thrice
e. More than 3 times

21
22
23
24
25

7. Do you know the reasons for admissions?

a. Yes
b. No

26
27

8. What are the reasons?

28
29
30
31
32
33

9. Was any health education in relation to the disease given to you?

a. Yes
b. No

34
35

10. What were you told?

36
37
38
39
40

OFFICIAL USE ONLY

11. How many time hes this child been in hospital?

a. Once
b. Twice
c. Thrice

41
42
43
44

d. More than three (3) times

12. What was wrong with your child on his previous admission (s)?

45
46
47
48
49
50

13. Who informed you about the reasons for admission?

51
52

14. How many days has your child been in hospital since admission?

53
54
55
56

15. Did the people who attended to you explain the reason (s) for admission to you?

a. Yes
b. No

57
58

16. Do you feel you have the right to know what is wrong with your child?

a. Yes
b. No.

59
60

OFFICIAL USE ONLY

17. Since admission, have you been asked to help in the care of your child, e.g. bathing, feeding, giving medication,etc?

a. Yes
b. No

61
62

18. Were you told the reasons why you had to help in the care?

a. Yes
b. No

63
64

19. Do you think that if you were included in the care of your child, you would learn something which will be useful later on at home?

a. Yes
b. No

65
66

20. Do nurses spare sometime wto talk with you about your child's condition?

a. Yes
b. No

67
68

21. What do you think are the reasons why nurses are unable to educate you on your child's condition?

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70
71
72
73
74

22. Would you want to be told whatever procedure the hospital personnel are performing on your child?

a. Yes
b. No

75
76

OFFICIAL
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23. What are your reasons?

| | |
|---|---|
| | 77 |
| | 78 |
| | 79 |
| | 80 |
| | 81 |
| | 82 |

24. Can you suggest some ways of how health personnel here can help you look after your children better at home?

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| | 84 |
| | 85 |
| | 86 |
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| | 88 |
| | 89 |
| | 90 |

## BIBLIOGRAPHY


1. Abdellah F.C. and Levine, E. (1978) — Better Patient Care Through Nursing Research. New York. The Macmillan Company.

2. Bates, E. M. (1976) — "Consumer participation in health services". International Journal of Health Education. Vol. XIX. 1976/1. PP. 45-50

3. Bower, F. L. (1982) — The Process of Planning Nursing Care. London. The C.V. Mosby Company

4. Bradley, P. A. (1974) — "Tetanus and its out-patient management in under-five clinic setting". The Journal of Tropical Paediatric and Enviroment Child Health. Vol. 20 No. 6. P. 292.

5. Dolan, J. A. (1968) — History of Nursing. London. WB Saunders Company.

6. Elder, R. and Elder, E (1984) — "A place for the family in hospital life". International Nursing Review. Vol.3 No. 2 PP. 40-42.

7. Goodall, J. (1972) — "The hospital care of East Africa Children". The Journal of Tropical Paediatrics and Environmental Child Health. Vol. XIX No. 3 PP. 170-171.

8. Janice et al (1975) "Psychosocial Aspects of Children's hospitalization." International Journal of Nursing studies. Vol. 1 No. 5 PP. 40-42.

9. John, L. B. (1976) "The national centre for health education in U.S. - a role of major significance". International Journal of Health Education. Vol. XIX. No.3 PP. 170-171.

10. Lazeé:, M. P. et al (1977) "Improving out-patient care through participation. The Nework experience in staff and patient involvement". International Journal of Health Education. Vol. XX No., 1 PP. 61-6(

11. Lucas, A. O. et al (1982) A short Texbook of Preventive Medicine for the Tropics. London. Hodder and Stoughton.

12. Mahler, H (1983) "Health for all by the year 2000, The count down has began". World Health. February-March 1983, PP. 3-4.

13. Mahler, H. (1984) Self care, not 'laisser-faire' education for health". World Health. Vol. 1 No. 2 PP. 24

14. McInness, M. E. (1975) Essentials of communicable disease. Saint Louis. The C.V. Mosby Compan

15. Ministry of Health (1980) Health by the people. Proposals for achieving health for all in Zambia. Lusaka Government Printers.

16. Ministry of Health/WHO/ UNICEF (1984) Report of Joint Evaluation of Primary Health Care in the Republic of Zambia. Lusaka. Government Printers.

17. Ng'ambi, M.S.T. (1985) How Effective is Health Education Given to Insulin-Dependent Clients Attending the Diabetic Clinic at U. T. H. Unpublished Report. Bachelor of Science in Nursing Dissertation. University of Zambia.

18. Phillips, V. (1984) "Nurses and parents can evaluate and alleviate a child's discomfort". Nursing Mirror. Vo. 159. No. 17 P. 14.

19. Polit, D. and Hungler B. (1983) Nursing Research: Principles and Methods. Philadelphia, J.B. Lippincott Company.

20. Seaman, C. H. and Veronick, P.J. (1982) Research Methods for undergraduate students in Nursing. Norwolk. Appleton Century Crofts.

21. Simwanza, M.E. (1984) Determining what mothers with children admitted with PCM at U.T.H. Think are causes of the condition. Unpublished Report. Bachelor of science in nursing Dissertation University of Zambia.

22. Sofowara, E.A. (1970) "The influence of Immunuglobin to prevelence of meales in rural community". The Journal of Tropical Paediatrics. Vol. 16. No. 4. PP. 184-187.

23. Sweeney, M.A. and Oliveir, P. (1981) Introduction to Nursing Research Philadelphia. J.B. Lippincott Company.

24. Thomson, W. (1982) "Aspects of preventive Medicine". The Journal of The Society of Community Medicine, Public Health Vol. 96. No. 4 P.221.

25. Treece E.W. and Treece, J.W. (1982) Elements of Research in Nursing. St. Louis. The C.V. Mosby Company.

26. Yandila, R.P. (1984) The Role of the Nurse in Health Education in a Hospital Setting. Unpublished study. Diploma in Nursing Education. University of Zambia.

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